



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 Management Coordinator
RE: May Board meeting
DATE: May 20, 2024

The next meeting of the Board of Directors will be conducted on **Tuesday, May 21, 2024**, at the new MLBHC property located at 16003 AL Hwy 35 – Scottsboro, AL 35768. An evening meal will be provided, with the meeting starting at 5:30 p.m.

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

May Board Meeting

May 21, 2024, 5:30 – 6:30 PM (America/Chicago)

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

<https://meet.goto.com/393762149>

You can also dial in using your phone.

Access Code: 393-762-149

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

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

- May Board Agenda
- Minutes from the April 16, 2024, Board meeting
- Executive Director's Report
- Financial Reports through April 30, 2024
- Minutes from the April 16, 2024, Personnel and Compensation Committee Work Session
- Personnel Report
- IT Director's Report
- Clinical Director's Report
- Q2 updates to the FY24 Strategic Action Plan
- Minutes from the April PI meeting
- Minutes from the April Leadership Committee meeting
- May 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

May 21, 2024

AGENDA

- I. Call the meeting to order – David Kennamer, President
- II. Approval of minutes of the April 16, 2024, meeting – David Kennamer, President
- III. Executive Director’s Report
- IV. Financial reports through April 30, 2024 – Cammy Holland, Business Manager
- V. Board approval of committee minutes
 - Personnel and Compensation from April 16, 2024
- VI. Appointment of Nominating Committee – David Kennamer, President
 - Victor Manning – Chair; Hannah Nixon and Jane Seltzer
- VII. Written reports
 - Personnel – Lane Black, HR Coordinator
 - IT – Steve Collins, IT Director
 - Clinical – Dianne Simpson, Clinical Director
- VIII. Quarterly (Q2) review of the FY24 Strategic Action Plan – Myron Gargis, Executive Director
- IX. Board requested items for future meeting

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

**Board of Directors Meeting
April 16, 2024**

MINUTES

I. Call to Order

David Kennamer, President, called the meeting to order at 5:40 p.m. at the Administrative Office in Guntersville, Alabama. Virtual participation in the monthly meeting was also available.

Present: Joe Huotari
Joe Jones, Treasurer
David Kennamer, President
Bill Kirkpatrick
Lucien Reed
Jane Seltzer, Secretary

Absent: Jo-Anne Hutton
Victor Manning
Hannah Nixon, Vice-President
Caleb Skipper

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, Executive Coordinator
Jennifer Riggins, Care Coordinator, Marshall County Child/Adolescent In-Home Team
Elizabeth Rucker, Therapist, Marshall County Child/Adolescent In-Home Team
Dianne Simpson, Clinical Director

II. Approval of the minutes of the March 19, 2024, meeting – David Kennamer, President

MOTION: Bill Kirkpatrick made a motion that the Board approve the minutes of the March 19, 2024, meeting, as presented. Jane Seltzer seconded the motion, which was approved unanimously.

III. Executive Director's Report

The Executive Director's Report for April was submitted in written format and made available to all Board members for review prior to the meeting. This report is included as Appendix A to the minutes from tonight's Board meeting.

As requested at the last meeting, Mr. Gargis developed and shared a plan for renovations on the new MLBHC facility located at 16003 AL Hwy 35, Scottsboro, Alabama. Mr. Gargis noted that these estimates were from one contractor and that he planned to request additional quotes from other sources. All were in agreement that

other bids should be obtained, if possible. After review and discussion of the plan, the following motion was made:

MOTION: Bill Kirkpatrick made a motion that the Board authorize Mr. Gargis to spend up to \$325K toward renovations and improvements on the Hwy 35 property. If determined that more money is necessary, the Board will address that at a later date. Jane Seltzer seconded the motion, which was approved unanimously.

IV. Financial reports through March 31, 2024 – Cammy Holland, Business Manager

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

The FY24 Program Summary reflected a net income for all programs, with exception of Marshall Place and Substance Use Prevention.

The current Balance Sheet, which included Board Investments, indicated Total Cash of \$1,085,921. This total is \$1,634,626 less than this same time period last year. Continued review reflected Total Accounts Receivable of \$2,332,600, which is \$1,008,549 more than in FY23. Ms. Holland again noted that AR continues to be up due to delayed payments from DMH and Medicaid.

The Income Statement, which does not include Board Investments, reflected a YTD Net Income of \$483,216, which is \$176,480 less than in FY23.

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.

The Clinical Director's Report for April provided information on MLBHC's Child and Adolescent In-Home Programs. Ms. Simpson then introduced staff from the Marshall County CAIH Team – Elizabeth Rucker, Therapist and Jennifer Riggins, Care Coordinator. It was explained that the CAIH Program offers intensive services that focus on children/adolescents at high risk for hospitalization or out-of-home placement. Due to the intensity of these type services, usually two or three times per week, the maximum caseload for the team is six consumers. The expected length of the program is 12 weeks, but services may be extended up to 20 weeks, if necessary.

VI. Board requested items for future meetings

There were no items discussed in regard to future meetings:

MOTION: Bill Kirkpatrick made a motion that the Board adjourn the meeting at 7:10 pm. Jane Seltzer seconded the motion, which was approved unanimously.

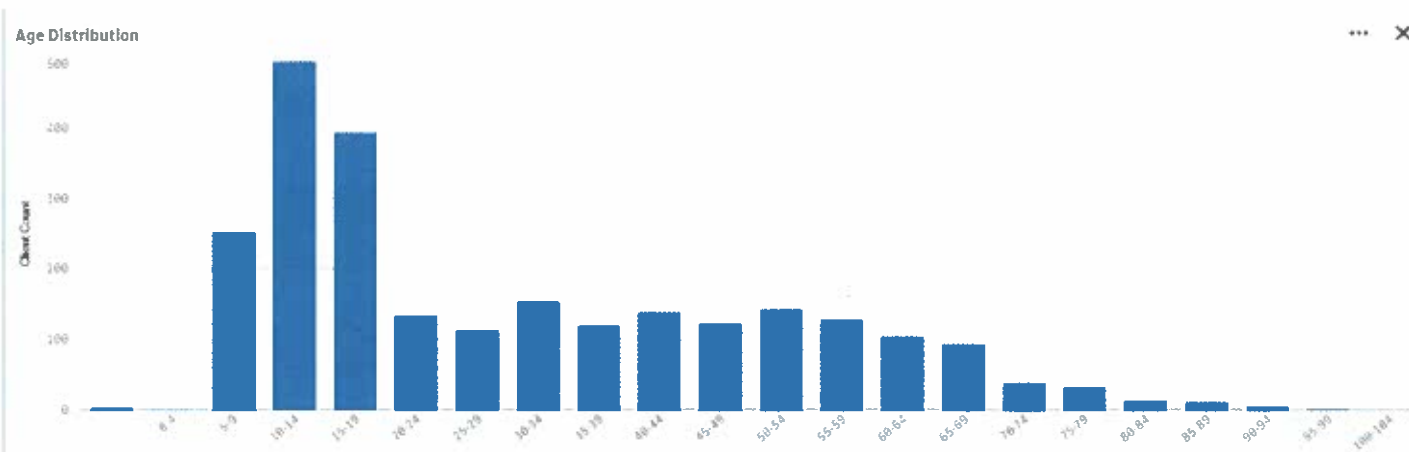
David Kennamer, President
Marshall-Jackson Mental Health Board, Inc.

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

APPENDIX A

Executive Director's Report – April 16, 2024

- Transportation Service Updates- February- Jackson County had 64 transports and Marshall County had 31 transports.
- School Based Mental Health- The referrals, staff, and services continue to increase. All seven schools systems are covered by at least one dedicated Master's level therapist. We currently have a total of 10 Therapist and plan to add more as the caseloads continue to grow.



- Updates on HWY 35 Property-
 - Ashley Pool reported back after her meeting with Jeff Samz (CEO of Huntsville Hospital) that she does not have the capital available to purchase the current clinic building. I asked if they would consider a lease agreement and she said not at this time. I plan to follow back up with her again soon to present some additional lease or purchase options and if that doesn't work out I will then list the building with a realtor for sale or lease.
 - Proposed renovations & upgrades- See attachment.
 - Primary Care Preparation- We are currently researching options and making plans to begin offering primary care services to our consumers once we move into the new location.
- Certified Community Behavioral Health Clinic (CCBHC)- Monthly information and training. See attachment.

HWY 35 Proposed Renovations & Upgrades

• Front Awnings- 100'x3' & 80'x8' - cedar/standing seam metal	\$48,333
• Windows- Replacement of 60 windows 56"x56"	\$62,319
• Pressure wash building & sidewalks/curbs	\$ 4,306
• Front planter waterproofing	\$ 7,639
• Rear draining & waterproofing	\$12,361
• Office wall repair	\$17,361
• Seal & restripe parking lot	\$50,000
• LVP flooring- hallways & common areas (old part of bldg.)	\$28,125
• Commercial Carpet- offices & conference rooms	\$41,146
• Front desk renovations, privacy fence, tree & curb removal	\$24,984
• Landscaping trimming and cleanup	~\$ 3,000
• Digital entrance signage	~\$25,000
 Estimated Total =	 \$324,574

Client Location Stats.

# Clients	County	City/Town	# Clients			
1,355	Marshall	Albertville	419	1,355	54%	of Clients from Marshall County
		Guntersville	280			
		Arab	239			
		Boaz	217			
		Grant	82			
		Horton	61			
		Union				
		Grove	42			
		Joppa	15			
		742	Jackson			
Dutton	70					
Stevenson	65					
Section	49					
Pisgah	44					
Woodville	43					
Bridgeport	34					
Hollywood	30					
Bryant	25					
Langston	7					
Paint Rock	5					
Higdon	4					
Fackler	2					
Hollytree	2					
181	Dekalb	Crossville	39	181	7%	of Clients from Dekalb County
		Collinsville	29			
		Flat Rock	29			
		Fort Payne	22			
		Rainsville	18			
		Henagar	14			
		Fyffe	12			
		Dawson	5			
		Pine Ridge	4			
		Geraldine	3			
		Ider	2			
		Sylvania	2			
		Grove Oak	1			
		Mentone	1			
				92%	of Clients from these 3 Counties	

What is a CCBHC?

A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status.

The Excellence in Mental Health and Addiction Act demonstration established a federal definition and criteria for Certified Community Behavioral Health Clinics (CCBHCs). These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs are nonprofit organizations or units of a local government behavioral health authority. They must directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care.

We'll plan to cover additional information each month about CCBHCs, so stay tuned.....

