



Behavioral Healthcare



ADMINISTRATIVE SERVICES
3200 Willow Beach Road, Guntersville, AL 35976
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TO: Board of Directors
FROM: Shelly Pierce, Executive Management Coordinator
RE: January Board meeting
DATE: January 11, 2024

The next meeting of the Board of Directors will be conducted on **Tuesday, January 16, 2024, at the Mental Health Center in Scottsboro**. 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:

January Board Meeting

Jan 16, 2024, 5:30 – 6:30 PM (America/Chicago)

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

<https://meet.goto.com/665839973>

You can also dial in using your phone.

Access Code: 665-839-973

United States: [+1 \(571\) 317-3112](tel:+15713173112)

To ensure a quorum, please let me know if you plan to attend this meeting.

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

- January Board Agenda
- Minutes from the November 28, 2023, Board meeting
- Financial Reports through December 31, 2023
- Personnel Report
- IT Director's Report
- Clinical Director's Report
- Summary of Reports from the November and December PI Committee meetings
- Minutes from the November and December Leadership Committee meetings
- Recent local newspaper article
- January 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

January 16, 2024

AGENDA

- I. Call the meeting to order – David Kennamer, President
- II. Executive Session – David Kennamer, President
- III. Approval of minutes of the November 28, 2023, meeting – David Kennamer, President
- IV. Executive Director’s Report
- V. Financial reports through December 31, 2023 – Cammy Holland, Business Manager
- VI. Annual Board review of Policies and Procedures – Myron Gargis, Executive Director
- VII. Written Reports
 - Personnel – Lane Black, HR Coordinator
 - IT – Steve Collins, IT Director
 - Clinical – Dianne Simpson, Clinical Director
- VIII. Board requested items for future meeting

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

**Board of Directors Meeting
November 28, 2023**

MINUTES

Prior to tonight's monthly meeting, MLBHC's Reboot Committee hosted a Board Appreciation Dinner for Board members and their guests.

I. Call to Order

David Kennamer, President, called the meeting to order at 6:10 p.m. at the Administrative Office in Guntersville, Alabama. Virtual participation in the monthly meeting was also available.

Present: Joe Huotari
Jo-Anne Hutton
Joe Jones, Treasurer
David Kennamer, President
Hannah Nixon, Vice-President
Lucien Reed
Jane Seltzer, Secretary

Absent: Bill Kirkpatrick
Victor Manning
Caleb Skipper

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

Guests: Karen Huotari
Frayne Hutton
Debbie Jones
Noreen Riley

II. Approval of the minutes of the October 17, 2023, meeting – David Kennamer, President

MOTION: Hannah Nixon made a motion that the Board approve the minutes of the October 17, 2023, meeting, as presented. Jane Seltzer seconded the motion, which was approved unanimously.

III. Executive Director's Report

The Executive Director's Report for November 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.

In discussion of the updates on the Jackson County Board of Education property, Mr. Gargis shared the following information:

- Approval has been received from the DMH Office of Life Safety and we should soon obtain a letter from the DMH Commissioner allowing us to occupy the building.
- In preparing to close on the JC BOE property, the attorney found a problem in that title insurance can't be issued as there is no paperwork trail on who actually owns the property. Prior to the JC BOE occupying the facility, it was reportedly owned/occupied by Jackson County and there is no documentation of the facility being sold to the JC BOE. The most appropriate solution is for the JC BOE to file a suit through the circuit court and have a judge issue a ruling on current ownership. All are hopeful to get this matter resolved ASAP.

IV. Financial reports through October 31, 2023 – Cammy Holland, Business Manager

Ms. Holland noted that all regular financial reports 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 Services.

The current Balance Sheet, which included Board Investments, indicated Total Cash of \$2,090,318. This total is \$1,289,563 less than this same time period last year. Continued review reflected Total Accounts Receivable of \$2,209,855, which is \$999,824 more than in FY23.

The Income Statement, which does not include Board Investments, reflected a YTD Net Income of \$119,641, which is \$81,294 more than in FY23.

As follow-up to a request made at the last meeting, Mr. Gargis presented a report reflecting total operating revenues for FY21 – FY23. Other data presented included total clients served, total services provided, and total number of students served for 2021, 2022 and 2023.

Finally, Ms. Holland reported that the FY23 Financial Audit began today and will likely be presented to the Board at the January or February, 2024, meeting.

V. Executive Committee's biennial review of Board Bylaws – David Kennamer, President

Per P&P 1.12 – The Executive Committee will review or cause the whole Board to review the Bylaws at least every two years and shall propose revisions if necessary or desirable.

During the biennial review of the Bylaws, a question was raised as to the reference of conducting an "annual meeting". Ms. Pierce noted that while not specifically referred to as the "annual meeting", the Executive Office has historically considered the Board meeting in June as the annual meeting, since that is when officers are elected for the coming year.

Following discussion and to ensure compliance with the current Bylaws, a recommendation was made to begin specifically referring to the Board meeting in June as the “annual meeting”. The importance of all Board members attending the annual meeting was also noted.

Subsequent to the Executive Committee’s biennial review of the Board Bylaws, no revisions were deemed necessary or desirable.

MOTION: Joe Huotari made a motion that the Board continue operation under the current Bylaws. Hannah Nixon seconded the motion, which was approved unanimously.

VI. Q4 updates to FY23 Strategic Action Plan – Myron Gargis

All 4th quarter updates to the FY23 Strategic Action Plan were emailed to Board members for review prior to the meeting. Board members were provided an opportunity to ask questions in regard to any items on last fiscal year’s Strategic Action Plan.

Board members were also provided a copy of the newly developed Strategic Action Plan for FY24.

VII. Written Reports

The Personnel, IT and Clinical Reports are submitted in written format for the monthly Board packets. Any items of question or requiring Board action will be discussed during the meeting.

VIII. Decision on December, 2023, Board meeting

After brief discussion on the possibility of conducting a Board meeting during the month of December, the following motion was made:

MOTION: Hannah Nixon made a motion that the Board elect not to conduct a monthly meeting in December, 2023. Jane Seltzer seconded the motion, which was approved unanimously.

IX. Board requested items for future meetings

There were no items requested for future Board meetings.

MOTION: Hannah Nixon made a motion that the Board adjourn the meeting at 6:40 p.m. Joe Huotari 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

- **Transportation Service Updates-** October- Jackson County had 65 transports and Marshall County had 18 transports (partial month for new employee).

- **Local Government Health Insurance (LGHI) Plan-** The enrollment process and swap over from the current plan is completed. The effective date for LGHI is 12/1/23. As a reminder- employees with single coverage will be saving ~\$100 per month and those with family coverage will be saving ~\$200 per month. MLBH's cost will remain neutral.

- **Creekside Hospital Update-** Phil Rowland, CEO, reports their final licensing visit is scheduled for 11/27 and he expects that they will begin accepting patients once the year-end holidays are completed.

- **Grant Applications-** We are currently in process of completing two grant applications. The first is a VA grant that would expand our current program for first responders to local veterans. The second application is an ADMH Opioid Settlement grant in which we are proposing to expand substance use services to incarcerated individuals and medication assisted treatment in Jackson County.

- **Updates on JC BOE Property-**
 - We received approval from the DMH Office of Life Safety and should be receiving a letter from the DMH Commissioner in the near future allowing us to occupy the building.
 - Title and Title Insurance discussion

MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
PROGRAM SUMMARY

FOR THE MONTH ENDED DECEMBER 31, 2023

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues		Budget vs Actual Expenses		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- %	Comments
					\$	%	\$	%						
1000 Administration	19,698	39,011	19,698	28,165	19,313	49.51%	17,896	47.60%	(0)	10,846	9,429	1,417		
1500 Region 1 Project	15,202	15,202	15,202	15,202	(0)	0.00%	0	0.00%	0	(0)	0	0		
2110 Marshall County MHC	274,660	215,486	236,403	229,840	(59,174)	-27.46%	(4,073)	-1.77%	38,257	(14,354)	2,490	(16,844)		
2210 Jackson County MHC	200,108	178,806	202,399	197,542	(21,302)	-11.91%	(3,364)	-1.70%	(2,291)	(18,736)	1,493	(20,229)		
2300 Geriatrics	48,055	31,086	41,619	34,548	(16,970)	-54.59%	(7,071)	-20.47%	6,437	(3,462)	0	(3,462)		
2400 Behavioral Health Unit (BHU)	20,058	20,000	20,058	20,000	(58)	0.00%	(58)	0.00%	0	0	0	0		
2610 Dogwood Apartments	5,808	5,989	6,244	3,453	180	3.01%	(1,918)	-55.56%	(436)	2,535	873	1,663		
2620 EBP Supportive Housing	13,641	14,400	13,623	14,955	759	5.27%	1,332	8.90%	18	(555)	0	(555)		Budget is divided equally over 12 months. Actual is based on the activity during the month
2640 Dutton Facilities	81,346	80,850	82,864	77,253	(496)	-0.61%	(454)	-0.59%	(1,518)	3,597	5,157	(1,561)		
2650 Jackson Place	34,993	38,045	29,903	31,982	3,052	8.02%	3,528	11.03%	5,089	6,064	1,450	4,613		
2651 Marshall Place	23,611	20,496	24,523	25,819	(3,115)	-15.20%	1,744	6.75%	(913)	(5,323)	448	(5,771)		
3030 Substance Use	126,325	108,372	112,434	110,702	(17,953)	-16.57%	5,246	4.74%	13,891	(2,331)	6,978	(9,309)		
3060 Prevention	26,757	(824)	26,555	31,802	(27,581)	3346.17%	5,247	16.50%	201	(32,627)	0	(32,627)		Budget is divided equally over 12 months. Actual is based on the activity during the month
	890,262	766,917	831,527	821,263	(123,345)		18,055		58,736	(54,346)	28,319	(82,665)		