For additional information, please visit the following website:

<https://www.thenationalcouncil.org/program/ccbhc-success-center/ccbhc-overview/>

Executive Director's Report- May 21, 2024

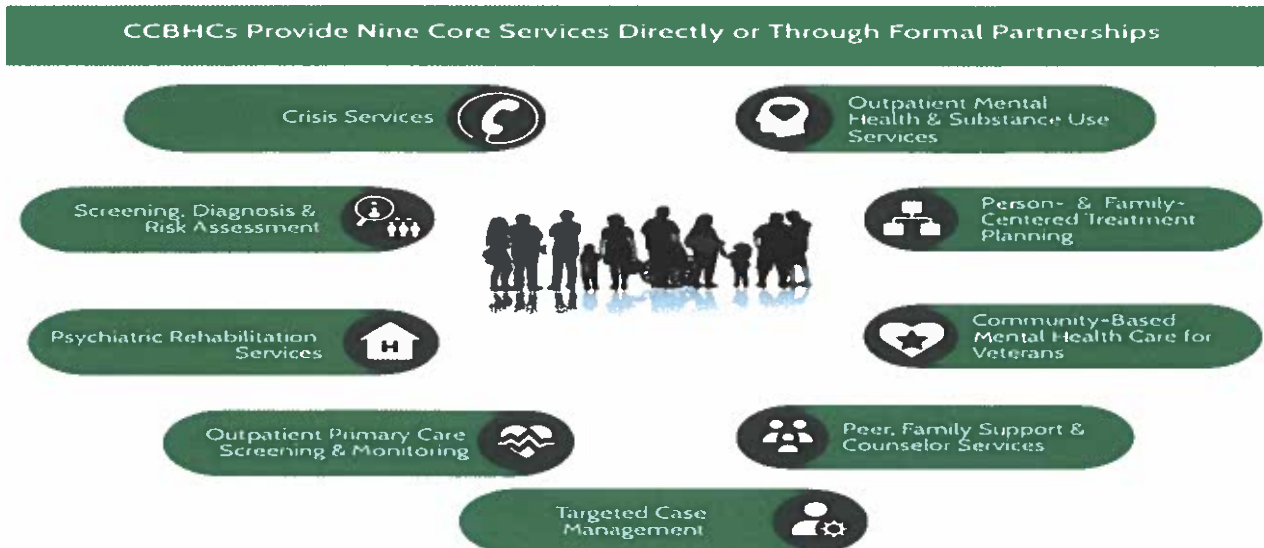
- Transportation service updates- April- Jackson County had 67 transports and Marshall County had 31 transports.
- Updates on HWY 35 property-
 - A bid advertisement for the renovations was in the Jackson County Sentinel for three weeks. Bids are due to be submitted by Wednesday and will be opened on Friday.
 - I met with Ashley Pool on 5/14 and discussed some options to be considered regarding the potential purchase of our current clinic property (i.e. lease-purchase, deferred purchase etc.). She will discuss with Huntsville Hospital Administration.
 - Regarding the quiet title action, the 30-day window for filing claims has passed and Mr. Porter is working on the paperwork to have the default and default judgement entered by the court.
- FY25 DMH budget- The General Fund and Education Trust Funds budgets passed and were signed by Gov. Ivey. MI Providers will receive minor increases out of a total of \$1,250,000 in new funding and SA providers will receive allocations out of a total of \$1,625,000 in new funding.
- Dept. of Labor proposed changes to the salary/overtimes rules-

Who will become eligible for overtime pay under the final rule?

Date:	Most salaried workers earning less than:	Starting July 1, 2027, the eligibility thresholds will be updated every three years, based on current wage data.
Currently	\$684/week (\$35,568/year)	
July 1, 2024	\$844/week (\$43,888/year)	
Jan. 1, 2025	\$1,128/week (\$58,656/year)	

dol.gov/OT

- Stepping Up program- We have submitted a letter of interest to DMH to participate in this program in FY25 for Marshall County. If approved, we will receive \$60k to employ a case manager to assist individuals who are transitioning from incarceration back into the communities. If it goes well we will look to implement it in Jackson County as well.
- Certified Community Behavioral Health Clinic (CCBHC)-



**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
PROGRAM SUMMARY**

FOR THE MONTH ENDED APRIL 30, 2024

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual		Budget vs Actual		Budget vs Actual		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- 5% Comments
					\$	%	\$	%	\$	%					
1000 Administration	19,698	35,195	19,698	25,766	15,497	44.03%	15,497	44.03%	0	0	(0)	9,429	9,429	0	
1500 Region 1 Project	15,202	15,202	15,202	15,202	(0)	0.00%	0	0.00%	0	0	0	(0)	0	0	
2110 Marshall County MHC	274,660	368,998	236,403	247,034	94,338	25.57%	13,121	5.31%	38,257	121,963	38,257	121,963	2,490	119,474	
2210 Jackson County MHC	200,108	270,557	202,399	200,430	70,449	26.04%	1,123	0.56%	(2,291)	70,127	(2,291)	70,127	3,092	67,035	
2300 Genetics	48,055	74,738	41,619	30,278	26,663	35.70%	(11,340)	-37.45%	6,437	44,460	6,437	44,460	0	44,460	
2400 Behavioral Health Unit (BHU)	20,058	75,472	20,058	75,472	55,414	0.00%	55,414	0.00%	0	0	0	0	0	0	
2610 Dogwood Apartments	5,808	4,668	6,244	2,729	(650)	-17.14%	(2,642)	-86.83%	(436)	2,229	(436)	2,229	873	1,356	
2620 EBP Supportive Housing	13,641	13,601	13,623	12,624	(40)	-0.29%	(999)	-7.91%	18	977	18	977	0	977	
2640 Dutton Facilities	81,346	99,667	82,864	87,464	18,321	18.36%	9,758	11.16%	(1,518)	12,203	(1,518)	12,203	5,157	7,046	
2650 Jackson Place	34,993	38,730	29,903	31,287	3,737	9.65%	3,366	10.76%	5,089	7,442	5,089	7,442	1,982	5,460	
2651 Marshall Place	23,611	21,315	24,523	26,516	(2,296)	-10.77%	2,441	9.20%	(913)	(5,201)	(913)	(5,201)	448	(5,649)	
3030 Substance Use	126,325	83,578	112,434	108,723	(42,747)	-51.15%	3,267	3.00%	13,891	(25,145)	13,891	(25,145)	6,978	(32,123)	
3060 Prevention	26,757	16,995	26,555	31,546	(9,762)	-57.44%	4,991	15.82%	201	(14,551)	201	(14,551)	0	(14,551)	
	<u>890,262</u>	<u>1,119,007</u>	<u>831,527</u>	<u>895,073</u>	<u>228,745</u>		<u>93,996</u>		<u>58,736</u>	<u>223,934</u>	<u>58,736</u>	<u>223,934</u>	<u>30,450</u>	<u>193,485</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 SEVEN MONTHS ENDED APRIL 30, 2024

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual		Budget vs Actual		Budget vs Actual	Budget vs Actual	BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- 5% Comments
					\$	%	\$	%							
1000 Administration	137,888	648,890	137,888	578,627	510,992	78.75%	506,745	78.61%	(0)	70,254	66,006	4,247			
1500 Region 1 Project	106,416	106,416	106,416	106,416	(0)	0.00%	(0)	0.00%	0	0	0	0			
2110 Marshall County MHC	1,922,620	1,921,315	1,654,820	1,515,964	(1,305)	-0.07%	(121,427)	-6.01%	267,800	405,350	17,429	387,922			
2210 Jackson County MHC	1,400,755	1,426,236	1,416,793	1,262,922	25,480	1.79%	(138,823)	-10.98%	(116,038)	163,313	15,248	148,066			
2300 Geriatrics	336,388	287,074	291,331	199,263	(49,314)	-17.18%	(92,067)	-46.20%	45,057	87,811	0	87,811			
2400 Behavioral Health Unit (BHU)	140,407	240,697	140,407	240,697	100,290	0.00%	100,290	0.00%	0	0	0	0			
2610 Dogwood Apartments	40,658	37,687	43,709	23,200	(2,970)	-7.88%	(14,400)	-62.07%	(3,052)	14,487	6,109	8,378			
2620 EBP Supportive Housing	95,486	102,997	95,363	94,743	7,510	7.29%	(619)	-0.65%	124	8,253	0	8,253		Budget is divided equally over 12 months. Actual is based on the activity during the month	
2640 Dutton Facilities	569,421	583,894	590,046	478,459	14,473	2.48%	(65,485)	-13.69%	(110,625)	105,435	36,102	69,333			
2650 Jackson Place	244,949	265,858	209,324	203,502	20,909	7.86%	5,925	2.91%	35,625	62,355	11,746	50,609			
2651 Marshall Place	165,275	149,536	171,664	165,233	(15,738)	-10.52%	(3,292)	-1.99%	(6,389)	(15,697)	3,139	(18,836)			
3030 Substance Use	884,276	695,643	787,039	665,306	(188,633)	-27.12%	(72,887)	-10.96%	97,237	30,337	48,847	(18,510)			
3060 Prevention	187,298	143,052	185,888	193,603	(44,246)	-30.93%	7,715	3.99%	1,410	(50,551)	0	(50,551)		Budget is divided equally over 12 months. Actual is based on the activity during the month	
	<u>6,231,836</u>	<u>6,609,284</u>	<u>5,820,887</u>	<u>5,727,937</u>	<u>377,448</u>		<u>111,874</u>		<u>411,149</u>	<u>881,348</u>	<u>204,625</u>	<u>676,723</u>			

**REVENUE & EXPENSE REPORT FOR THE
SEVEN MONTHS ENDED APRIL 30, 2024**

	PROGRAM	BUDGET	ACTUAL
Revenue	1500 REGION 1 PROJECT	<u>106,416</u>	<u>106,416</u>
Expense		<u>106,416</u>	<u>106,416</u>
Revenue	2110 MARSHALL COUNTY MHC	<u>1,922,620</u>	<u>1,921,315</u>
Expense		<u>1,654,820</u>	<u>1,515,964</u>
Revenue	2210 JACKSON COUNTY MHC	<u>1,400,755</u>	<u>1,426,236</u>
Expense		<u>1,416,793</u>	<u>1,262,922</u>
Revenue	2300 GERIATRICS	<u>336,388</u>	<u>287,074</u>
Expense		<u>291,331</u>	<u>199,263</u>
Revenue	2400 BEHAVIORAL HEALTH UNIT	<u>140,407</u>	<u>240,697</u>
Expense		<u>140,407</u>	<u>240,697</u>
Revenue	2610 DOGWOOD APARTMENTS	<u>40,658</u>	<u>37,687</u>
Expense		<u>43,709</u>	<u>23,200</u>
Revenue	2620 EBP SUPPORTIVE HOUSING	<u>95,486</u>	<u>102,997</u>
Expense		<u>95,363</u>	<u>94,743</u>
Revenue	2640 DUTTON FACILITIES	<u>569,421</u>	<u>583,894</u>
Expense		<u>580,046</u>	<u>478,459</u>
Revenue	2650 JACKSON PLACE	<u>244,949</u>	<u>265,858</u>
Expense		<u>209,324</u>	<u>203,502</u>
Revenue	2651 MARSHALL PLACE	<u>165,275</u>	<u>149,536</u>
Expense		<u>171,664</u>	<u>165,233</u>
Revenue	3030 SUBSTANCE USE	<u>884,276</u>	<u>695,643</u>
Expense		<u>787,039</u>	<u>665,306</u>
Revenue	STR/CURES/SOR (Part of the Substance Use Program)		<u>27,422</u>
Expense			<u>18,968</u>
Revenue	3060 PREVENTION	<u>187,298</u>	<u>143,052</u>
Expense		<u>185,888</u>	<u>193,603</u>

2024 COMPARATIVE INCOME STATEMENT

As of Accounting Period 7

	58.33%	<u>FY 2023</u>	<u>FY 2024</u>	<u>\$</u>	<u>%</u>
				<u>VARIANCE/YEAR</u>	
Medicaid		\$2,098,201	\$2,065,253	(\$32,948)	-1.60%
% of Budget		63.69%	56.81%		
DMH		\$ 3,113,604	\$ 3,579,259	\$ 465,655	13.01%
		59.29%	63.49%		
Medicare		\$ 19,542	\$ 17,056	\$ (2,486)	-14.57%
		63.30%	53.43%		
Self Pay		\$ 88,695	\$ 68,410	\$ (20,285)	-29.65%
		72.04%	47.77%		
Insurance		\$ 326,459	\$ 364,201	\$ 37,742	10.36%
		80.21%	71.52%		
Total Operating Revenue		\$6,040,815	\$6,609,285	\$ 568,470	8.60%
		62.14%	61.87%		
Salary		\$ 2,976,901	\$ 3,357,271	\$ 380,370	11.33%
		54.94%	62.12%		
Fringe		\$ 664,192	\$ 700,903	\$ 36,711	5.24%
		63.24%	60.78%		
Misc Exp-BHU		\$ 140,000	\$ 240,697	\$ 100,697	41.84%
		58.16%	100.00%		
Fees Contract Staff		\$ 37,811	\$ 26,668	\$ (11,144)	-41.79%
		31.52%	39.25%		
Travel		\$ 137,003	\$ 138,336	\$ 1,333	0.96%
		63.16%	58.78%		
Total Operating Expenses		\$5,199,275	\$5,721,271	\$521,996	9.12%
		56.30%	60.26%		
Operating Income		\$841,540	\$888,014	\$46,474	5.23%
Depreciation		(\$194,705)	(\$211,291)	(\$16,586)	7.85%
Net Income/(Loss)		<u>\$646,835</u>	<u>\$676,723</u>	<u>\$29,888</u>	

***Does not include Board Investments

2023 COMPARATIVE BALANCE SHEET

As of Accounting Period 7

	<u>FY 2023</u>	<u>FY 2024</u>	\$	%
			<u>VARIANCE</u>	
Current Assets				
Cash	\$2,594,763	\$856,284	\$ (1,738,479)	-203.03%
Total Receivables	\$1,502,255	\$2,905,501	\$ 1,403,246	48.30%
Total Other Current Assets	\$2,495,248	\$3,431,370	\$ 936,122	27.28%
Total Current Assets	\$6,592,266	\$7,193,155	\$600,889	8.35%
Long Term Assets				
Fixed Assets	\$1,995,554	\$3,166,579	\$ 1,171,025	36.98%
Other Long Term Assets	\$6,749,707	\$6,360,150	\$ (389,557)	-6.12%
Total Long Term Assets	\$8,745,261	\$9,526,729	\$ 781,468	8.20%
Total Assets	\$15,337,526	\$16,719,884	\$ 1,382,358	8.27%
Liabilities				
Current Liabilities	(\$652,896)	(\$872,345)	\$ (219,449)	25.16%
Long Term Liabilities	\$0	\$0	\$ -	
Total Liabilities	(\$652,896)	(\$872,345)	\$ (219,449)	25.16%
Net Assets				
Unrestricted Net Assets	(\$13,559,007)	(\$14,513,195)	\$ (954,188)	6.57%
Net (Income) Loss	(\$1,125,623)	(\$1,334,343)	\$ (208,720)	15.64%
Total Net Assets	(\$14,684,630)	(\$15,847,538)	\$ (1,162,908)	7.34%
Total Liabilities and Net Assets	(\$15,337,526)	(\$16,719,884)	(\$1,382,358)	8.27%

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

**Personnel and Compensation Committee Work Session
April 17, 2024**

MINUTES

Present: Bill Kirkpatrick, Chairperson, Personnel & Compensation Committee
Joe Huotari, Member, Personnel & Compensation Committee
David Kennamer, Board President

Absent: Hannah Nixon, Member, Personnel & Compensation Committee
Caleb Skipper, Member, Personnel & Compensation Committee
Victor Manning, Member, Personnel & Compensation Committee

Staff: Lane Black, HR Coordinator
Cammy Holland, Business Manager
Myron Gargis, Executive Director

Discussion: The Personnel & Compensation Committee met in work session prior to the regular April 17, 2024 Board session. The purpose of the work session was to begin a preliminary review of salaries for current MLBHC Masters Level and Registered Nurse positions. This review is being necessitated by the pending move of other Alabama based community mental health centers to the CCBHC model and the anticipated increase in salary levels under that model. The review is being conducted to determine the financial impact to MLBHC and whether the organization can absorb salary increases for the ML & RN positions from its operational budget until MLBHC moves to the CCBHC model which is expected to take place October 1, 2026.

In the work session, members of the P&C Committee along with MLBHC Administrative Staff members reviewed current salary levels of ML & RN positions, potential increases in those salaries at various levels, and the estimated impact on the organization's revenue, SWB, and net income if such salary increases are approved by the Board. Based on the information presented, the P&C members present, along with the Board President, believe that it is in the organization's best interest to fund salary increases out of annual operational funds for these positions. The P&C Committee, along with the Executive Director, HR Coordinator, Finance Manager, and others as may be necessary, will continue to refine the proposal. A final proposal and recommendation will be presented to the full Board at the June, 25 2024 meeting.

Bill Kirkpatrick, Chairperson, Personnel & Compensation Committee

MLBH PERSONNEL REPORT

5/21/2024

NEW HIRES

FT	Ross Warner	Crisis Coordinator	4/30/2024	Both Counties
FT	Marili Zurita	Therapist NL School-Based	5/7/2024	MCMHC
FT	Alison Early-Foster	Therapist NL School-Based	5/7/2024	MCMHC
FT	Ariana Leite	Transportation Specialist	5/16/2024	MCMHC

SEPARATIONS (VOLUNTARY)

DOH	FT	Alyssa Hathcock	Transportation Specialist	4/15/2024	MCMHC
1/18/2024			<i>Resignation Reason</i>		<i>personal reasons</i>
DOH	FT	William P Scyphers	Therapist Non-Licensed OP	4/19/2024	MCMHC
12/13/2023			<i>Resignation Reason</i>		<i>moving out of state</i>
DOH	FT	Dustin Randolph	Therapist Non-Licensed SB	4/19/2024	MCMHC
8/26/2019			<i>Resignation Reason</i>		<i>moving closer to parent</i>
DOH	FT	Haley Smith	Prevention Specialist	5/10/2024	SU Prevention
5/15/2023			<i>Resignation Reason</i>		<i>another job</i>

SEPARATIONS (INVOLUNTARY)

DOH	10/30/2019	FT	Treva Mays	Life Skills Specialist	4/24/2024	Jackson Place
				Reason for Termination		<i>Productivity</i>

NEW POSITIONS ADDED

FT	Gabrielle Catchings	Care Coordinator Jail-Based	4/16/2024	Jail-Based Serv
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TRANSFERS

NA

PROMOTIONS

FT	Alexis Parker	From Care Coordinator to Therapist Non-Licensed OP	5/11/2024	MCMHC
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ACT = Assertive Community Treatment

AIH = Adult In-Home

CAIH = Child/Adolescent In-Home

CRNP = Certified Registered Nurse Practitioner

CRSS = Certified Recovery Support Specialist (SA)

NL = Non-Licensed

OP=Outpatient

QSAP = Qualified Substance Abuse Professional

SU = Substance Use

SLP=Sign Language Proficient

RDP = Rehabilitative Day Program

TPR= Treatment Plan Review

Continued-----

MLBH PERSONNEL REPORT

CURRENT OPEN POSITIONS

JP LSS FT (1) PRN (2)

SU LSS - PRN (1) overnight Week nights

Peer Support Specialist--Jail-Based- (1)

Program Coordinator DGH (1)

Outpatient Therapist MC (1)

ACT Care Coordinator JC (1)

Intake Coordinator JC (1)

Care Coordinator Crisis Diversion Center MC/JC (1)

IT Board Report
MAY 2024

Items Completed from last reports:

- Eprescribing system hacked. (Netsmart issue)
- Farmers Fiber install new Sboro bldg installed.
- New Barracuda Email cloud archiving system installed
- New IRIS database for Avatar BLD & LIVE installed.
- Modify drivers for ODBC reporting connections.
- Secureworks security review.
- New Cloud backup for message archiver installed.

New Items / Continued:

- EOY Windows User account cleanup plus Avatar User cleanup.
- EOY User forced password changes.
- Some selected Staff testing AI Software demo.
- New Sboro cable modifications.
- Addl logs to Secureworks.
- Substance Abuse new billing format.
- New Secureworks Agent being installed.
- Sboro old location Fiber modifications.
- Netsmart moving Avatar servers to AWS Cloud. BIG Deal.
- Prereqs to do for AWS move.
- Vmware / Broadcom move to new portal.
- Check on Cyber / other insurance.

Clinical Services Report

Community Outreach

May 2024

In May of 2022, Julianna Davis was hired as MLBHC's first Community Outreach Specialist. The role of the community outreach specialist is to further engage with our current community partners, develop new community partnerships, and provide community education/prevention to reduce stigma and promote new treatment enrollment. Some of the community outreach activities include:

- Significant work with first responders in our community. Provide education, assessments, and treatment for police, fire, and other first responders.
- Mental Health First Aid training
- Presentations on mental health and substance use throughout the community in both Marshall and Jackson Counties.
- Presentations at multiple high schools on suicide prevention, career day, abuse prevention, etc.
- Presentations on mental health and substance abuse to both faculty and students at Snead State and North East Alabama community colleges.
- Participation in resource fairs throughout the area.
- Parent education classes.
- Risk assessments for students who are not MLBHC clients. Under a new law, if a student makes a threat to harm themselves or someone else, they cannot return to school until assessed by a mental health professional.
- Work with underserved populations such as the homeless, immigrants, and domestic violence victims.
- Updating the agency Facebook page to promote mental health and substance use issues.

Strategic Action Plan
Mountain Lakes Behavioral Healthcare
Goals and Objectives
FY 2024

Goal I. To continue preparation to become a Certified Community Behavioral Health Clinic (CCBHC) by working toward achieving the SAMHSA Certification Criteria.