**MOUNTAIN LAKES BEHAVIORAL HEALTHCARE
PROGRAM SUMMARY**

FOR THE THREE MONTHS ENDED DECEMBER 31, 2023

PROGRAM	BUDGETED REVENUE	ACTUAL REVENUE	BUDGETED EXPENSES	ACTUAL EXPENSES	Budget vs Actual Revenues		Budget vs Actual Expenses		BUDGETED OPERATING INCOME	ACTUAL OPERATING INCOME	DEPRECIATION EXPENSE	NET INCOME (LOSS)	Variance +/- 5% Comments
					\$	%	\$	%					
1000 Administration	59,095	119,011	59,095	86,369	59,916	50.34%	55,562	48.46%	(0)	32,642	28,288	4,354	
1500 Region 1 Project	45,607	45,607	45,607	45,607	(0)	0.00%	0	0.00%	0	(0)	0	0	
2110 Marshall County MHC	823,980	754,884	709,208	676,112	(69,096)	-9.15%	(25,627)	-3.79%	114,771	78,772	7,469	71,302	
2210 Jackson County MHC	600,324	610,187	607,197	590,427	9,863	1.62%	(12,291)	-2.08%	(6,873)	19,760	4,479	15,281	
2300 Geriatrics	144,166	113,465	124,856	96,167	(30,701)	-27.06%	(28,689)	-29.83%	19,310	17,297	0	17,297	
2400 Behavioral Health Unit (BHU)	60,174	60,000	60,174	60,000	(174)	0.00%	(174)	0.00%	0	0	0	0	
2610 Dogwood Apartments	17,425	17,630	18,733	10,765	205	1.16%	(5,349)	-49.69%	(1,308)	6,865	2,618	4,247	
2620 EBP Supportive Housing	40,923	44,824	40,870	42,564	3,902	8.70%	1,695	3.98%	53	2,260	0	2,260	Budget is divided equally over 12 months. Actual is based on the activity during the month
2640 Dutton Facilities	244,037	239,978	248,591	219,734	(4,060)	-1.69%	(13,385)	-6.09%	(4,554)	20,244	15,472	4,772	
2650 Jackson Place	104,978	112,960	89,710	82,105	7,981	7.07%	(3,255)	-3.96%	15,268	30,854	4,350	26,504	
2651 Marshall Place	70,832	64,989	73,570	75,287	(5,843)	-8.99%	3,061	4.07%	(2,738)	(10,298)	1,345	(11,643)	
3030 Substance Use	378,975	309,083	337,303	310,396	(69,892)	-22.61%	(5,972)	-1.92%	41,673	(1,313)	20,934	(22,247)	
3060 Prevention	80,271	57,128	79,666	89,147	(23,143)	-40.51%	9,480	10.63%	604	(32,019)	0	(32,019)	Budget is divided equally over 12 months. Actual is based on the activity during the month
	<u>2,670,787</u>	<u>2,549,744</u>	<u>2,494,580</u>	<u>2,384,680</u>	<u>(121,042)</u>		<u>(24,944)</u>		<u>176,207</u>	<u>165,065</u>	<u>84,957</u>	<u>80,108</u>	

**REVENUE & EXPENSE REPORT FOR THE
THREE MONTHS ENDED DECEMBER 31, 2023**

	PROGRAM	BUDGET	ACTUAL
Revenue	1500 REGION 1 PROJECT	<u>45,607</u>	<u>45,607</u>
Expense		<u>45,607</u>	<u>45,607</u>
Revenue	2110 MARSHALL COUNTY MHC	<u>823,980</u>	<u>754,884</u>
Expense		<u>709,208</u>	<u>676,112</u>
Revenue	2210 JACKSON COUNTY MHC	<u>600,324</u>	<u>610,187</u>
Expense		<u>607,197</u>	<u>590,427</u>
Revenue	2300 GERIATRICS	<u>144,166</u>	<u>113,465</u>
Expense		<u>124,856</u>	<u>96,167</u>
Revenue	2400 BEHAVIORAL HEALTH UNIT	<u>60,174</u>	<u>60,000</u>
Expense		<u>60,174</u>	<u>60,000</u>
Revenue	2610 DOGWOOD APARTMENTS	<u>17,425</u>	<u>17,630</u>
Expense		<u>18,733</u>	<u>10,765</u>
Revenue	2620 EBP SUPPORTIVE HOUSING	<u>40,923</u>	<u>44,824</u>
Expense		<u>40,870</u>	<u>42,564</u>
Revenue	2640 DUTTON FACILITIES	<u>244,037</u>	<u>239,978</u>
Expense		<u>248,591</u>	<u>219,734</u>
Revenue	2650 JACKSON PLACE	<u>104,978</u>	<u>112,960</u>
Expense		<u>89,710</u>	<u>82,105</u>
Revenue	2651 MARSHALL PLACE	<u>70,832</u>	<u>64,989</u>
Expense		<u>73,570</u>	<u>75,287</u>
Revenue	3030 SUBSTANCE USE	<u>378,975</u>	<u>309,083</u>
Expense		<u>337,303</u>	<u>310,396</u>
Revenue	STR/CURES/SOR (Part of the Substance Use Program)		<u>9,970</u>
Expense			<u>7,200</u>
Revenue	3060 PREVENTION	<u>80,271</u>	<u>57,128</u>
Expense		<u>79,666</u>	<u>89,147</u>

2024 COMPARATIVE INCOME STATEMENT

As of Accounting Period 3

	25.00%	<u>FY 2023</u>	<u>FY 2024</u>	<u>\$</u>	<u>%</u>
				<u>VARIANCE/YEAR</u>	
Medicaid % of Budget		\$811,170 24.62%	\$795,013 21.87%	(\$16,157)	-2.03%
DMH		\$ 1,670,892 31.82%	\$ 1,337,078 23.72%	\$ (333,814)	-24.97%
Medicare		\$ 8,900 28.83%	\$ 7,541 23.62%	\$ (1,359)	-18.03%
Self Pay		\$ 39,307 31.92%	\$ 29,381 0.81%	\$ (9,926)	-33.78%
Insurance		\$ 126,647 31.12%	\$ 156,608 30.75%	\$ 29,961	19.13%
Total Operating Revenue		\$3,030,669 31.17%	\$2,549,744 23.87%	\$ (480,925)	-18.86%
Salary		\$ 1,316,293 24.29%	\$ 1,428,453 26.43%	\$ 112,160	7.85%
Fringe		\$ 283,257 26.97%	\$ 294,552 25.54%	\$ 11,295	3.83%
Misc Exp-BHU		\$ 60,000 24.93%	\$ 60,000 24.93%	\$ -	0.00%
Fees Contract Staff		\$ 20,793 17.34%	\$ 11,210 16.50%	\$ (9,583)	-85.49%
Travel		\$ 55,372 25.53%	\$ 64,824 27.54%	\$ 9,452	14.58%
Total Operating Expenses		\$2,278,240 26.47%	\$2,381,823 25.09%	\$103,583	4.35%
Operating Income		\$752,429	\$167,922	(\$584,507)	-348.08%
Depreciation		(\$83,377)	(\$87,814)	(\$4,437)	5.05%
Net Income/(Loss)		<u>\$669,052</u>	<u>\$80,108</u>	<u>(\$588,944)</u>	

***Does not include Board Investments

2023 COMPARATIVE BALANCE SHEET

As of Accounting Period 3

	<u>FY 2023</u>	<u>FY 2024</u>	<u>\$</u> <u>VARIANCE</u>	<u>%</u>
Current Assets				
Cash	\$4,092,275	\$2,179,725	\$ (1,912,550)	-87.74%
Total Receivables	\$1,029,745	\$2,017,413	\$ 987,668	48.96%
Total Other Current Assets	<u>\$2,227,860</u>	<u>\$2,606,284</u>	<u>\$ 378,424</u>	<u>14.52%</u>
Total Current Assets	\$7,349,880	\$6,803,422	-\$546,458	-8.03%
Long Term Assets				
Fixed Assets	\$2,007,618	\$2,335,082	\$ 327,464	14.02%
Other Long Term Assets	<u>\$5,365,017</u>	<u>\$7,122,862</u>	<u>\$ 1,757,845</u>	<u>24.68%</u>
Total Long Term Assets	\$7,372,635	\$9,457,943	\$ 2,085,308	22.05%
Total Assets	<u>\$14,722,514</u>	<u>\$16,261,366</u>	<u>\$ 1,538,852</u>	<u>9.46%</u>
Liabilities				
Current Liabilities	(\$486,091)	(\$638,405)	\$ (152,314)	23.86%
Long Term Liabilities	<u>\$0</u>	<u>\$0</u>	<u>\$ -</u>	
Total Liabilities	(\$486,091)	(\$638,405)	\$ (152,314)	23.86%
Net Assets				
Unrestricted Net Assets	(\$13,567,371)	(\$15,012,055)	\$ (1,444,684)	9.62%
Net (Income) Loss	<u>(\$669,052)</u>	<u>(\$610,906)</u>	<u>\$ 58,146</u>	<u>-9.52%</u>
Total Net Assets	(\$14,236,423)	(\$15,622,960)	\$ (1,386,537)	8.87%
Total Liabilities and Net Assets	<u>(\$14,722,514)</u>	<u>(\$16,261,366)</u>	<u>(\$1,538,852)</u>	<u>9.46%</u>

Other Information

December 2023

Transportation	<u>Marshall County</u>	<u>Jackson County</u>
Miles driven in month	878.00	989
Number of riders	29	71
Fuel Purchased	102.00	136.89
Average Price/gallon	2.60	2.70
Maintenance	-	97.8
Depreciation	869.78	842.00
Salary	1,365.62	2,194.08
Cost/rider	80.60	46.07

Client Medical Expense	<u>Dutton</u>	<u>Jackson Place</u>	<u>Marshall Place</u>	<u>Cedar Lodge</u>	
Pharmacy	1,660.24	184.14	210.90	255.27	
Physician Charges	-			919.50	
Co-Pays/Deductibles	415.00				
	<hr/>	<hr/>	<hr/>	<hr/>	
	2,075.24	184.14	210.90	1,174.77	3,645.05

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

STARTING MARKET VALUE **\$9,097,220.82** Sep 29, 2023 - Dec 29, 2023

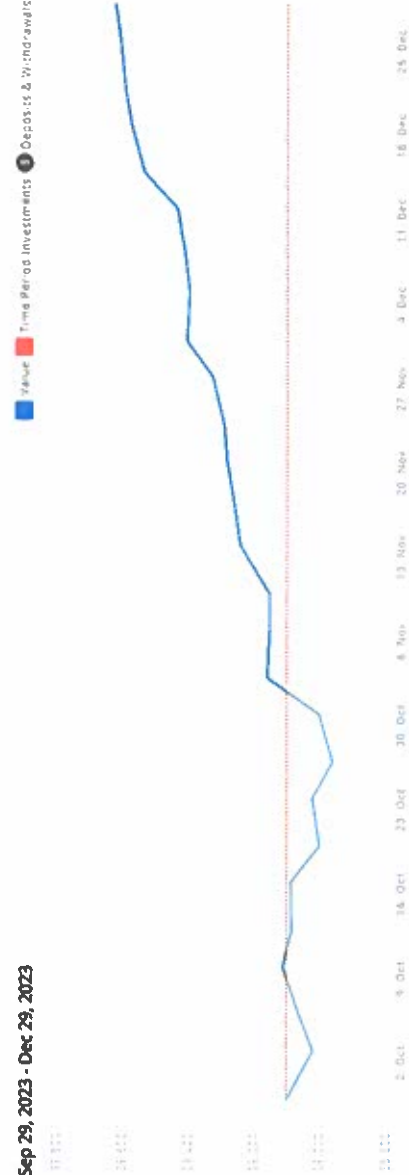
DEPOSIT AND WITHDRAWALS **\$0.00**

INVESTMENT RETURNS **\$523,034.89**

TOTAL RETURN **5.74%**

ENDING MARKET VALUE **\$9,620,255.70**
As of Dec 29, 2023, Market Close

* This total does not include already
valued and may not match Total Value



ASSET ALLOCATION

VIEW BY
Broad Asset Class



ASSET	PERCENT
Bonds	75.16%
US Stocks	20.61%
Balanced	3.79%
Others	0.42%

TOP POSITIONS

ASSET	CHANGE (\$)	CHANGE (%)	VALUE (\$)	AS OF
FRANKLIN U S GOVT SECS CL A1	\$0.00	0.00%	\$739,182.59	01/09/2024
FRANKLIN CONVERTIBLE SECS CL A	\$0.00	0.00%	\$705,032.50	01/09/2024
FRANKLIN RISING DIVIDENDS CL A	\$0.00	0.00%	\$699,622.13	01/09/2024
FRANKLIN LOW DURATION TOTAL RETURN CL A	\$0.00	0.00%	\$572,093.60	01/09/2024
BOND FUND OF AMERICA CL A	\$0.00	0.00%	\$547,653.33	01/09/2024

During market hours, values for securities that are priced daily are calculated using prior day's closing price.

MLBH PERSONNEL REPORT

1/16/2024

NEW HIRES

FT	Kimberly Romero	Care Coordinator	11/28/2023	MCMHC
FT	W Patrick Scyphers	Therapist Non-Licensed (Former Intern)	12/13/2023	MCMHC
PT	Ivan Taylor	Treatment Plan Reviewer	1/10/2024	Both Counties
PT	Brandon Hardy	Life Skills Specialist	1/11/2024	Jackson Place

SEPARATIONS (VOLUNTARY)

DOH 4/17/2023	FT	Whitney Miller	Life Skills Specialist <i>Resignation Reason</i>	11/18/2023	Substance Use <i>health</i>
DOH 6/19/2023	FT	Baylee Johnson	Care Coordinator <i>Resignation Reason</i>	11/30/2023	Dutton GH <i>related to school</i>
DOH 8/30/2010	FT	Teresa Sarratt	Therapist <i>Resignation Reason</i>	12/25/2023	Geriatrics <i>retirement</i>
DOH 11/29/2023	FT	Steven Burt	Life Skills Specialist <i>Resignation Reason</i>	12/26/2023	Substance Use <i>to care for parents</i>
DOH 6/12/2018	FT	Ebony Parker	Therapist/ JC CAIH <i>Resignation Reason</i>	1/5/2024	JCMHC <i>school</i>
DOH 1/9/2023	FT	Brandy Long	LSS/ CRSS <i>Resignation Reason</i>	1/12/2024	Substance Use <i>moving to take care of father</i>

SEPARATIONS (INVOLUNTARY)

DOH 8/4/2014	PRN	Joyce Milligan	Life Skills Specialist	12/20/2023	Marshall Place Gross Misconduct
DOH	FT	Tivoli Justice	Certified Peer Support Spec.	12/21/2023	Both Counties 5th Productivity Miss

NEW POSITIONS ADDED

NA

TRANSFERS

NA

NOTE: Intern Hannah Hallmark began 1/09/24--Crisis Services

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

MP LSS -PRN (1)

DGH LSS FT- (1) FT 1st (1) 7 day on FT (1) Weekend night (1) Weekend day

SU LSS - (1) Full time 3rd (1) FT second

Care Coordinator--Jail-Based- FT(1)

ACT Care Coordinator JC (1)

Care Coordinator DGH (1)

Geriatric Therapist JC (1) MC (2)

Geriatric Specialists JC (1) MC(1)

Therapist Outpatient JC (1)

Therapist CAIH JC (1)

Therapist Outpatient MC (2)

Program Coordinator DGH (1)

Registered Nurse DGH (1)

CPSS-Youth

Training Coord.

Transportation Specialist MC FT (1)

**IT Board Report
Jan 2024**

Items Completed from last reports:

- Ubiquity Core Router partial traffic migration and testing in progress.
- ~~-Look at increasing WAN & Internet speed. Farmers meeting EOY 2023.~~
- ~~-Network Infrastructure review waiting on Farmers meeting EOY 2023~~
- Testing new Secureworks endpoint client again.
- Windows 11 another version 23H2 being tested / deployed.
- ATT Voice contract is up for renewal, what to do Farmers maybe?
- Avatar any preqs for year 2024 version?
- Send more Telemetry to Secureworks system.
- Avatar IRIS Database upgrade...not anytime soon...
- WSUS windows update system, do some database cleanup / reorg.
- VZ Cell contract, any better rate to be had?

New Items / Continued:

- Possible Sboro new building look at Infrastructure additions / changes.
- Start new computer deployment. Continuing with project.
- Digital Marketing company for MLBHC web page.
- EOY Windows User account cleanup plus Avatar User cleanup.
- EOY User forced password changes.
- Avatar Database copies and updates to year 2024.
- Looking at AI System for Avatar.
- Broadcom / Vmware acquisition and what it means \$\$ wise.
- Testing other Virtualization Systems just in case.
- Dell Secureworks review.

Clinical Services Report

January 2024

Case Management Services

Case management services are comprehensive services that assist consumers in gaining access to needed medical, social, educational and other services. Medicaid identifies several target groups who are eligible for case management services. Mountain Lakes is a provider for four of these target groups: Mentally ill adults, disabled children, individuals diagnosed with a substance use disorder, and Medicaid-eligible individuals age 0-20 or until the individual reaches age 21 who have Autism Spectrum Disorder (ASD) or a Serious Emotional Disturbance (SED) or an adult with a Severe Mental Illness (SMI) and requires High Intensity Care Coordination (HICC).

Case management begins with a needs assessment to determine the consumer's strengths and needs. They provide linkage and advocacy for the consumer with community resources. They also assist the consumer in developing a personal support system. Case management routinely monitors the services provided to ensure the consumer's needs are being met. While care coordinators may provide transportation for consumers, this is not a billable service nor their primary role.

Case management services are provided by care coordinators (sometimes referred to as case managers). The qualifications for a care coordinator are a Bachelor's degree in a human service field and completion of the case management training program. Mountain Lakes employs care coordinators who work in a variety of programs. We have a total of 18 care coordinator positions:

- Outreach adult care coordinators in each county
- Child/Adolescent care coordinators are either High Intensity (HICC) or Low Intensity (LICC). We have both HICC and LICC in each county.
- Care coordinators are also a part of the Adult In-Home, Assertive Community Treatment (ACT), and Child/Adolescent In-Home teams in each county.
- Crisis Diversion Center Care Coordinator- We have one care coordinator who works in both counties whose primary responsibility is to coordinate treatment at the Wellstone Crisis Diversion Center in Huntsville.
- Dogwood Apartments (Supervised Apartments) and Evidence Based Supportive Housing (EBSHP) – One care coordinator specifically works with the consumers in these programs.
- Dutton Residential Facilities – two care coordinator positions who work with the consumers in these group homes.
- Jail services – we will be hiring a care coordinator to work with the jail therapist to assist consumers to transition back into the community.

**Performance Improvement Committee
Summary of Reports
November 16, 2023**

I. Report from Clinical Director, Dianne Simpson:

- As part of the initiative to become a Certified Community Behavioral Health Clinic (CCBHC), the Clinical Director group are compiling a list of recommended Evidence Based Practices to be utilized. The “Clinical Intervention” checkboxes on the Progress Note will be removed and the textbox changed to “Clinical Interventions and Techniques” to allow for a broader description of any EBP utilized.
- ADMH has appointed Robyn McQueen as the statewide dual diagnosis coordinator. The role of this system is to assist with resources for consumers who are dually MI/ID or SU/ID diagnosed. They will be launching a System of Support program 1/24 in Birmingham and Tuscaloosa, with plans to expand statewide. Let me know if we have a consumer in need of resources, as they will still provide information.
- We are still recruiting a training coordinator. In the meantime, I appreciate everyone’s assistance in training and orientation of new staff. We also have plans for future Lunch and Learn presentations. If you are interested in presenting on a specific topic, let me know.
- **Staff Error Report-** The October report was sent out to the Program Directors/Coordinators.
- **Wall of Fame/Incentive Plan-** The following staff achieved the incentive for the month of October. They all exceeded their productivity standard and produced excellent and error free documentation.