Objective	Evaluation Method	Person(s) Responsible	Reviewed	Reviewed By	Monitored
<p>A. Develop and conduct a Community Needs Assessment. (1.a.1)</p>	<ul style="list-style-type: none"> Develop the Community Needs Assessment Administer the Assessment and summarize the results 	<ul style="list-style-type: none"> Clinical Director Program Directors Executive Director 	<p>Quarterly</p>	<ul style="list-style-type: none"> Leadership Committee 	<p>Q1= 1-Development underway with plans to finalize during Q2. Q2= 1-Assessment finalized and planning for distribution during Q3.</p>
<p>B. Conduct training on and begin collecting a portion of the required clinic-collected quality measures as outlined in Appendix B.</p>	<ul style="list-style-type: none"> Conduct training on the following measures: <ul style="list-style-type: none"> Time to Services (1-SERV), Depression Remission at six months (DEP-REM-6), Prevention Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC), Screening for Clinical Depression and FU Plan (CDF-CH and CDF-AD), and Screening for Social Drivers of Health (SDOH) Collect data on the measures and report to the Performance Improvement Committee 	<ul style="list-style-type: none"> Clinical Director Program Directors PI Committee 	<p>Quarterly</p>	<ul style="list-style-type: none"> Leadership Committee 	<p>Q1= Evaluation method #1 revised to include quality measures outlined in Appendix B. Q2= AUDIT-C (Unhealthy Alcohol Use screening) built in Avatar.</p>
<p>C. Develop a continuity of operation/disaster plan. (2.a.8)</p>	<ul style="list-style-type: none"> Develop the plan as described in the CCBHC Certification Criteria 2.a.8. 	<ul style="list-style-type: none"> Executive Director Clinical Director 	<p>Quarterly</p>	<ul style="list-style-type: none"> Leadership Committee 	<p>Q1= Development underway with plans to finalize during Q2. Q2= Continuing development of the plan.</p>

<p>D. Develop and implement a training plan that addresses topics required per the certification criteria. (1.c.1)</p>	<ul style="list-style-type: none"> Develop the training plan and provide training at orientation on the topics of: Evidenced-based practices, Cultural competency, Person-centered and family-centered recovery-oriented planning and services, and Trauma-informed care. 	<ul style="list-style-type: none"> HR Coordinator Clinical Director Training Coordinator 	<p>Quarterly</p>	<ul style="list-style-type: none"> Leadership Committee 	<p>Q1= 10/24/23 presentation for EB practices given to SB therapists Q2= Training Coordinator hired</p>
<p>E. Develop a process by which all people new to seeking services will receive a preliminary triage at the time of first contact and then receive initial services based on acuity and with the requirements of the criteria. (2.b.1)</p>	<ul style="list-style-type: none"> Develop a new triage process that will be used at first contact. For urgent needs, clinical services including an initial evaluation will occur within one business day at least 75% of the time. For routine needs, services will be provided and the initial evaluation completed within 10 days at least 75% of the time. 	<ul style="list-style-type: none"> Clinical Director Program Directors 	<p>Quarterly</p>	<ul style="list-style-type: none"> Leadership Committee 	<p>Q1= 1-Screening tool created and trial implementation in Marshall Co on Jan 2, 2024 Q2= 1-Screening being done in both counties 2-Data not available re: urgent needs 3-Preliminary data shows 77% of routine needs scheduled within 10 days.</p>
<p>F. Improve our current PI process to better align with CCBHC requirements for Continuous Quality Improvement (CQI) and develop a CQI Plan which includes a review of the required known significant events. (5.b.1 & 5.b.2)</p>	<ul style="list-style-type: none"> Revise the PI/CQI Plan to include the capture and review of the known significant events data. Report, track and monitor the significant events data through our PI Committee. 	<ul style="list-style-type: none"> Clinical Director PI Committee 	<p>Quarterly</p>	<ul style="list-style-type: none"> PI Committee Leadership Committee 	<p>Q1= 1-New PI Plan - eff 10/1/23; progress note and discharge form have been updated to capture suicides, attempts & overdoses Q2= 2-Done for Q1 2-Done for Q2</p>
<p>G. Create, follow & monitor a crisis plan for persons receiving services following a psychiatric emergency or crisis situation. (2.c.6 & 3.a.4)</p>	<ul style="list-style-type: none"> Develop a crisis plan and chart documentation process. Train the appropriate clinical staff on the crisis plan process and begin completing the plans following emergency or crisis situations. 	<ul style="list-style-type: none"> Clinical Director Program Directors 	<p>Quarterly</p>	<ul style="list-style-type: none"> Leadership Committee 	<p>Q2= 1-Crisis Plan created (use of plan currently in testing phase)</p>

<p>H. Train on and implement Psychiatric Advance Directives with persons receiving outreach services and/or who are considered high risk. (3.a.4)</p>	<ul style="list-style-type: none"> • Train the appropriate clinical staff on Psychiatric Advance Directives. • Complete the Directives for a minimum of 50% of the outreach and high risk clients. 	<ul style="list-style-type: none"> • Clinical Director • Program Directors 	<p>Quarterly</p>	<ul style="list-style-type: none"> • Leadership Committee 	
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Goal II. To continuously improve our work performance and the effectiveness of the services provided.

Objective	Evaluation Method	Person(s) Responsible	Review Dates	Reviewed By	Monitored
<p>A. Continue to utilize and expand the role of the Employee Engagement Group (EEG) to encourage employee feedback/communication, provide team building activities, improve organizational processes, and provide training on diversity and self-care in the workplace.</p>	<ul style="list-style-type: none"> • Invite one employee to attend each meeting to gain feedback & seek new ideas. • Sponsor one employee engagement activity each quarter to foster a feeling of community with the organization. • Sponsor at least one activity that enhances employee wellbeing. 	<ul style="list-style-type: none"> • Employee Engagement Committee 	<p>Quarterly</p>	<ul style="list-style-type: none"> • Leadership Committee 	<p>Q1= 1-A. Parker & B. Townsend invited to attend meeting 2-EEG reached out to employees regarding Christmas party & a committee was formed & party was successful Q2= 1-A. Parker & C. Keeper invited to attend meeting 2-Staff luncheons (Cedar invited Admin/MP; Gville invited Admin/Geriatrics; Sboro invited Admin/DGH/JP).</p>
<p>B. Monitor and respond to error trends & corporate compliance issues to ensure continuous quality improvement and accurateness of service documentation and agency processes.</p>	<ul style="list-style-type: none"> • Update Policies and Procedures to comply with the revised DMH Administrative Code • Conduct training with appropriate staff on the code changes • Revise agency forms and processes as needed to ensure compliance with the revised codes. 	<ul style="list-style-type: none"> • Clinical Director • QA Coordinator • Program Directors • PI Committee 	<p>Quarterly</p>	<ul style="list-style-type: none"> • Leadership Committee 	<p>Q1= 1-P&Ps revised as of 12/1/23 2-Initial training completed Q2= Intake form revised</p>

<p>C. Improve communications across the agency including administrative, provider, and support staff.</p>	<ul style="list-style-type: none"> All Program Directors & Coordinators will schedule a mandatory meeting (may be virtual) with their supervisees within 1-2 weeks of the PI Meetings to ensure communication of any changes in standards, P&Ps, or processes. 	<ul style="list-style-type: none"> Program Directors Program Coordinators 	<p>Quarterly</p>	<ul style="list-style-type: none"> Leadership Committee 	<p>Q1= MC - Updates provided to staff during weekly staffings & email/text sent to those not in attendance JC - All changes discussed in weekly staffing meetings. Emails sent for clarification. Q2= Dissemination of necessary info continues in both counties.</p>
<p>D. Develop and implement a process to maximize staff utilization to best meet the needs and requests of persons receiving services.</p>	<ul style="list-style-type: none"> Develop caps on provider caseloads with considerations for acuity of need and waiting lists. Maintain a waiting list, as needed, to address requests for services when space is unavailable in the program or service. Explore the further use of part-time or contracted staff to provide telehealth services from home offices. 	<ul style="list-style-type: none"> Clinical Director Program Directors 	<p>Quarterly</p>	<ul style="list-style-type: none"> Leadership Committee 	<p>Q1= 1-MC developed a plan to implement waiting lists. P&P put in place Dec. Plan on how to handle caseloads when staff depart. Q2= 2-MC started maintaining a waiting list Jan.</p>
<p>E. Provide MHFA training to select staff working directly with persons receiving services.</p>	<ul style="list-style-type: none"> Initial training for all LSS to be conducted by 3/31/24. Conduct quarterly training sessions for newly hired LSS staff. Add other job positions to scheduled training upon request of supervisor 	<ul style="list-style-type: none"> Community Outreach Specialist H.R. Coordinator Program Directors Program Coordinators 	<p>Quarterly</p>	<ul style="list-style-type: none"> Leadership Committee 	<p>Q1= 1-Trainings scheduled for Q2. Q2= MHFA trainings conducted 1/5/24 and 1/9/24. Total of 15 staff completing tmg (7 LSS).</p>

Performance Improvement Committee
Meeting Minutes
April 18, 2024

Present: Amanda Higdon, Cammy Holland, Dana Childs, Dana McCarley, Dianne Simpson, Erica Player, Gerald Privett, Jennifer L. Brown, Joyce Jenkins, Katrina Ramsey, Myron Gargis, Sherneria Rose
Absent: Hannah Chandler

- I. Report from Clinical Director, Dianne Simpson:** EPSDT allows referrals for IHI from any source. Therapeutic Mentor can't be used in conjunction with child in home team services. Child in home can refer consumer to therapeutic mentor upon completion if their services if service is appropriate.

Dianne discussed changes in administrative code that need to be implemented into our processes.

- She asked supervisors to remind staff to document that client was offered a copy of t-plan and if refused, state the reason refused.
- Medication updates are now back to annual updates on MI.
- SU medication updates are due at each case review which is done with the client.
- For MI programs, the program transfer form has been done in the past but now we need to document that the transfer or closure was discussed with recipient or representative and if not, document why for both MI and SU consumers.

Administrative code states:

- *Information related to the transfer within the agency to different level of care/program must now be documented.*
- *Must document that transfer was discussed with consumer or consumer's lawful representative.*
- *If not discussed with the consumer, documentation shall include reason why transfer was not discussed with client or client's lawful representative.*

The hard copy as well as the Avatar program/transfer form will need to be revised to be able to document this information. One option would be to send a letter to the consumer if they can't be told in person or via phone. Administrative code also has revisions regarding the Discharge summary *Documentation of the discharge shall:*

- *Be entered into each consumer's record and shall include a description of the reasons for discharge, regardless of the discharge type.*
- *The summary shall include:*
 - *A summary of goals for continuing care after discharge.*
 - *An evaluation of the consumer's progress toward goals established in the service/treatment plan and participation in the program.*
 - *The discharge summary shall be signed by the consumer, when possible, the primary counselor, and for **Substance Use Disorder only**, the clinical director or designee.*
 - *A copy of the discharge summary shall be provided to the consumer upon discharge when possible.*
 - ***Mental Illness Only:** In the event of loss of contact or death, an administrative discharge shall be completed. A summary is not required and only the reason for discharge shall be documented.*
- ***Mental Illness Only:** Be entered into each consumer's record within fifteen (15) days after discharge or up to one hundred eighty (180) days after receipt of last service specifying the status of the case.*

- **Substance Use Disorder Only:** Be entered into each consumer's record within five (5) days after discharge or thirty (30) days after receipt of last service.

Chapter 105 MCD April revisions. The following degrees were added to the minimum qualifications as rehabilitative professionals ALC, MSW, ALMFT. Changes were made in the State Plan Amendment but didn't make it in to the April manual. Crisis intervention, increased # of units from 12 to 20 per day and yearly limits were also increased. The number of medication administration units went from 1 per day to three per day. Myron suggested we start making these changes and review if denials start happening, after discussing with billing staff it was determined that there was not enough information to increase the med admin billing units until further information is received from Medicaid or DMH. TPRs went from being due every 3 months to 6 months. One event is allowed per service and can be billed for 15 or 30 minutes every six months. Dianne revised the TPR review list starting April 1st to make these adjustments. MAC workers were approved to provide Nursing Care and Assessment services as long as they are working within their scope of practice. Allowable units were increased from 2 to 6 units per day or 90 minutes. Therapeutic Mentor can no longer provide services in the schools. Case Managers will no longer use telehealth codes. The CANS and Crisis HICC shadow codes were eliminated. Erica has been updating Avatar EPSDT forms to allow episode file information for all CAIH and HICC clients to be sent to DMH. There are no CANS "super-users" anymore. Dana McCarley is a provider designee when staff are trained for the CANS to sign off on their tests. They are now having NDP meetings on the state level. Stephanie Knott is a MATT nurse that is representing our agency on this committee. The committee is reviewing current standards and gathering suggestions for improvement.