Congratulations:

Incentive:

Barrett, Rob
Boxley, Sarah
Brookshire, Tom
Burks, Julie
Cheek, Brittany
Clonts, Lisa
Estes, Ashlee
Headrick, Tina
Malone, Crystal
Riggins, Jennifer
Rucker, Elizabeth
Sparks, Lilly

Wall of Fame:

Alford, Lindsay	Knott, Stephanie	Townsel, Briley
Cabaniss, Rebecca	Kyle, April	Tubbs, Felicia
Campbell, Teana	Milligan, Joyce	Vandergriff, Vanessa
Cooper, Rebecca	Moore, Leah	Whitten, Brooke
DeAtley, Joanna	Moses, Mona	Wilson, Justin
George, Margaret	Parker, Alexis	Bartke, George
Herring, Belinda	Quinn, Lindsey	Crowell, Robert
Hixon, Ryan	Ritchie, Denise	Kirkland, Jana
Holcombe, Mitzi	Sarratt, Teresa	Ramsey, Katrina
Hollman, LaToya	Steed, Tyler	Williams, Macy
Holmes, David	Stephens, Marie	Woodham, Cindy
Horn, Paul	Sutton, Melinda	

II. Review and approval of summary reports: The October reports will stand approved as no corrections were noted.

III. Administrative Review Summary/Error Reports for October:

	Cases Reviewed	Docs Reviewed	Docs w/errors	Total Errors	Predominant Errors
TOTAL	24	3107	25	29	Late notes; Service not provided per T-Plan (Psychoeducation, Individual therapy, Medical Assmt and tx, Med monitoring); No CANS, Med record missing

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

A summary report was sent out to the committee for each program containing details of the errors and the responsible staff. Records librarians reported any uncorrected errors to the QA coordinator for review. The breakdown of reviews done for 6 month reviews and other/transfers were submitted for each program.

Trends were Late notes; Service not provided per T-Plan (Psychoeducation, Individual therapy, Medical Assmt and tx, Med monitoring); No CANS, Med record missing. This was the first month of the fiscal year.

IV. State Reporting Data Elements (SRDE) Report for September-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
9	Invalid Residential Status for client age

*Dana Childs and Gerald Privett run a report at least monthly and notify therapists if they have someone on their caseload who is turning 18. They are then responsible for updating state reporting information.

V. Significant Events of People Receiving Services for October:

Event	Total Number
Suicide Deaths	1
Suicide Attempts	2
Fatal and Non-fatal Overdoses	0
All-cause Mortality	4
30 Day hospital readmissions	2

***These are new data we are collecting in preparation for becoming a CCBHC.**

- A new field has been added to the Avatar discharge form. If a consumer is discharged due to death, there is a required field to give the cause of death.
- New fields are also going to be added to the Progress Note. Under the Suicidal/Homicidal Ideations section of the MMSE, there will be checkboxes to report 1) Suicide attempt in the last year; 2) Overdose within last year and; 3) Dates if either box is checked.

VI. Prevention Activities:

Direct Services	# Activity Hours Marshall County	# Activity Hours Jackson County
Block-Environmental	85	0
Block-Education	0	4
Block-Alternatives	0	0
Block-Community Based	12	32
Block-ID	133.5	0
Block- PIDR	0	0
SOR-Environmental	15	41
SOR-Community Based Process	3	1
Total	248.50	78

In the month of October, the Prevention team distributed more than 100 bags containing information on safe storage and disposal of medications at Pisgah Pharmacy, Ponders Pharmacy, Northeast Community College, Jackson County Courthouse, and Council on Aging Health Fair in Jackson County. They distributed more than 100 bags at Boaz Pharmacy, & Recovery through Christ in Marshall County. As part of their campaign, they also gave away Detera pouches for safe medication disposal. The team participated in interagency meetings in both Marshall and Jackson Counties. The Prevention team has begun drug prevention programs at Arab City School & DAR Schools. They distributed Talk They Hear You information for parents and guardians at multiple community events in Marshall & Jackson Counties. The team is working with Judge Mastin and Judge Knight to provide Vape & Drug court education classes for Marshall County and JPO. The team will offer Prevention plus Wellness classes once a week for those pleading guilty to vaping on campus.

VII. Hospital Discharge Follow-up Report for October:

Location	Local	State/CRU	Total
Marshall	3 (2 Active)	2	5
Jackson	3 Active	1	4
Total	6	3	9

- 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 2 active consumers and one inactive consumer on outpatient commitment. All kept their appointment.
- There were 2 inactive consumers from Marshall County scheduled for follow-up from a CRU/State facility in the month of October. They both kept their appointment. One will not be receiving services from this agency and chart was closed. The other one will be scheduled for an intake when they are released from local county jail.
- Jackson County had 3 active consumers scheduled for local hospital follow up in October.
- There was 1 active consumer from Jackson County scheduled for follow-up from a CRU in the month of October. Consumer kept their appointment and will continue with services.

VIII. Incident Prevention and Management for October:

Adverse Incident Report sent out to committee members. There was one MI-Allegation of Financial Exploitation. Incident was investigated and unsubstantiated.

October 4 (MI-Allegation of Financial Exploitation) Jenny's Place

(65-2023) Consumer reported loss of their wallet containing \$60. Other consumers reported seeing a staff member pick up a wallet from the desk in the group home. When asked about it, the staff person stated they had not taken the wallet. As of 10/9/23 the wallet had not been located, so the incident was reported to DMH as an allegation of financial exploitation and investigation initiated.

Follow up: The investigation was conducted by a DMH trained MLBHC staff and allegation of financial exploitation was unsubstantiated. As the date of this report, the wallet had not been found.

- IX. Medication Errors for October:** There were 6 medication errors for the month of October. Two wrong times and four missed doses. No trends were noted.

October 14, 2023 Cedar Lodge

(66-2023) MAC worker didn't give 6pm dose of divalproex Sod 500 mg twice daily. Was discovered at 9pm med call. MAC worker called on call MAS RN and medication was given at 9pm.

What should have happened? Consumer's medication should have been given at proper time.

Why the difference? Staff did not follow NDP guidelines.

How can a similar event be prevented in the future? Set phone alarm for 6pm meds. Look through MAR after meds given to make sure no med was skipped.

Follow up: No problems reported from medication given at wrong time. Supervision was done with MAC worker.

October 15 (4 med errors) Sue Bolt Home

(67-70-2023) Staff did not give consumer 7pm dose of Aripiprazole 20 mg, Ibuprofen 600 mg, Losartan potassium 50 mg, and Trazodone 100 mg. MAC worker discovered error on 10/16/23 at 8:12am and called on call MAS RN.

What should have happened? Consumer's medication should have been given at proper time.

Why the difference? Staff did not follow NDP guidelines.

How can a similar event be prevented in the future? Double check.

Follow up: No problems reported. Supervision was done with MAC worker.

October 28

Jackson Place

(71-2023) Staff and consumers were at Albertville Park and MAC worker dropped 4pm dose of Lorazepam 0.5mg and was unable to locate. MAS RN was notified. Another tablet was given another tablet was given upon return to Jackson Place at 5:10pm.

What should have happened? Consumer's medication should have been given as ordered.

Why the difference? Tablet was dropped.

How can a similar event be prevented in the future? Put towel down to catch tablet if dropped.

Follow up: No problems reported. Supervision was done with MAC worker.

By Personnel

By Program

	MAC	RN	LPN	Pharmacist	Other (explain)		MI	SU
Level 1	6					Level 1	5	1
Level 2						Level 2		
Level 3						Level 3		
TOTAL	6					TOTAL		

By Error Type

	Wrong Person	Wrong Med	Wrong Dose	Wrong Route	Wrong Time	Wrong Reason	Wrong Documentation	Missed Dose	Other (explain)
Level 1					2			4	
Level 2									
Level 3									
TOTAL					2			4	

X. Consumer Feedback, Complaints, and Grievances-October: There were no complaints/grievances reported for October.

FY24-Consumer Feedback	Compliments	Suggestions	Complaints/ Grievances	Comments	Total
Guntersville	0	0	0	0	0
Scottsboro	0	0	0	0	0
Residential	1	1	0	0	2
Cedar Lodge	3	0	0	0	3
Total MTD	4	1	0	0	5
Total YTD	4	1	0	0	5

XI. Residential Services Report for October: A monthly report was ran for October.

FACILITY	CAPACITY	TARGETED PT DAYS	ACTUAL PT DAYS	% OCCUPANCY
Jackson Place	3	93	93	100%
Marshall Place	3	93	93	100%
Jackson Place Sup Apt.	2	62	62	100%
Dogwood Apartments	8	248	194	78%
Supportive Housing	12	372	372	100%
MLBH Residential Care	10	310	254	82%
MLBH Crisis Stabilization	2	62	62	100%
Foster Homes	26	806	782	97%
Totals	66	2046	1912	93%

XII. Treatment Plan Reviews for October:

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	57	0	0	0	0	0	0	0
Jackson	176	1	5	0	16	0	0	22
Marshall	322	0	3	0	17	0	0	20
Substance Abuse	0	0	0	0	0	0	0	0
Residential	1	0	0	0	0	0	0	0
TOTALS	556	1	8	0	33	0	0	42

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 remains to be treatment plan not timely and documentation was not related to/address progress toward goals.

XIII. Form-Policy & Procedure Revisions/Approvals:

Forms

- **Adult Abuse Registry Form-New-**This is a new form required by DMH to be used by HR for certain positions in the hiring process. This form is similar to the DHR Child Registry that we already use. The form was sent out to the committee and has been placed on the server under MLBHC forms>Administrative tab>New hire forms.
- **Reportable Critical Incident Requirement-Rev-**This form is used to train staff on the required reportable incidents. DMH no longer has supervised apartments under the residential standards so any incidents are not reportable to DMH. Staff should continue to report incidents immediately to their supervisor as always. The form was sent out to the committee and has been placed on the server under MLBHC forms>Administrative tab.
- **Request for Personnel Action-Rev-** The executive director has approved a change to the Request for Personnel Action form effective 11/1/23. The changes are: The effective date will now be completed by HR since it needs to be the first day of employment. The form has been sent in with all sorts of dates in the past. A new line has been added to provide the first available date to work to help with orientation planning. The form has been revised in Avatar. The form was sent out to the committee and has been placed on the server under MLBHC forms>Administrative tab>New hire forms.