- **Staff Error Report-** The March report was sent out to the Program Directors/Coordinators.
- **Wall of Fame/Incentive Plan for March 2024:** The following staff achieved the incentive for the month of March. They all exceeded their productivity standard and produced excellent and error free documentation. **Congratulations:**

Incentive Plan-

Boxley, Sarah	Multiple
Brookshire, Tom	Jackson
Cheek, Brittany	Jackson
Clonts, Lisa	Marshall
Estes, Ashlee	Marshall
George, Margaret	Marshall
Headrick, Tina	Marshall
Herring, Belinda	Multiple
Miller, Savannah	M/J
Sparks, Lilly	Jackson
Traweek, Elizebeth	Marshall
Whitten, Brooke	Jackson

o **Wall of Fame-**

Alford, Lindsay
 Barrett, Rob
 Bartke, George
 Brand, Kali
 Burks, Julie
 Cabaniss, Rebecca
 Campbell, Teana
 Crowell, Robert
 DeAtley, Joanna
 Dettweiler, Sarah
 Green, Conner
 Hanna, Sarah
 Hixon, Ryan
 Holcombe, Mitzi
 Keeper, Christy
 Kirkland, Jana
 Knott, Stephanie
 Malone, Crystal
 Martin, Stephanie
 Moore, Leah

Moses, Mona
 Nichols, Haley
 Parker, Alexis
 Paschal, Nancy
 Quinn, Lindsey
 Ramsey, Katrina
 Riggins, Jennifer
 Ritchie, Denise
 Roberts, Chelsea
 Rucker, Elizabeth
 Sabb, Shaquitta
 Scott, Brittney
 Steed, Tyler
 Stephens, Marie
 Sutton, Melinda
 Townsel, Briley
 Tubbs, Felicia
 Vandergriff, Vanessa
 Wilson, Justin
 Woodham, Cynthia

II. **Review and approve of March 21, 2024 summary report:** The March reports were approved with no corrections noted.

III. **Administrative Review Summary/Error Reports for March 2024 (Feb MTD 1.1 % YTD 0.9):**

	Cases Reviewed	Docs Reviewed	Docs w/errors	Total Errors	Predominant Errors
TOTAL	30	4023	15	38	No periodic evaluation of NDP plan; Late notes; Service not provided per T-plan; No/late staffing note; No subsequent CANS

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

IV. **State Reporting Data Elements (SRDE) Report for February 2024-**These errors are reported one month later as they are not received in time to research and compile prior to PI.

Total Errors	Predominant Error Trends
2	Invalid diagnosis code

V. **Significant Events of People Receiving Services for January-March 2024:**

Event	Total Number
Suicide Deaths or Suicide Attempts	3 (attempts)
Fatal and Non-fatal Overdoses	2 (non-fatal)
All-cause Mortality	10
30 Day hospital readmissions	3

Dianne asked supervisors to please train their staff on what they document on their notes as suicide attempts, as this is **not suicide ideations** but actual attempts. Thirty day hospital readmissions need to be accurately marked on the hospital follow-up form. Staff should ask their supervisor if they have any questions.

VI. Prevention Activities: 126 Prevention activity sheets were reviewed for March 2024.

Direct Services	# Hours billed in Marshall County	# Hours billed in Jackson County
Block-Environmental	3	0
Block-Education	52	14
Block-Alternatives	0	0
Block-Community Based	7	7
Block-ID	0	54
Block- PIDR	10	0
SOR-Environmental	29	37
SOR-Community Based Process	6	4
Total	107	116

The Prevention team continued the Too Good for Drugs lessons at Boaz Intermediate & Skyline Elementary Schools. Too Good for Drugs is a 10 week program for the 5th grade students. There are 156 students in the 5th grade at Boaz Intermediate there are 56 students in the 5th grade at Skyline. Prevention also attended Alabama School of Alcohol and Drug Studies (ASADS) Conference in Tuscaloosa. They distributed more than 50 bags of Deterra medication disposal pouches and Remove the Risk information at Section Family & Pisgah Pharmacies. The staff continued weekly Prevention Plus Wellness classes for students in Marshall County that have plead guilty in Vape Court. They distributed Talk They Hear You information and at the Albertville Library and the Jackson County courthouse. The Prevention team continues to teach the PATH suicide prevention curriculum at DAR, Brindle Mtn., & Douglas Schools.

VII. Hospital Discharge Follow-up Report for March:

Location	Local	State/CRU	Total
Marshall	9 (7 Active)	1	10
Jackson	3 Active	0	3
Total	12	1	13

Kim Croley, Crisis Specialist, submitted this report. Tracking reports of hospital discharges and 72 hour follow-ups for clients in Marshall and Jackson County were sent out to the committee.

- Marshall County scheduled local hospital follow-up appointments for 7 active and two inactive consumers on outpatient commitment. All consumers kept their appointments.
- There was 1 active consumer from Marshall County scheduled for follow-up from a CRU/State facility in the month of March. The consumer kept their appointment and plans to continue services.
- Jackson County had 3 active consumers scheduled for local hospital follow up in March. Two came for their appointment. One did not show and follow up by phone was attempted.

There were 0 consumers from Jackson County scheduled for follow-up from a CRU in the month of March.

VIII. Incident Prevention and Management for March: There was one incident of consumer aggression and two unsubstantiated allegations of non-consensual sexual contact.

March 3, 2024

Jenny's Place

(13-2024) The consumer became verbally and physically aggressive. He threw a chair and reported he was going to hurt himself. Staff called the on call RN who directed staff to call 911. When the police arrived the consumer requested to be taken to the hospital.

Follow up: Program director reported that a petition was filed to commit this consumer to a local BHU. The consumer was later admitted to MMCN's BHU for stabilization. RN reported that consumer returned to DGH on 04/04.

March 21 (2 incidents -DMH MI-24hr report Alleg of Sexual Contact) **Veronica House**

(14-15-2024) Consumer reported they had seen two other consumers at the smoking area have sexual contact and then exchange money.

Follow up: Incident was investigated by DMH certified investigator. The investigation concluded that the sexual contact occurred, but it was consensual. The allegation that money had been exchanged was not substantiated. The consumers were provided further education regarding boundaries, decisions, and safety.

IX. Medication Errors for March: There were **three** medication errors for the month of March. Two missed doses and one wrong medication. No trends were noted.

March 13

Jackson Place

(16-2024) MAC worker found the pill packet of Prazosin HCL 1mg in medication trash on 3/16/24 and contacted on call RN at 9:55 am. Medication should have been given on 3/13/24 at 8pm. No adverse effects were noted by consumer.

What should have happened? Staff should check the packet before giving medication to consumer.

Why the difference? Staff did not follow NDP guidelines.

How can a similar event be prevented in the future? MAC worker will follow proper NDP procedures.

Follow up: Supervision with MAC worker.

March 14

Jackson Place

(17-2024) MAC worker gave consumer wrong medication, Breo Ellipta inhaler 100-25 mg instead of prescribed medication, Albuterol HPA 90 MCG inhaler. MAC worker contacted on call RN at 12L45 pm. No adverse effects were noted by consumer.

What should have happened? Staff should read label and double check medication before giving medication to consumer.

Why the difference? Staff did not follow NDP guidelines.

How can a similar event be prevented in the future? MAC worker will follow proper NDP procedures.

Follow up: Supervision with MAC worker.

March 31

Jackson Place

(18-2024) Staff working noticed 8:00 am medication pass on 4/1/2024, that the 8 pm dose on 3/31/24 had not been given carvedilol 6.25 that is ordered one tablet twice a day AM and before bedtime. MAS nurse notified. Morning BP on 4/1/2024 was 142/84, oxygen saturation 90 and heart rate pulse 90. Consumer stated to MAC worker that he was fine.

What should have happened? Staff should follow NDP guidelines.

Why the difference? Staff did not follow NDP guidelines.

How can a similar event be prevented in the future? MAC worker will follow proper NDP procedures. Check before putting MAR up to make sure that all medications have been administered as prescribed.

Follow up: Supervision with MAC worker.

By Personnel

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

By Division

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

By Error Type

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

- X. **Consumer Feedback, Complaints, and Grievances:** There were seven complaints/grievances reported for March.

March 1**Marshall Place**

(19-2024) Consumer complaint form was found in feedback box dated 2/19/24. Consumer complained that another consumer kept picking on her by bringing her name up when staff ask her to do anything.

Follow up: Complaint was addressed by program director.

March 1**Marshall Place**

(20-2024) Consumer complaint form was found in feedback box dated 2/22/24. Consumer complained that the food she had for dinner was unappetizing and did not try to eat it.

Follow up: Complaint was addressed by program director.

March 4**Dutton Group Home**

(21-2024) Consumer complaint form was found in feedback box dated 3/1/24. Consumer stated that the RDP class was making a mess in the house. They stated they were putting trash in the couches and on the floor.

Follow up: Complaint was addressed by the program director.

March 22**Cedar Lodge**

(22-2024) Client complaint form was found in feedback box dated 3/14/24. Client reported that a staff member was peeping through the bedroom and bathroom window.

Follow up: Supervisor did supervision with the employee and they were moved to a different shift. Consumers were satisfied with the follow up.

March 22**Cedar Lodge**

(23-2024) Consumer complaint form was found in feedback box dated 3/6/24. Client stated that he had asked for three days to see a nurse for a toothache. Client was told they would get an appointment for a telehealth visit. Client had to go to the ER instead.

Follow up: Complaint was received by the program director. On 3/22/24, PD spoke with client about incident and explained that not everyone receives telehealth as some things require fact to face. Doctor was not comfortable with seeing clients via telehealth with toothache. Client understood and thanked staff for clarification.

March 4

Cedar Lodge

(24-2024) Consumer complaint form was found in feedback box dated 3/11/24. Client stated that a staff member had shared personal information and looked at her in ways that made her uncomfortable.

Follow up: Complaint was received by the program director. On 3/22/24, PD spoke with client about incident. Client was satisfied with outcome. Supervisor did supervision with the employee and they were moved to a different shift.

March 22

Cedar Lodge

(25-2024) Consumer complaint form was found in feedback box dated 3/12/24. Client stated a staff member used language that made them uncomfortable.

Follow up: Complaint was received by the program director. On 3/22/24, PD spoke with client about incident. Client was satisfied with outcome. Supervisor did supervision with the employee and they were moved to a different shift.

	Mar	Mar	Mar	Mar	Mar
	Compliments	Suggestions	Complaints/ Grievances	Comments	Total per location
FY24-Consumer Feedback					
Guntersville	0	0	0	0	0
Scottsboro	0	0	0	0	0
Outreach/Residential	0	2	3	1	6
Cedar Lodge	4	0	4	8	16
Total MTD	4	2	7	9	22
Total YTD	26	13	15	16	70

XI. DMH Utilization Review (UR) Monitor Reports: Nothing to report.

XII. Utilization Review Admission Criteria-Q1-FY24: Reviews submitted by: Dianne Simpson, Dana McCarley, Katrina Ramsey, Shermeria Warren, and Gerald Privett.

Charts from the list of programs below were reviewed to determine if they met the established admission criteria and if the services were adequate. All programs met established admission criteria and the services were documented well to show how established criteria was met.

#	Program	#	Program
X	Adult In-Home Intervention/Jackson		Child & Adolescent In-Home Intervention/Jackson
	Adult In-Home Intervention/Marshall		MI Residential: Dutton Residential Care Home (Jenny's Place)
X	Adult Rehabilitative Day Program/Jackson		MI Residential: Jackson Place
	Adult Rehabilitative Day Program/Marshall		MI Residential: Marshall Place
	Assertive Community Treatment/Jackson		Outpatient/Adult/Jackson
	Assertive Community Treatment/Marshall		Outpatient/Adult/Marshall
X	Case Management/Adult/Jackson (including Dutton)	X	Outpatient/Child & Adolescent/Jackson
X	Case Management/Adult/Marshall		Outpatient/Child & Adolescent/Marshall
	Case Management/Child & Adolescent/Jackson		Outpatient/Geriatric
X	Case Management/Child & Adolescent/Marshall		SA Level III.5 Crisis Residential/Cedar Lodge

Child & Adolescent Day Treatment/Jackson	SA Level I.0
Child & Adolescent In-Home Intervention/Marshall	MI Residential: Jackson Place Supervised Apt

XIII. Residential Services Report for March 2024:

FACILITY	CAPACITY	TARGETED PT DAYS	ACTUAL PT DAYS	% OCCUPANCY
Jackson Place	3	93	93	100
Marshall Place	3	93	62	67
Jackson Place Sup Apt.	2	62	50	81
Dogwood Apartments	8	248	129	52
Supportive Housing	12	372	279	75
MLBH Residential Care	10	310	310	100
MLBH Crisis Stabilization	2	62	62	100
Foster Homes	26	806	806	100
Totals	66	2046	1791	88

A monthly report was ran for March residential services. Current openings were discussed:

- Jackson Place is full, but there is an upcoming screening and one on waiting list.
- Marshall Place has one vacancy, accepted someone from Bryce, admission date is to be determined.
- One vacancy to JP supportive apartments, due to one consumer moving home with family.
- There are two female openings at Dogwood Apartments and three openings for the supportive housing program.

Sherneria updated the committee about two consumers at Jackson Place who recently moved to independent living. MLBHC purchased a home and they are working with one of our CMs. The new house is across the street from Jackson Place. MLBHC plans to hire them as peers to work at Jackson Place in the future. Two new consumers were admitted from a deaf group home that closed in Clanton. One moved in to the apartments and one moved in the group home.

XIV. Treatment Plan Reviews for March 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	27	0	0	0	0	0	0	0
Jackson	167	0	0	0	8	0	0	8
Marshall	270	0	3	0	25	0	0	28
Substance Abuse	0	0	0	0	0	0	0	0
Residential	0	0	0	0	0	0	0	0
TOTALS	464	0	3	0	33	0	0	36

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 with details of the errors and the staff responsible. The trends of treatment plan was not timely, and documentation was not related to/address progress toward goals continued from last month.

XV. Form-Policy & Procedure Revisions/Approvals:

Forms-

- **Audit-C-New-** This hard copy form is being added as part of the upcoming CCBHC requirements. This stands for “Alcohol Use Disorders Identification Test” and is a screening tool that has already been built in Avatar. The form was sent out to the committee, was approved and has been placed on the server without changes under MLBHC forms>Quality Measures tab.
- **CRAFFT-2.1-Clinician Interview Risk-Assess-Guide and Results-New-** This hard copy form is being added as part of the upcoming CCBHC requirements. This is a screening tool that has already been built in Avatar. Laminated copies of the scoring sheet will be distributed to providers. The form was sent out to the committee, was approved and has been placed on the server without changes under MLBHC forms> Quality Measures tab.
- **CRISIS RECOVERY PLAN-New-**Also required by the CCBHC criteria, this form is designed to use at intake, following hospitalization, or other situations as an individualized plan to follow when consumer approaches a crisis. The Warm Line for Non-Crisis Peer Support 24/7, 1-844-999-4647 and the MLBH Crisis Line #1-866-223-2076 were added. This form will be built in Avatar as well. The form was sent out to the committee, was approved and has been placed on the server without changes under MLBHC forms> Quality Measures tab.

P & P: Procedure revisions for PI approval-None

P & P: Board Approved Policy Revisions-None

XVI. Miscellaneous Items: None

Leadership Committee

April 18, 2024

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 March 14, 2024, meeting

Minutes of the March 14 meeting were distributed to all staff via e-mail. Minutes were approved, as presented.

II. Committee Reports

Consumer Sat from 3/15/24

Present: Brittany Cheek, Kimberly Croley, Sarah Hanna, Cammy Holland, Jennifer Riggins, Elizabeth Rucker, Dianne Simpson and Lily Sparks.

Absent: Hannah Chandler

Consumer Feedback:

The committee reviewed feedback forms from Oct – Dec 2023 and January – February 2024.

The committee discussed a feedback form submitted by a client residing at Dutton. The request was for a steak dinner that was grilled outside. The committee decided to take the request to Shelly, Lane & Myron who usually take care of Consumer Appreciation Month at Dutton. A suggestion for another option besides steak was recommended.

The committee also discussed the smoking area at Dutton. Feedback forms for a tarp to block the wind was suggested. No solutions have been made at this time.

Another feedback form that was discussed was one asking for carpet to be removed in client's bedroom. Brittany & Lily said the staff have tried to get the stains up but they will not come up. LVP was suggested for area.

New Business:

May is consumer appreciation month. The committee would like to have pizza and an ice cream truck for the outpatient clients along with drawings for gift cards. This year the committee would like to do tiered gift cards for both counties. A gift card for a large pizza (+ tax) was suggested for both C/A In-Home teams and the HICC clients for both counties. Dates for the outpatient celebrations are tentatively set for 5/13 or 5/14 at MC and 5/16 or 5/16 at JC. Once we confirm the ice cream truck's availability we will determine the exact date.

Next Meeting:

The next meeting is scheduled for June 14, 2024 from 2-4pm with a virtual option available.

EEG from 3/19/24

In Attendance

Members: Erica Player, Margaret George, Sherneria Rose, Jeremy Burrage, Kim Coe

Guest: Christy Keeper & Alexis Parker

Minutes

Engagement Activity Planning

Brainstormed ideas from waterparks, concerts, movies, top golf, and sporting events. *Jeremy* tasked with following up with Trash Panda's for Qtr 3 and with movie theaters in Albertville, Scottsboro & Jones Valley for Qtr 4. It will either be a movie or a tailgate party at Admin for Qtr 4. Tailgate would come with a rain date. Also discussed Christmas party ideas for next fiscal year. *Kim* tasked with following up with Senior Center as a possible location.

Activity that Enhances Wellbeing Planning

Discussed upcoming wellness day through LGHI with the idea that you got a coupon at each station that earned you a massage and to possibly to have healthy food. However, not everyone has LGHI and therefore some would be left out. Tabled this for next meeting as we clearly need to think on it further.

Strategic Action Plan Updates

- Invite 1 employee to attend each meeting to gain feedback & seek new ideas.
 - Qtr 1: Alexis Parker & Briley Townsel
 - Qtr 2: Alexis Parker & Christy Keeper
- Sponsor 1 employee engagement activity each quarter to foster a feeling of community within the organization.
 - Qtr 1: Christmas Party at Lazy G Chapel & Cabins in December.
 - Qtr 2: Cedar 3/13 invited Admin & Marshall Place; Guntersville 3/20 invited Admin & Geriatrics; Scottsboro 3/21 invited Admin, Dutton & Jackson Place.
- Sponsor at least 1 activity that enhances employee wellbeing.

Plan

Need to also discuss MLBHC monogram shirts (Nov. meeting we wanted to sponsor 1 shirt & educate staff on how to obtain their own.)

Next Meeting

April 26 at Admin at 2pm

Reboot from 3/26/24

Present: Lane Black, Denise Richie, Julianna Davis, Mitch Davis, Tyler Steed, Dianne Simpson

The minutes from the 2-13-24 meeting were approved as written. The group brainstormed ways to reduce or eliminate processes that could lighten employee workloads. Several ideas were discussed. Creating new and utilizing existing training modules to allow employees to review at their own convenience. Julianna and Dana McCarley created several training videos on the MLBHC YouTube channel. Another resource is creating modules in My Learning Point.

One area of concern is progress note documentation. They discussed training on the required elements for a progress note to help providers reduce unnecessary wording. They looked at the areas that will be covered by the MTM consulting group which could prove helpful. The group also discussed ways to improve communications for clients, staff, and outside agencies. One suggestion was to send letters to clients, parents, and partners (especially the schools) when there is a change in staff. One area of concern is the lack of engagement by parents/guardians. This causes problems when updating treatment plans, assessments, and releases. One solution that could help is the patient portal. This has been evaluated in the past, it will be brought up to leadership for consideration.

They discussed other steps to help with staff burnout. The group decided to do snack boxes at each location, similar to what was done during the height of the Covid pandemic. This can be helpful when employees are pressed for time. Another idea that was tossed around was a “secret staff” activity, but no decision was reached on how to implement this in all locations.

Employee spotlights were randomly selected for March, Regenia Davis and April, Brittany Cheek.

Next meeting scheduled for May 1 at 1:30 at Admin.

Human Rights from 4/16/24

This was an emergency meeting called at the request of Sherneria Rose.

Those in attendance were: Katrina Ramsey, Sherneria Rose, Carrie Thomas, Marguerite Rollins, Leona Stancil, and Stephanie Knott (guest)

Not present: Tricia Hopper and Sherri Bailey

The meeting was held virtually via Go-to-Meeting, Marguerite Rollins called the meeting to order at 4:35.

History

Sherneria explained that the DMH consumer advocate, Lynn Pottratz recommended an emergency meeting of the Human Rights committee be arranged to address due process for a consumer. The consumer, who is a resident of a MLBHC foster home requested to leave the group home on a pass for the purpose of meeting an individual he had met on an online website targeting the “furry” population. The consumer indicated that he wished to meet an individual for

the purpose of a sexual encounter. His request was based on a hypothetical situation as he had not identified a specific individual. Program director, Sherneria Rose conferred with agency nurse, Stephanie Knott regarding the request. They denied the request due to concerns for the consumer's safety and liability for the agency. The consumer then contacted the advocate, Ms. Pottratz. Ms. Pottratz contacted Ms. Rose regarding the consumer's request. Ms. Rose related the concerns for the consumer's safety and agency's liability. Ms. Pottratz stated that this could be considered a restriction of the consumer's rights. In order to properly afford the consumer due process, she recommended that an emergency meeting of the Human Rights committee convene to resolve the request.

Discussion

The committee reviewed the relevant Alabama Administrative Code regarding client rights.

580-2-20-.04 (4)(m) To be protected from harm including any form of abuse, neglect, or mistreatment.

(20) Each recipient's personal liberty must be respected with services provided in the least restrictive environment necessary. Liberty and/or rights must not be abridged without notification to recipient and agency compliance with due process.

Leona Stancil reported that the policy for group homes for those with Intellectual Disabilities (ID) was that the residents are allowed this opportunity. The committee discussed the client's particular situation, he does not have family who provide support, and does not have a legal guardian. They discussed the risks that would be involved if the consumer were to invite a stranger of unknown character to visit him at the group home. This would put the other residents at risk. Carrie Thomas made a motion seconded by Leona Stancil: "After full review, due to the risk to the consumer's personal safety, his impaired mental capacity, and liability to the agency, we recommend in this circumstances that the consumer's request be denied." The committee voted unanimously and the motion was passed. The meeting was adjourned at 5:04 pm.