P & P: For PI approval-None

P & P: Board Approved-None

XIV. Miscellaneous Items: None

**Performance Improvement Committee
Summary of Reports
December 21, 2023**

I. Report from Clinical Director, Dianne Simpson:

In our continuing preparations to become a CCBHC, the *MI Initial Intake form* was revised. Demographic data that is captured elsewhere in the consumer record were removed. The form was revised to contain all the required elements in the Administrative Code and CCBHC Criteria. We also introduce an *Intake Update form*. This is a condensed form that can be used to reopen a case when the last date of service is not greater than 6 months. We have several revised Policies and Procedures this month to align with the revised Administrative Code. All staff need to be familiar with the changes.

All staff also need to be aware that the revised Administrative Code now requires that all documentation be completed and in the consumer record within 2 business days.

MLBHC is partnering with North Alabama Community Care to provide an incentive for Medicaid consumers with a dual diagnosis of mental illness and substance use disorder. These consumers can earn Wal-Mart gift cards for keeping therapy appointments and producing negative drug screens. This program will begin January 15, 2024.

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

Incentive:

Wall of Fame:

Barrett, Rob	Alford, Lindsay	Hollman, LaToya	Steed, Tyler
Boxley, Sarah	Brand, Kali	Holmes, David	Sutton, Melinda
Burks, Julie	Brookshire, Tom	Knott, Stephanie	Townsel, Briley
Cheek, Brittany	Brown, Jennifer	Kyle, April	Traweek, Elizebeth
DeAtley, Joanna	Cabaniss, Rebecca	Malone, Crystal	Tubbs, Felicia
Sparks, Lilly	Campbell, Teana	Mays, Treva	Vandergriff, Vanessa
	Clonts, Lisa	Milligan, Joyce	Whitley, Amanda
	Cooper, Rebecca	Moore, Leah	Whitten, Brooke
	Dettweiler, Sarah	Moses, Mona	Wilson, Justin
	Estes, Ashlee	Paschal, Nancy	Bartke, George
	Fowers, Paula	Quinn, Lindsey	Crowell, Robert
	Hanna, Sarah	Riggins, Jennifer	Green, Conner
	Hayes, Leilani	Ritchie, Denise	Kirkland, Jana
	Headrick, Tina	Roberts, Chelsea	Long, Brandy
	Herring, Belinda	Rucker, Elizabeth	Ramsey, Katrina
	Hixon, Ryan	Sabb, Shaquitta	Woodham, Cynthia
	Holcombe, Mitzi		

- **Review and approval of summary reports:** The November reports will stand approved as no corrections were noted.

II. Administrative Review Summary/Error Reports for November: Oct MTD 0.9% YTD: 0.9%

	Cases Reviewed	Docs Reviewed	Docs w/errors	Total Errors	Predominant Errors

TOTAL	50	7005	32	45	Late notes
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MONTHLY ADMIN REVIEW ERROR RATE: 0.4% YTD ERROR RATE: 0.6 %

A summary report was sent out to the committee for each program containing details of the errors and the responsible staff. Records librarians reported any uncorrected errors to the QA coordinator for review. The breakdown of reviews done for 6 month reviews and other/transfers were submitted for each program. Trends were late notes. The month to date and year to date percentages were slightly lower this month.

III. State Reporting Data Elements (SRDE) Report for October-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
6	None

*Dana Childs and Gerald Privett run a report at least monthly and are moving to weekly to notify therapists/supervisors if any state reporting elements need correction. They are then responsible for updating state reporting information.

IV. Significant Events of People Receiving Services for November:

Event	Total Number
Suicide Deaths	0
Suicide Attempts	1
Fatal and Non-fatal Overdoses	0
All-cause Mortality	0
30 Day hospital readmissions	2

*These are new data we are collecting in preparation for becoming a CCBHC.

Reminder:

- A new field has been added to the Avatar discharge form. If a consumer is discharged due to death, there is a required field to give the cause of death.
- New fields are also going to be added to the Progress Note. Under the Suicidal/Homicidal Ideations section of the MMSE, there will be checkboxes to report 1) Suicide attempt in the last year; 2) Overdose within last year and; 3) Dates if either box is checked.

V. Prevention Activities-There were 122 activity sheets reviewed for November:

Direct Services	# Hours billed in Marshall County	# Hours billed in Jackson County
Block-Environmental	136	0
Block-Education	10	0
Block-Alternatives	0	0
Block-Community Based	0	0
Block-ID	154	17
Block- PIDR	12	0
SOR-Environmental	0	16
SOR-Community Based Process	30	2
Total	332	35

In the month of November, the Prevention team distributed 50+ bags containing information on safe drug storage and disposal as well as Deterra pouches at Big C Discount Drugs. They participated in the interagency meeting in Jackson County. The Prevention team began the P.A.T.H. prevention programs at Arab City Schools, DAR School, and Douglas. They staffed information tables at various events in Marshall & Jackson Counties distributing "Talk They Hear You" information to parents and guardians. Prevention Team began implementing a Vape Court Class to those students who have plead guilty at

Juvenile Court in Marshall County. They have to complete Vape Prevention plus Wellness program and also Community Service as punishment. MLBHC Prevention Team is conducting the Prevention plus Wellness program once a week at the Marshall County Tech School. MLBHC was able to attend the Resource fair at the new Kevin Dukes Career and Innovation Center in Jackson County. Prevention sponsored a program by Mike Reese at Albertville High School on the harms of vaping and laced drugs. They spoke to over 600 9th graders in person and the speech was also streamed to all 10th, 11th and 12th grade students.

VI. Hospital Discharge Follow-up Report for November:

Location	Local	State/CRU	Total
Marshall	5 (2 Active)	1	6
Jackson	5 Active	0	5
Total	10	1	11

- 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 2 active consumers and three inactive consumer on outpatient commitment. All kept their appointment.
- There was 1 inactive consumer from Marshall County scheduled for follow-up from a CRU/State facility in the month of November. They kept their appointment and were scheduled for an intake.
- Jackson County had 5 active consumers scheduled for local hospital follow up in November who all came for their appointment.
- There were 0 consumers from Jackson County scheduled for follow-up from a CRU in the month of November.

VII. Incident Prevention and Management for November:

There was one MI-Allegation of Neglect involving two consumers. Incident was investigated and substantiated.

November 11-12 (MI-Allegation of Neglect) 2 consumers Jenny's Place

(78-79-2023) Report was made that employee left the shift early on 11/11/23 and arrived late on 11/12/23. Employee did not notify supervisor or other staff. This would constitute neglect as clients were left unsupervised. Allegation of neglect was reported to DMH.

Follow up: The allegation was investigated by a DMH trained MLBHC staff. Allegation of neglect was substantiated and follow up was reported to DMH. Employee is now prohibited from working in residential programs.

VIII. Medication Errors for November: There were 5 medication errors for the month of November. Two wrong times and three wrong doses. No trends were noted.

November 16-17, 2023 (3 med errors) Cedar Lodge

(80-82-2023) MAC worker was giving lunch time dose on 11/18/23 and discovered client had more medication left than should have. Asked client if they were given two pills on the dates and times indicated and client said no. MAC worker called on call MAS RN. MAC worker continued with lunch dose as directed. Consumer had no problems.

What should have happened? Medrol dose pack instructions should have been followed. Consumer should have received 2 tablets on 11/16/23 at 9pm, 1 tablet on 11/17/23 at 6pm and 2 tablets at 9pm.

Why the difference? Staff did not follow NDP guidelines.

How can a similar event be prevented in the future? Double check instructions.

Follow up: Supervision was done with MAC worker for error on 11/16/23. Staff no longer employed that made errors on 11/17/23.

November 20 & Nov 22 (2 med errors) Jenny's Place

(83-84-2023) MAC worker gave consumer Compound W patch on wrong day. When errors were found on 11/23/23 staff contacted MAS RN. No complications experienced by consumer.

What should have happened? Consumer's medication should have been given at proper time.

Why the difference? Staff did not follow NDP guidelines.

How can a similar event be prevented in the future? Double check.

Follow up: No problems reported. Supervision was done with MAC worker.

By Personnel

By Program

	MAC	RN	LPN	Pharmacist	Other (explain)		MI	SU
Level 1	5					Level 1	2	3
Level 2						Level 2		
Level 3						Level 3		
TOTAL	5					TOTAL	2	3

By Error Type

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

IX. Consumer Feedback, Complaints, and Grievances-November: There was one complaint/grievance reported for November.

November 9 Jackson Place

(#85-2023) Consumer stated that when they go with one staff member to hospital late for blood work there is a long wait and they have trouble finding a vein. Consumer stated that staff is mad and complains and rushes consumer since they are running late. Consumer prefers to see staff happy.

Follow up: Program coordinator spoke with consumer via call with interpreter. Consumer reported feeling rushed by above mentioned staff. Supervision done with staff involved.

November 16 (2 complaints) Guntersville/Marshall Place

(#86-87) One consumer from Marshall Place and one anonymous consumer complained about the coke machine staying empty.

Follow up: Complaints forwarded to the Marshall County and Residential program directors.

November-Consumer Feedback	Compliments	Suggestions	Complaints/Grievances	Comments	Total
Guntersville	0	0	1	0	1
Scottsboro	0	0	0	0	0
Residential	2	4	2	1	9
Cedar Lodge	1	1	0	0	2
Total MTD	3	5	3	1	12
Total YTD	7	6	3	1	17

X. Residential Services Report for November: A monthly report was ran for November.

FACILITY	CAPACITY	TARGETED PT DAYS	ACTUAL PT DAYS	% OCCUPANCY
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Jackson Place	3	90	90	100%
Marshall Place	3	90	90	100%
Jackson Place Sup Apt.	2	60	60	100%
Dogwood Apartments	8	240	188	78%
Supportive Housing	12	360	360	100%
MLBH Residential Care	10	300	272	91%
MLBH Crisis Stabilization	2	60	60	100%
Foster Homes	26	780	752	96%
Totals	66	1980	1872	95%

XI. Treatment Plan Reviews for November:

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	63	0	0	0	0	0	0	0
Jackson	202	0	0	0	10	0	0	10
Marshall	323	0	0	0	8	0	0	8
Substance Abuse	0	0	0	0	0	0	0	0
Residential	0	0	0	0	0	0	0	0
TOTALS	588	0	0	0	18	0	0	18

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 trend was documentation was not related to/address progress toward goals. This generally related to consumers who were not seen for therapy during the review period as a result of staffing issues.