III. Program Financial Reports: October, 2023 – March, 2024

- YTD net income of \$483,216 (not including Board investments).
- **Marshall Co. OP & OR – Net income \$268,448**
- **Jackson Co. OP & OR – Net income \$81,031**
- **Geriatrics – Net income \$43,351**
- **Residential –**
 - Supervised Apartments – Net income \$7,021
 - EBP Supportive Housing – Net income \$7,277 (program designed to break even)
 - Dutton – Net income \$62,288
 - Jackson Place – Net income \$45,148
 - Marshall Place – Net loss \$13,201
- **SU Services – Net income \$13,606**
- **Prevention Services – Net loss \$36,000**

IV. Reports & Program Updates:

- **Executive Director's Report – Myron Gargis**
 - One contractor has submitted a quote for renovations on the new MLBHC property located on Hwy 35 in Scottsboro and Myron is meeting with another contractor tomorrow for a quote. Since this project will fall under the Alabama State Bid Law, information will soon be sent to local newspapers for publishing.
 - Although Highlands Hospital had expressed interest in possibly purchasing the current JC MHC facility, Myron learned this week that they do not have the capital available to purchase the building.
 - LC members again discussed the use of AI for documentation. Staff members are encouraged to test this process during live sessions.
 - LC members provided an update on the Contingency Management Program. To date, only one gift card has been distributed in JC and two in MC. Myron noted the need to utilize the plan in order for it to remain in place. LC members discussed other

consumers (i.e., adolescents, residential, nursing home) that could qualify for the program as long as they have Medicaid and a substance use diagnosis. A recommendation was also made for front desk staff to review qualifying consumers and promote the plan to them.

- Several LC members have started the first MTM Consultation Module, Levels of Care, with the next virtual meeting scheduled for May 1.
- **Clinical Director's Report – Dianne Simpson**
 - Dianne's full report was presented during today's PI Committee meeting.
- **Administrative Services – Cammy Holland**
 - All is going well in the Billing Office.
- **HR Report – Lane Black**
 - Wellness Screenings for staff electing LGHIP are scheduled in the coming weeks. All staff members with this health coverage should be encouraged to participate in either one of these on-site screenings or via their PCP/pharmacy. A designated number of staff participating in these screenings over a two year period of time will reduce premiums paid for health coverage.
 - A listing of currently vacant positions was distributed to LC members. Any necessary revisions should be reported to Lane.
- **Jackson County – Dana McCarley**
 - An applicant hired to begin later this month as JC Adult CC has changed her mind and will not be joining MLBHC.
 - Dana has conducted a virtual interview with a possible JC OP TH and will now request that she come in for a face-to-face interview.
 - Dana has been asked to serve on the Board of Directors for the Children's Policy Council. She is uncertain if she currently has the time needed to serve in this role.
 - Brittany Burkhalter, new OP TH, will begin seeing consumers on May 1.
 - All are hopeful to have the JC CAIH Team up and running during May. Staff are currently developing a waiting list for that team.
 - David Holmes, JC IC, has resigned his position.
- **Marshall County OP & OR – Erica Player**
 - MC has two new OP TH. One has already started seeing consumers and the other will begin next week.
 - Staff members are working to clean up caseloads and get consumers on the schedule, as needed.
 - Patrick Scyphers, MC OP TH, and Dustin Randolph, MC SB TH, have both submitted resignations and this is their final week of employment.
 - Two new MC SB TH will begin employment in the coming weeks.
 - There will also be several interns starting soon in MC.
 - Lexi Parker, MC CC, will be promoted to MC OP TH when she graduates in May.
- **Geriatrics – Gerald Privett**
 - Everything is going well in Geriatrics.
 - Staff members are assisting consumers to complete MHSIP Surveys this week.
- **Residential – Sherneria Rose**
 - Staffing shortages continue at JP.
 - Samantha Travis, RN, and Zach Kilian, CC, have recently started at DGH.
 - Sherneria has two interviews for PRN weekend shifts at DGH.
 - There has recently been an increase of residential referrals for consumers on the autism spectrum.

- Other referrals include consumers outside our catchment area and those with certain issues that don't meet admission criteria.
- **SA Services – Katrina Ramsey**
 - All is running smoothly at Cedar Lodge.
 - The two new LSS are doing well.
 - There is currently one opening for an LSS on 3rd shift.

V. Review of wait times

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

MC Intake	14 days	MC MD/CRNP	14 days
JC Intake	11 days	JC MD/CRNP	9 days
Average	12.5 days	Average	11.5 days

Sarah Dettweiler has been assisting in Marshall County to decrease wait times to see a prescriber.

VI. Unfinished Business

- None

VII. New Business

- Q2 review of FY24 Strategic Action Plan – All Q2 updates to the FY24 SAP are attached to the minutes from today's meeting.
- LC members briefly discussed several options for possibly integrating primary care services at the new MLBHC facility on Hwy 35 in Scottsboro

VIII. Adjournment

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



New Directions May 2024



Corporate Compliance and Ethics Month

In an effort to strengthen the organization's ability to prevent and combat fraud, a Corporate Compliance Committee was established in April, 2012. Since that time, the committee has identified several high risk areas for potential fraudulent billing/activity and has implemented new processes and internal controls that allow for the prevention and detection of fraud, if it occurs.

All staff members are made aware of the zero tolerance policy in regard to fraudulent behavior and are notified that any employee involved in this type activity will be immediately terminated. As required, MLBHC also reports any fraud cases to Medicaid, who will then determine if criminal charges will be pursued.

The Corporate Compliance Committee has selected May as Corporate Compliance & Ethics Month. The committee encourages each staff member to periodically review the organization's policies in regard to these type issues and reminds all that MLBHC employees are expected to behave in an ethical manner and are required to report any suspected fraud or misconduct.

In observance of Corporate Compliance & Ethics Month, the Executive Director will distribute several "all user" e-mail reminders directed toward corporate compliance and the importance of reporting any suspected inappropriate activity. In addition, this issue of the newsletter contains numerous avenues for staff members to become more familiar with and knowledgeable of corporate compliance issues.

**We recognize every staff member's
commitment to the compliance process.
Thank you for your continued support and
participation in this program !**

What's Going On ????

~ Monthly Meetings ~

Thursday, May 16th

Corporate Compliance Committee meeting
Leadership Committee meeting
Format and Time TBA

Tuesday, May 21st

Board meeting 5:30 pm
New MLBHC facility on Hwy 35 - Scottsboro
(Confirm attendance with Shelly Pierce)

May Birthdays

Mitch Davis	May 1
Ross Wilson	May 4
Cindy Woodham	May 5
Marie Stephens	May 11
Felicia Tubbs	May 12
April Kyle	May 14
Kellye Lee	May 24
Tyler Steed	May 28
Zach Kilian	May 28
Amanda Whitley	May 29
Sonya Rodgers	May 30

MLBHC will observe Monday,
May 27th, as the Memorial Day
holiday for full-time staff.



May Anniversaries

Paul Horn	1 year
Hannah Lowery	1 year
Lexi Parker	1 year
Haley Smith	1 year
Felicia Tubbs	1 year
Ryan Hixon	2 years
Vanessa Vandergriff	2 years
Amanda Whitley	2 years
Marie Stephens	3 years
Brooke Whitten	4 years
Debbie Burnett	19 years

Consumer Appreciation Month

MLBHC will sponsor special events for outpatient consumers in Marshall County on 5/14 and Jackson County on 5/15. They will be treated to a pizza lunch and a sweet treat from the "A Little Something Extra" Ice Cream Truck. There will also be drawings to win gift cards.

Employee Spotlight

Brittany Cheek

Brittany is the Jackson County RDP Coordinator and has been with MLBHC for about 4 years!

What do you do for fun? Read, play with my dogs, do art projects, and spend time with my fiance.



She is clothed in dignity and strength, and she laughs without fear of the future.

Proverbs 31:25



Favorite things:
Coffee, animals,
and tattoos!



EMPLOYEE SPOTLIGHT

Regenia Davis

REGENIA IS OUR ACCOUNTS PAYABLE, PAYROLL ENTRY, AND PROPERTY MANAGEMENT ADMINISTRATOR. SHE HAS WORKED FOR MLBHC FOR 31 YEARS!

WHAT DO YOU LOVE ABOUT YOUR JOB? HELPING THE COMMUNITY AND MY COWORKERS.

WHAT DO YOU DO FOR FUN? I LIKE TO SPEND TIME WITH FAMILY, GO OUT TO EAT, AND I LOVE TO DESIGN AND SEW CLOTHES!

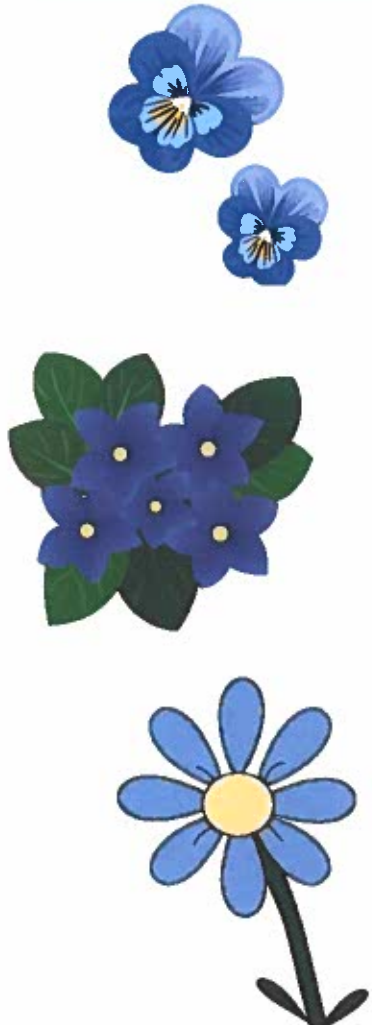


THIS IS THE DAY THAT THE LORD HAS MADE. LET US REJOICE AND BE GLAD IN IT!



WHAT DO YOU WANT PEOPLE TO KNOW ABOUT YOU?

MY HUSBAND AND I HAVE BEEN MARRIED 41 YEARS. WE HAVE 3 DAUGHTERS AND 5 GRANDCHILDREN!





**In recognition of Mental Health Awareness Month,
Mona Moses, Geriatric Specialist, submitted the story below**

Herman, 26 yo, had been in the US Navy around 1945. His brother was also in the Navy, but killed on a different ship as they were out to sea. Herman's brother's body was not recovered. His grief was tremendous for his brother. He shortly after was given standard shock treatment for a nervous breakdown. His condition not improving, the Navy gave him an honorable discharge.

Back home was not easy for him with employment difficult to maintain, a baby girl 14 months old, and wife Myra, age 24, due in three months with another baby. When he continued to have problems, shock treatment was set up at the Veteran's hospital. The morning he was to go in, May 6, 1949, 7:45 a.m., using a .22 rifle he had borrowed, Herman shot his baby girl, Julia. Running to the bedroom, he took the gun and shot himself. Both lay in pools of blood and the wife was hysterical. It was thought the third shot had been intended to kill his pregnant wife. A neighbor told the coroner a week earlier that Herman had said "I am going to see a doctor because I want to kill somebody".

The young widow, Myra, had to take care of their funeral, burial, have baby Jennifer and make a new life. She never wanted to talk about this event except to a close friend. Myra never received any mental health treatment, but should have. Until seeing the movie "A Beautiful Mind" she had never spoken to me, her third born, about any of this. She said the movie was too close to what she went through. The question she asked me was "do you think if you loved a person enough you could save them?" My reply was "Mom in 1949, the medical profession was in the early stage of understanding mental illness and treatment was often barbaric, with stigma attached. If it was in this time with psychotherapy and current medication, a person's life would be different. But, not love alone."

Myra went on to marry again four years later. A man 19 years her senior. Having the baby girl she was pregnant with, then myself and my brother. She was a secretary and became a licensed real estate agent for my father. Later, she became a licensed practical nurse, top in her class. In her employment, she was the Director of Family Planning for the Coles County Health Department. A position she held for 25 years before she retired.

My mother sheltered her children too closely afraid of the unforeseen, thinking even simple things could become catastrophe. Affection was not something she showed nor did she want her children to show weakness of emotion. 40 years later, on the anniversary of the homicide/suicide, my sister Jennie died. The date was not noticed to anyone except my mother. After my mother's death, I took a trip to the cemetery, looking at dates and this was a shocking finding.

The aftermath of Herman's suicide went into the next couple of generations. Not suicide, but fear, grief, mistrust and ways of showing affection. It is difficult to explain, but the person that commits the act affects family, friends, neighbors, employers and even unborn. Every person needs to realize their life is important to someone. Whatever the problem, there is help available. Sometimes asking for help can seem a sign of weakness, but it is the opposite. Taking medication is not a sign of weakness. Committing the act and not seeking and accepting long term professional help in this time could be weakness.

May is Mental Health Awareness Month - Everyone can make a difference for someone!

The items below were also submitted by Mona Moses. The article was published in the newspaper shortly after Herman Bergfeld killed his daughter (Julia Lou Bergman) by gunshot and then committed suicide. The first photo is of Julia (Mona's half-sister). The second photo is Herman and Mona's mother, Myra.

DEPENDENT VET SLAYS INFANT, KILLS HIMSELF

Herman Charles Bergfeld, 26-year-old World War II veteran of Mattoon, shot and killed his 14-month-old daughter Julia Lou Tuesday morning and then fatally shot himself in the head.

The .22 rifle he used had been borrowed a month ago for hunting purposes. The shootings occurred about 7:45 a.m. in the family home.

Bergfeld was discharged from the army in March 1943. He suffered a nervous breakdown at that time and was forced to leave his job as Illinois Content Breakman last January because of another breakdown. He had been dependent and moody for

several weeks.

Horace Clark, Coles county coroner, set the inquest in the Schilling funeral home for next Friday at 7 p.m. Clark said Bergfeld was to have been taken to a veterans' hospital Tuesday. The coroner said that Bergfeld told a neighbor a week ago:

"I am going to see a doctor because I will kill somebody."

Besides his wife Myra, Bergfeld leaves his parents, Mr. and Mrs. V. F. Bergfeld of Mattoon, and several brothers.

Services for the infant and her father will be held at 9:30 a.m. (today) Thursday in the Catholic church. Burial will be in Calvary cemetery. The American Legion will conduct graveside services.



myLearningPointe is an excellent on-line program for educational information on ethics and corporate compliance, as it offers numerous classes relating to both topics. Some of the courses available to MLBHC staff under "My Elective Courses" include Fraud Control; Corporate Compliance: Understand Your Role in CC; and various presentations on Ethics. This resource is labeled "LEARNINGPOINTE" on the MLBHC links screen, with staff using their MLBHC e-mail address as the username and their staff id number as the password.

MLBHC Guiding Values

- To treat our customers in a manner in which we would like to be treated.
- To be honest, forthright, and respectful with everyone.
- To be totally committed to excellence in all that we do.
- To continuously improve our work performance and the effectiveness of the services provided.
- To actively seek opportunities and initiate ideas to expand and secure the organization's growth and development.
- To work diligently and accurately so as to assure quality outcome and cost effectiveness.
- To create a work environment that encourages communication, participation, and creative thinking by all employees.
- To recognize the purpose of the organization as a whole as being more important than any given part or specific program.



~ Wall of Fame ~



(March 2023)

(I = Incentive)

Marshall County OP & OR

Lindsey Alford
 Kali Brand
 Julie Burks
 Lisa Clonts (I)
 Ashlee Estes (I)
 Tina Headrick (I)
 Belinda Herring (I)
 Christy Keeper
 Stephanie Knott
 Crystal Malone
 Stephanie Martin
 Haley Nichols
 Lexi Parker
 Lindsey Quinn
 Jennifer Riggins
 Denise Ritchie
 Chelsea Roberts
 Elizabeth Rucker
 Marie Stephens
 Melinda Sutton-Griffin
 Elizabeth Traweek (I)
 Vanessa Vandergriff

Substance Use

George Bartke
 Bob Crowell
 Conner Green
 Jana Kirkland
 Katrina Ramsey
 Cindy Woodham

Geriatrics

Mitzi Holcombe
 Leah Moore
 Mona Moses
 Tyler Steed

Multi Programs

Sarah Boxley (I)
 Margaret George (I)

Jackson County OP & OR

Rob Barrett
 Tom Brookshire (I)
 Brittany Cheek (I)
 Sarah Dettweiler
 Savannah Miller (I)
 Shaquitta Sabb
 Lilly Strange (I)
 Brooke Whitten (I)

Residential

Rebecca Cabaniss
 Teana Campbell
 Joanna DeAtley
 Sarah Hanna
 Ryan Hixon
 Nancy Paschal
 Brittney Scott
 Briley Townsel
 Felicia Tubbs
 Justin Wilson

Congratulations!

What Do MLBHC Consumers Say???



Consumer feedback is an important part of the PI process at MLBHC. Feedback is gathered through a variety of sources including Consumer Feedback Boxes at our Outpatient Facilities, Residential Facilities and Cedar Lodge.

MLBHC also conducts an internal survey to determine the level of consumer satisfaction and participates in the annual MHSIP Surveys, which are administered through the Alabama Department of Mental Health.

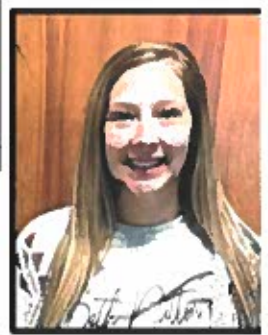
The comments below were recently retrieved from the MLBHC Consumer Feedback Boxes.

"This has been the best experience I've had at rehab. Everyone here has really made a difference in my life." (Cedar Lodge consumer)

*"I would like to compliment all the workers here."
 (Dutton Group Home consumer)*

New Faces at MLBHC

Since the last newsletter, the staff members photographed below joined MLBHC - (left to right) **Samantha Travis, RN**, and **Zach Kilian, BA**, Care Coordinator, at the Dutton Residential Facilities; **Shelby Granger**, Secretary at the Jackson County Mental Health Center; **Gabrielle Catchings, BS**, Jail Based Care Coordinator; **Brad Bewley** and **Morgan Price**, Life Skills Specialists at Cedar Lodge.



How Can I



???

MLBHC currently has several documents relating to corporate compliance and ethics that each employee should review on a regular basis. These include Personnel Policy 4.1.19 - Corporate Compliance and Retaliation; Personnel Policy 4.6.1 - Employee Conduct; and the Code of Conduct Form.

Both policies can be found in the Personnel Policies Handbook, which is located on the MLBHC links screen under the heading "EHANDBOOK".



CODE OF CONDUCT



Upon initial employment with the agency, every new MLBHC employee acknowledges the reading and understanding of the Code of Conduct Form. By signing, staff members agree to abide by the guidelines set forth by MLBHC for professional behavior. This form is accessible on the MLBHC links screen under the heading "MLBHC FORMS".

Any questions in regard to these policies or the Code of Conduct should be directed to your supervisor or the HR Office.



What are my options for Reporting Suspected Fraudulent Activity or Misconduct ?

As previously stated, all MLBHC employees are expected to behave in an ethical manner and are required to report any suspected fraud or misconduct. Dianne Simpson, Clinical Director, has been appointed as the agency's Corporate Compliance Officer and will be responsible to investigate all allegations. Employees have the following options to report suspected issues:

- Report directly to your supervisor, who is then responsible to report to the Corporate Compliance Officer.
- Report directly to the Corporate Compliance Officer.
- Report anonymously through the option on the MLBHC links screen labeled 'REPORT FRAUD". If this method is used, make certain to describe enough detail to allow for a proper investigation, as there will not be any way to know who made the report or attempt to follow up for more information.

As described in the Corporate Compliance Policy, any employee who makes a good faith effort to report suspected fraud/misconduct will be protected from retaliation of any kind.



Staff Compliance Surveys

Were you aware that each month, those that supervise direct service providers conduct a designated survey in regard to the services provided by staff members??? This process was implemented by the Corporate Compliance Committee in May, 2012.

These random surveys include items such as ensuring that Progress Notes are complete, have sufficient content, are placed in "final" status and that consumer signatures are on file; reviewing the Staff Compliance Ledger to verify that requested travel reimbursement and GPS monitoring correspond to services documented; conducting telephone and face-to-face conversations with consumers to determine that time spent on a service is comparable to time billed for that service, requests for signatures are appropriate and staff members are listening and addressing the consumer's concerns. These surveys are then reviewed by the Clinical Director, with any areas of concern being addressed, as needed. While several random issues/minor errors have been caught and corrected through this process, no major trends have been noted.

This survey process has proven not only to be an effective tool for monitoring services documented by staff members, but also for the invaluable feedback provided by the consumers. Most seem pleased to be asked about their experience with MLBHC services and have relayed positive comments.



Happy Nurses Day 2024



Sarah Dettweiler, PMHNP
MC & JC Outpatient Programs



Belinda Herring, PMHNP
MC Outpatient Program



Melinda Sutton-Griffin, PMHNP
MC Outpatient Program

**A very special THANK YOU to all of our MLBHC nurses.
We appreciate everything you do to provide excellent
care for our consumers!**

**Nurse Appreciation Day
May 6, 2024**



MLBHC's Registered Nurses

Left to right: **Stephanie Knott**, MC Outpatient and NDP Coordinator; **Lindsey Alford**, MC Outreach; **Rob Barrett**, JC Outpatient & Outreach; **Samantha Travis**, Dutton Residential Facilities; and **Cindy Woodham**, Cedar Lodge.

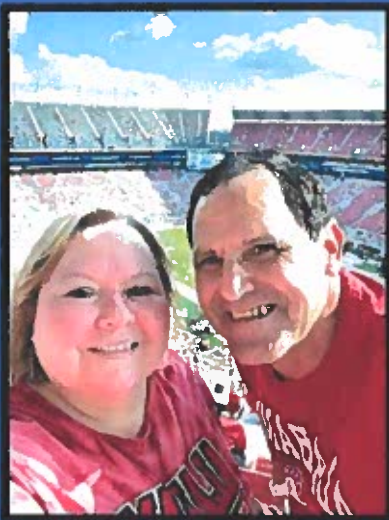
2024 MHSIP Surveys

During the two week timeframe of April 15 through April 26, 2024, consumers from 20 MLBHC programs participated in DMH required MHSIP (Mental Health Statistical Information Program) Surveys.

Results from these surveys are used to determine areas of strong consumer satisfaction and to indicate where improvements could be made.

MLBHC thanks all staff members that assisted with these surveys.

A MLBHC employee recently made a recommendation for a new feature in the newsletter. The idea of "Family Fotos" was to include photos of one of our staff and their extended family members. We begin this new series with Kellye Lee, Office Manager at the JC MHC, and hope you enjoy seeing her "Family Fotos".



Kellye Lee and her husband, Eddy, at Bryant-Denney Stadium.

Members of Kellye's extended family include two sisters and brothers-in-law, brother, nephews and spouses, nieces, daughter, grandson and granddaughter.



"Being part of a family means smiling for photos."

— Harry Morgan

Family Fotos