XII. Form-Policy & Procedure Revisions/Approvals:

Forms

- **Behavioral Health Screener-New-** this is a new screening tool that the Marshall County office will implement the first of the year to test the process and will be implemented next in Jackson County as well. The goal is to have all consumers screened prior to scheduling their intake using the Columbia Suicide Rating Scale (CSSRS) which is built into the screening form to assess their risk level and appropriate level of care needed. The form also addresses Self-Harm and other safety/risk factors along with a disposition based on their score. The form was sent out to the committee and has been placed on the server without changes under MLBHC forms>Intake forms tab.
- **Contingency Management Incentive Program Letter (Consumer Incentive Program)-New-**This is a new form that was created in order to encourage consumers with a dual diagnosis

of mental illness and substance use disorder to be successful in their recovery. Consumers who are dually diagnosed can earn Wal-Mart gift cards for keeping therapy appointments and producing negative drug screens. Gift cards will be rewarded as follows:

Milestone 1	\$25 for keeping first 2 consecutive therapy appointments
Milestone 2	\$25 for keeping the next 3 consecutive therapy appointments
Milestone 3	\$25 keeping the next 4 consecutive therapy appointments
Negative Drug Screen	\$25 per Negative Drug Test – 1 random test per quarter

Consumers will be given the gift card the day each milestone is reached.

- To qualify, consumers have to show on time for each scheduled therapy appointment and participate for the full time scheduled. If they cancel, reschedule, show up late, leave early, or do not show for an appointment, they will not earn the incentive. If this should happen, they go back to milestone 1. This does not apply for appointments cancelled/rescheduled by Mountain Lakes. The consumer must sign this form in order to participate agreeing that they agree to the terms of the program. The forms will be maintained via hard copy. The form was sent out to the committee and has been placed on the server without changes under MLBHC forms>Intake forms tab.
- **Initial Intake-New**-See description in Clinical Directors report above for details. The form was sent out to the committee and has been placed on the server without changes under MLBHC forms>Intake forms tab. The form is being built into Avatar and staff will begin using when it is up and running.
- **Intake Update-New**- See description in Clinical Directors report above for details. The form was sent out to the committee and has been placed on the server without changes under MLBHC forms>Intake forms tab. The form is being built into Avatar and staff will begin using when it is up and running.
- **Personnel Action Form-Rev**- Dianne asked that this form be revised to add a question, Staff has Productivity Standard? Yes or No. If yes, then text fields for 1) Productivity standard# 2) Productivity effective date which is required if they list a productivity standard. Reminder was also added label “Be sure to get Productivity Agreement signed.” Devin added this to the form in Avatar as well. The backup form was sent out to the committee and has been placed on the server without changes under MLBHC forms>Admin forms tab.
- **Travel Reimbursement Form-Rev**- This form was revised due to an email sent by the executive director to all staff on Friday, December 15, 2023 that stated:
MLBHC Team- the IRS has increased the mileage rate for business use of vehicles by 1.5 cents for calendar year 2024. We will reimburse the same as the IRS rate of 67 cents per mile and that will be effective 1/1/24. We will update our reimbursement form soon and it will be made available to you for use. Make sure to use the current form and rate for December and then begin using the new form in January. Have a great Friday and an awesome weekend.
The revised Travel Reimbursement form was emailed out to all staff on 1/4/24 and was also placed on the server under the forms manual>administrative section tab.

P & P: For PI approval-P & P-See description in Clinical Directors report above for details.

- **6.1.2-Outpatient Program Description-Rev**
- **6.1.3-Rehabilitative Day Services: Program Description-Rev**
- **6.1.4-Geriatric Services-Program Description-Rev**
- **6.1.8-Case Management Services: Program Description-Rev**
- **6.1.9-Child and Adolescent In-Home Intervention: Program Description -Rev**
- **6.1.10-Adult In-Home Intervention: Program Description-Rev**
- **6.1.11-Assertive Community Treatment (ACT): Program Description-Rev**
- **6.1.12-Child and Adolescent Day Treatment: Program Description-Rev**
- **6.11-Level 1 Outpatient Services (SA)-Rev**

- **7.2.0-Mental Illness Residential Care Facility-Program Description-Rev**
- **7.2.1-Mental Illness Residential Care Home-Crisis Stabilization- Program Description-Rev**
- **7.3.0-Residential Services Program Description-Rev**
- **7.12.0-Adult Small Capacity (3-bed) Residential Home-Deaf/Hard of Hearing Specialization-Rev**
- **7.12.1-Supportive Apartments-Deaf/Hard of Hearing Specialization-Rev**
- **7.14.0-Level III Clinically Managed High Intensity Residential Services (SA)-Rev**
- **7.16.0-Adult Small Capacity (3-bed) Residential Home-Region 2 Project-Rev**

The P & Ps were sent out to the committee and have been placed on the server without changes under Policy Docs forms>Policies and Procedures tab.

P & P: Board Approved-None

XIII. Miscellaneous Items: Corrective Action Plan-CANS Assessments

Leadership Committee

November 16, 2023

MINUTES

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

Absent: Cammy Holland and Gerald Privett

I. HR Training – Lane Black

For today's training, Lane provided a review of new and updated hiring forms.

II. Approve minutes of the October 19, 2023 meeting

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

III. Committee Reports

Consumer Satisfaction Committee from 10/27/23

Present: Kimberly Croley, Sarah Hanna, Cammy Holland, Lauren Hubert and Dianne Simpson.

Absent: Hannah Chandler, Brittany Cheek, Jennifer Riggins, Elizabeth Rucker & Lily Sparks

- I. **Consumer Feedback:** Reviewed feedback forms from the last quarter. Twenty-two forms were received. No trends were noted. The fiscal year feedback forms were reviewed. There was a decrease in forms reviewed from FY22 to FY23. Half of the forms received came from Cedar Lodge. Thirty-seven percent of the forms were comments or suggestions. Thirty-six percent of the forms were compliments. Twenty-seven percent of the forms were complaints. MSHIP Survey Results 2023 were reviewed and discussed.
- II. **Christmas Event for Consumers:**
 - a. The menu was reviewed. Cammy will email to committee members to sign up. We will also ask the administration staff and front desk staff if they would like to participate by bringing a dish &/or helping with the event. We are planning to feed 80. This will include consumers and staff. **Action Item:** Email menu and get volunteers to prepare food for event. Plan to eat at noon.
 - b. Funds from donors and the budget were reviewed. **Action Items:** The list of consumers and what each said they need will be emailed to members of the committee. Each committee member will shop for consumers assigned to them and wrap the gifts. These gifts will be returned to Administration. Cammy will be sure the items get to Dutton for staff to put under the tree for Christmas morning.
 - c. The Santa Shop will be one of the stations. Many donations were received from staff and others. These donations will be used as a station for the consumers to shop for gifts for themselves or someone else. Each consumer will be given 10 Santa bucks to shop with. The consumer can then get their item(s) put in Christmas bags. The committee decided that numbers should be drawn for who gets to shop first. **Action Items:** Dianne will purchase the wrapping materials for this. Cammy will have Santa Bucks for all. Name tags, tickets and Santa Bucks will be given as consumers enter.
 - d. Another station will be the egg nog & hot chocolate. This will include marshmallows, peppermint and cinnamon sticks. Elizabeth Rucker will make chocolate spoons for the consumers to dip in hot cocoa. **Action Item:** Supplies to be purchased for Elizabeth to make items.
 - e. There will be a Christmas card station. Consumers can mail up to one Christmas card to someone. They can give cards to others but those will need to be delivered in person. Envelopes with addresses will be post marked at the Administration office and mailed from there. **Action Items:** Cammy will make sure to get Christmas Cards and pens.

- f. Decorating Christmas Ornaments will be another station. Cammy showed the group some craft ornaments she purchased at Hobby Lobby. The committee agreed that those would be great. This station is ready.
- g. Santa Clause will be present to have pictures made with consumers. A backdrop from last year's party can be used. **Action Items:** Prevention will provide supplies to take and print pictures. Follow up with Santa.
- h. The committee decided to add some games.
 - 1. The Left-Right-Left game will be played one time. Approximately 20-30 travel mugs of different designs will be purchased and wrapped. These are the presents used for this game. After the game, consumers can use these mugs for the egg nog/hot chocolate station. **Action Items:** Dianne will get travel mugs with lids. Cammy to bring left-right-left game.
 - 2. Saran Warp Ball Game will be played one time. **Action Items:** Cammy will get prizes and saran wrap with the end prize being a \$20 Wal-Mart gift card.
 - 3. The committee decided to offer Bingo. **Action Items:** Diane to purchase Bingo prizes. Cammy to order Bingo cards online and get red & green peppermints to use as daubers/markers.
 - 4. A coloring sheet will available for those who wish to color. This has been purchased and is ready.

III. Adjournment: The Consumer Satisfaction Committee meeting was adjourned at 4:10 pm with the next meeting scheduled for 12/1/23 at 2pm. A virtual option will be available.

EEG from 11/3/23

In Attendance

Members: Erica Player, Margaret George, Sherneria Rose, Kali Brand

Guest: Cammy Holland

Minutes

Christmas Party

Voiced concerns regarding the amount of time left to throw a companywide Christmas Party. Lane was asked to send an alluser email to see if any staff would be interested in taking the project over. Discussed back up plan. Agreed on multiple appetizers & drinks starting at 3:30 pm. Plan: give staff until Wednesday to commit; meet regarding backup plan if a Christmas Party Committee is not established.

Strategic Action Plan Updates

- Invite 1 employee to attend each meeting to gain feedback & seek new ideas.
- Sponsor 1 employee engagement activity each quarter to foster a feeling of community within the organization.
 - Seasonal gatherings to include: November: Admin, MC MHC and Geriatrics Thanksgiving Lunch 11/14; December Admin and JC MHC; and other gatherings to be announced.
 - Discussed problems for Geriatrics and Residential attending gatherings and potential solutions.
- Sponsor at least 1 activity that enhances employee wellbeing.

Miscellaneous

Received email regarding monogram shirts. Someone would like the option to wear MLBHC monogram shirts. Decided we would ask about funding 1 shirt per staff member and getting staff the info on how to have their own shirts monogrammed.

Next Meeting

November 10 at Admin at 10am (*IF plan Christmas Party Committee is a bust*) otherwise TBA

Reboot from 10/24/23

Members Present: Julianna Davis, Denise Ritchie, Lane Black, Tyler Steed, Rob Barrett (virtual), Dianne Simpson, Candace Cochran

Absent: Kali Brand

Approved minutes from August 22 meeting.

The taskforce discussed plans for the Board Appreciation Dinner November 28. The board members and a plus one will be served a special meal before the regularly scheduled meeting. Members of the group will decorate and serve. Discussed invitations, menu, decorations and a small gift.

They randomly selected the Employee Spotlight staff for October and November.

Members were asked to poll their coworkers regarding workload processes that are burdensome or frustrating. They will discuss these at the next meeting to determine ways to reduce workload stress.

Next meeting scheduled for November 21, 2023 at 1:30 pm at Admin.

IV. Program Financial Reports: October, 2023

- **YTD net income of \$119,641** (not including Board investments).
- **Marshall Co. OP & OR – Net income \$74,600**
- **Jackson Co. OP & OR – Net Income \$6,298**
- **Geriatrics – Net income \$15,469**
- **Residential –**
 - Supervised Apartments – Net income \$1,508
 - EBP Supportive Housing – Net income \$1,740 (program designed to break even)
 - Dutton – Net income \$3,645
 - Jackson Place – Net income \$13,238
 - Marshall Place – Net loss \$2,611
- **SU Services – Net loss \$4,939**
- **Prevention Services – Net income \$9,033** (program designed to break even)

V. Reports & Program Updates:

- **Executive Director’s Report – Myron Gargis**
 - Myron recently spoke with the CEO of Creekside Psychaitric Hospital in Bridgeport. They have their final licensing visit on 11/26/23 and expect to be ready to open after that date. They have hired a master’s level social worker, but anticipate waiting until after the holidays to begin admissions.
 - The Jackson County Commission recently issued a check to MLBHC to cover approximately half the costs of an additional Jail Outreach position (bachelor’s level). This money came from the JC Opioid Funds. Myron is hopeful to receive the other half of the salary costs from the Marshall County Commission using MC Opioid Funds.
 - In preparing to close on the JC BOE property, the attorney found a problem in that title insurance can’t be issued as there is no paperwork trail on who actually owns the property. Prior to the JC BOE occupying the facility, it was reportedly owned/occupied by Jackson County and there is no documentation of the facility being sold to the JC BOE. The most appropriate solution is for the JC BOE to file a suit through the circuit court and have a judge issue a ruling on current ownership. All are hopeful to get this matter resolved ASAP.
 - Discussions are being held with North Alabama Community Care, a former RCO that still exists and continues to work with Alabama Medicaid. They are developing a type of contingency management plan for consumers covered by Medicaid, with a substance use diagnosis.
- **Clinical Director’s Report – Dianne Simpson**
 - The CD group has been discussing the CCBHC requirements regarding EPSDT services. They will soon be making recommendations on these type services to the statewide work group. If any LC member has ideas, please forward those to Dianne.

- Dianne and Dana C. are still working to get several program descriptions updated and sent to DMH by December 15.
- The SU Prevention Team is going strong in the school systems and is also now working with drug court.
- **Administrative Services**
 - In her absence, Cammy provided a written reminder to please submit an AR request for any client receiving HICC and/or LICC services. (Every time the client is transferred from one episode of case management to another, the PA has to be changed.)
- **HR Report – Lane Black**
 - A listing of currently vacant positions was distributed to LC members. Any necessary revisions should be reported to Lane.
- **Jackson County – Dana McCarley**
 - Mitch Davis and Daphne Jackson (new staff members) are doing well and collectively training throughout the MHC. Mitch is attending CM training this week.
 - Staff members have collaborated very well together this week. Perris Hobbs, Lauren Hubert and Savannah Miller facilitated a session with two children and their moms to work on relationships.
 - Joanna DeAtley is working closely with the ACT Team to transition a consumer from MC to JC.
 - The JC MHC held their Thanksgiving Luncheon this week, with 96% participation.
 - Melissa Richey recently completed CPS-P training and we are awaiting her certificate.
 - Dana has been attempting to make contact with the President of Highlands Hospital, but they continue to play phone tag.
 - Everyone is working together to tackle the CANS list and get everything back in order.
- **Marshall County OP & OR – Erica Player**
 - A MC Intern will be coming in on Monday.
 - An interview with a Therapist applicant is scheduled for next week.
 - A new MC CC will be starting on 11/28/23.
 - Kim Croley will have a social work Intern beginning in January.
 - Haley Nichols will be transferring to School Based Therapist, covering MC Schools with Vanessa Vandergriff.
 - There was recently a local 14 yo that committed suicide. Many MLBHC staff members (Julianna Davis, Christy Keeper, Elizabeth Rucker and Jennifer Riggins) worked closely with the school system to assist the students and faculty in dealing with this tragedy.
 - A Thanksgiving Luncheon was also held at the MC MHC on Tuesday, with a great turnout.
- **Geriatrics – Dianne Simpson**
 - Gerald is participating in Incident Investigation Training today.
 - Teresa Sarratt is retiring, with her last day being 12/16/23.
- **Residential – Sherneria Rose**
 - Staffing shortages continue at DHG, but a meeting was held yesterday with current LSS and a plan is in place.
 - Sherneria conducted an interview yesterday with a possible candidate to fill the CC position at Dutton.
- **SA Services – Katrina Ramsey**
 - A new LSS is starting tomorrow.

- Census is holding.
- A staff meeting was held this morning at Cedar Lodge.
- Whitney Miller, SU LSS, recently obtained her CRSS.

VI. Review of wait times

For October, 2023, the following wait times were reported:

MC Intake	8 days	MC MD/CRNP	30 days
JC Intake	5 days	JC MD/CRNP	18 days
Average	6.5 days	Average	24 days

VII. Unfinished Business

- **Further discussion of possible Leave Donation Plan** – LC members again discussed the possibility of a LDP and continued to brainstorm ideas on details of a proposed plan. Some thoughts included:
 - following FML guidelines for qualification to use the LDP;
 - possibly banking leftover leave in the LDP when a staff member terminates employment;
 - implementing the LDP on a temporary basis to see if it proves to function well and be beneficial to staff experiencing serious illness or injury
- Lane agreed to tweak the current LDP draft with some of the ideas discussed and provide an updated draft to LC members. This revised document will be reviewed at a future LC meeting.

VIII. New Business

- None

IX. Adjournment

The Leadership Committee meeting was adjourned at 3:45 p.m.

Leadership Committee

December 21, 2023

MINUTES

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

Absent: Shelly Pierce

I. HR Training – Lane Black

For today's training, Lane provided information on the Pregnant Workers Fairness Act (PWFA).

II. Approve minutes of the November 16, 2023 meeting

Minutes of the November 16 meeting were distributed to all staff via e-mail. Minutes were approved, as presented.

III. Committee Reports

Corporate Compliance Committee from 11/16/23

Present: Dana Childs, Myron Gargis, Shelly Pierce, Erica Payer, Katrina Ramsey, Sherneria Rose and Dianne Simpson

Absent: Cammy Holland

I. Approval of minutes from May 18, 2023

Minutes of the May 18, 2023, meeting were approved, as presented.

II. Review of Clinical & Financial Controls

The following items of significance were reported since the last meeting:

- **CLINICAL CONTROLS**

- On June 21, there was a report of a MAC worker sharing controlled medications with a consumer. The allegation was investigated and the report was substantiated. Employee was terminated.
- On June 28, there was a report of an employee being given money by a consumer to purchase personal items at the store. Items were not purchased, nor was the money returned to the consumer. Employee never returned to work and was terminated.
- On August 20, there was a report of a HIPAA violation in that an employee shared confidential consumer information with a significant other. Following investigation, the allegation was substantiated and the employee terminated.
- On September 12, there was an allegation of verbal abuse toward a consumer. Following investigation, the allegation was unsubstantiated.
- On September 21, it was reported that a former employee borrowed money from a consumer and did not pay it back. The employee would not return telephone calls from the consumer. The allegation was investigated and substantiated. Staff member was no longer employed, but incident was reported to DMH.
- On October 4, a consumer reported that a wallet containing \$60 was lost and alleged that an employee took it. Incident was investigated and unsubstantiated. The employee is no longer employed.

- **FINANCIAL CONTROLS**

- Cammy Holland submitted a written report noting that a surprise petty cash audit was conducted at the Jackson County MHC on 9/25/23. No issues were noted.

These same type audits will be conducted at other facilities prior to the next CCC meeting.

- A 401k Audit was completed in July, with no issues noted.
- The FY23 Financial Audit will soon begin.

III. Identification of any new clinical or financial issues/high risk areas that need to be addressed by the Committee

- In regard to one of the incidents noted above, Dianne reported that a new practice has been implemented that consumers are to give money for the purchase of personal items to Care Coordinators only and not to Life Skills Specialists.
- Katrina commented that there is currently a practice in place at Cedar Lodge that provides close monitoring of employees purchasing items for consumers.
- A recommendation was made to place an item in the newsletter reminding staff members of the importance of ethics and honesty in all interactions with consumers.

IV. Next meeting

Committee members agreed to meet again on May 16, 2024. If an issue arises that needs to be addressed before that date, a special meeting can be called at any time.

Consumer Satisfaction Committee from 12/1/23

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

Absent: Hannah Chandler, Jennifer Riggins & Elizabeth Rucker

I. Christmas Event for Consumers:

- a. The menu was reviewed. Everyone seemed to really help with all the food items. MLBHC purchased the ham & chicken as budgeted.
- b. The shopping list for clients was created and will be emailed out, to each group member, after the meeting. Each person will shop for their list of clients and returned wrapped presents to Administration on Monday, December 18. The spending limit is \$50.00 per person.
- c. All the stations of the party were reviewed with expectations of how the party would flow.
- d. Set up and clean-up plans were made.
- e. Presents were wrapped for the left – right – left game. Committee members added names to the stockings for each client. The Bingo cards were made larger for calling and printed off.

The meeting was adjourned at 4:30pm. The next meeting date and time will be determined at a later time.

Human Rights from 12/4/23

Those in attendance were: Katrina Ramsey, Sherneria Rose, Brandy Long, Carrie Thomas, Marguerite Rollins, Tricia Hopper, Leanna Stancil, and SU Residential consumer

Not present: Dianne Simpson, Sherry Bailey and Kathleen Rice.

The meeting was called to order at 5:00 pm. at Cedar Lodge. The minutes from the 9/18/2023 meeting were approved with no changes.

Tricia Hopper (Marshall County GAP and Celebration Group Homes) and Leona Stancil (Celebration Group Homes) was welcomed to the committee. The purpose of the Human Rights Committee was reviewed for the benefit of the new members.

Officers for the committee were selected.

Chair: Marguerite Rollins

Co-chair: Tricia Hopper

Secretary: Dianne Simpson

P & P 7.9.0 Legal Guardianship was reviewed and discussed. There were several questions from the members. Sherneria explained importance of P & P with scenario of consumer in need of guardianship based on declining health, decreasing symptoms and failure to thrive. Recommendations were noted to consult with supervisor of DHR, be persistent, and contact program supervisor for Adult Protective services for assistance.

A consumer from Cedar Lodge participated in the meeting. She provided feedback about the program and what she has personally achieved while being in the program. She shared that the program has been helpful and beneficial as she has learned a lot, coping with her trauma, coming out of her shell, asking for help, and understanding her addiction. She shares that Cedar is a good environment and the group setting has helped her so see she is not alone, she feels safe for the first time, and the food is amazing. She shares her continuation plan for her recovery with choosing a halfway setting to continue learning and shares it is bittersweet to be leaving.

Tricia Hopper shared information with the group about GAP (Marshall County Guardianship Program) and her role as a liaison for families, court and assistance. She shares she has 18 volunteers and 3 are available to obtain guardianship of those in need. Marguerite Rollins shares J.A.M will be holding Christmas Party on December 9th from 4-6 pm at Trinity Methodist Church and MLBHC clients are invited.

Next Meeting

Monday, March 11, 2024 at 5:00 pm. at Cedar Lodge. [Meeting adjourned 5:54 pm.]

IV. Program Financial Reports: October - November, 2023

- **YTD net income of \$162,329 (not including Board investments).**
 - **Marshall Co. OP & OR – Net income \$87,702**
 - **Jackson Co. OP & OR – Net Income \$35,511**
 - **Geriatrics – Net income \$20,759**
 - **Residential –**
 - Supervised Apartments – Net income \$2,584
 - EBP Supportive Housing – Net income \$2,815 (program designed to break even)
 - Dutton – Net income \$6,333
 - Jackson Place – Net income \$21,891
 - Marshall Place – Net loss \$5,872
 - **SU Services – Net loss \$12,939**
 - **Prevention Services – Net income \$608 (program designed to break even)**

V. Reports & Program Updates:

- **Executive Director’s Report – Myron Gargis**
 - Medicaid has approved the Contingency Management Plan for outpatient clients only. To be eligible to participate, the client must meet the two following requirements:
 - The client must have full Medicaid and
 - The client must have a dual diagnosis (substance use/mental illness)Clients can receive gift cards after three different milestones on therapy visits and can receive one gift card every quarter for passing a drug screen. The MHCs have developed a process for handling and reporting of the gift cards and our nurses will be made aware of the drug screenings.
 - Myron & Jeremy Burrage recently met with the Phil Rowland, CEO of Creekside Psychiatric Hospital in Bridgeport. The hospital had their final licensing visit on 11/26/23 and passed. Their soft opening is scheduled for January 2, 2024, with 5-6 patients the first week. Medicare will then re-evaluate and likely approve for full opening.
 - MLBHC received \$30K in opioid monies from the City of Scottsboro. Myron is hopeful that Marshall County will match that amount. These funds will be used for a jail based case manager.
- **Clinical Director’s Report – Dianne Simpson**
 - Erica, Julianna and Dianne recently met with the coroner to discuss teenage suicide. They are going to create a suicide prevention campaign to target this population.

- Dianne reminded LC members that several policy and procedures have recently been updated and encouraged all to review the changes.
- **Administrative Services – Cammy Holland**
 - Timecards cannot be approved until the holiday automatically shows up on the timecard (this will happen on the actual day of the holiday). Cammy offered to approve timecards on Tuesday for anyone who may be off and does not have a backup.
- **HR Report – Lane Black**
 - A listing of currently vacant positions was distributed to LC members. Any necessary revisions should be reported to Lane.
 - In the first quarter of this fiscal year, we have had 10 terminations. Seven of the ten were LSS positions. At this same time last year, we had 16 terminations.
- **Jackson County – Dana McCarley**
 - All staff enjoyed the Christmas lunch.
 - Dana noted that the PPEER (Promoting Positive Early Experiences and Relationships) task force was formed via a SAMHSA grant and that Jackson County is included in the pilot program designed to provide services for children and families, beginning at birth.
 - Dianne, Dana and Jeremy recently met with Highlands Hospital to find other solutions for the ER consults (day shift - Monday thru Friday) that MLBHC currently provides. New rates were discussed and will become effective on 2/1/2024. Myron Gargis will send a new contract.
- **Marshall County OP & OR – Erica Player**
 - Changes with call backs and assessments were discussed.
 - There is a great need for therapists in Marshall County. A recruitment post was made on MLBHC’s Facebook page and it has been shared several times.
- **Geriatrics – Gerald Privett**
 - Teresa Sarratt has retired and Leah Moore will now be covering her nursing homes.
 - Several nursing home contracts will likely be canceled as we’ve been unable to recruit staff members to fill therapist positions at those facilities.
 - Staff were very appreciative of the Christmas gift cards.
- **Residential – Sherneria Rose**
 - Residential facilities continue to face turnover, but all are hopeful to employ more staff after the holidays.
- **SA Services – Katrina Ramsey**
 - The consumer Christmas party was enjoyed by all.
 - The numbers of clients are holding steady.
 - Cedar Lodge is fully staffed and are hoping to see a profit.

VI. Review of wait times

For November, 2023, the following wait times were reported:

MC Intake	12 days	MC MD/CRNP	26 days
JC Intake	10 days	JC MD/CRNP	13 days
Average	11 days	Average	19.5 days

VII. Unfinished Business

- **Further discussion of possible Leave Donation Plan** – LC members again discussed the possible Leave Donation Plan and made a few recommended changes to the most current draft. Lane agreed to develop a final draft for presentation to the Board of Directors at the

January, 2024, meeting. The Board will be asked to approve the plan on a temporary basis (remainder of FY24). If the plan proves to be effective, it will then be presented to the Board for permanent approval at the September, 2024, meeting.

VIII. New Business

- None

IX. Adjournment

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

City Council approves new fireworks ordinance, appropriates some Opioid Settlement Funds

BY HUNTER JONES

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On Monday, the Scottsboro City Council held a council meeting, where they voted on and ultimately approved all eight items on the agenda.

First, the city council approved an alcohol license for Jenish Patel, doing business as Scottsboro Quick Stop.

Next, the city council voted on a new ordinance to regulate the sale and use of fireworks within city limits. The council brought forth the drafts A and B, which were previously discussed, along with a new draft, C. Similarly to draft A, it would not prohibit the sale and use of fireworks like draft B, instead it would allow for a time period for selling and using fireworks. Draft A allows for a near month-long firework sales and uses to cover July 4 and New Year's. Draft C limits the sale and use of fireworks from June 29 to

July 5 and from Dec. 27 through Jan. 2 of any year. Ordinance draft C also contains the same active times as draft A, which would be from 8 a.m. to 9 p.m. with an addition that the sale and use of fireworks be prohibited to anyone under the age of 16.

Councilman Ralph Dawe motioned for Draft B's approval, however the motion died due to lack of a second. Councilwoman Donna Frederick motioned for the approval of Draft C, which was unanimously approved by the council.

The city council approved the surplus of Tri-Axle Dump Trucks.

The city council then approved the award bid for sale of three pickup trucks.

The city council approved to appropriate \$100,000 of the Opioid Settlement Funds. The three programs selected for these funds were the Mountain Lakes

Behavioral Healthcare in the amount of \$30,000, the Youth Advocacy Program in the amount of \$50,000 and the Jackson County Accountability Court in the amount of \$20,000.

Next, the city council approved a change order of \$3,985.06 for the work on the Pickleball Court Pavilion.

The city council then approved a budget amendment of \$22,417 for a new tarp for the tarp machine at the landfill. The funds for this budget amendment will come from excess sales tax.

Finally, the city council approved up to \$10,000 for the survey and appraisal for airport property acquisition, which will be paid through the airport fund.

The city council will double up next week, having a work session and a council meeting next Monday at Scottsboro City Hall at 5 p.m.



New Directions 2024



MLBHC Staff Member Retires



Teresa Sarratt began her career with MLBHC in August, 2010, working as a Geriatric Therapist in our contracted nursing home facilities. Since her employment, she has touched the lives of not only the nursing home residents, but also her co-workers. Teresa always has a smile and a kindness about her that brightens everyone's day. She has been an exemplary employee and a true team player.

Teresa was recently honored with a retirement party prior to the Geriatric Christmas Luncheon at Julia's Mexican Restaurant in Guntersville. She was presented with flowers, gifts and a cake that she happily shared with everyone.

Congratulations Teresa - We will miss you !!!



Teresa is photographed above with some of her co-workers in the Geriatric Program - (left to right) Leah Moore, Mona Moses and Mitzi Holcombe.

Teresa with HR Coordinator, Lane Black (left) and Executive Director, Myron Gargis (right).



What's Going On ????

Remaining FY24 Holidays for MLBHC Full-Time Staff



Friday, March 29

Good Friday

Monday, May 27

Memorial Day

Thursday, July 4

Independence Day

Monday, September 2

Labor Day

Anniversaries

Jennifer Cole	1 year
Brandy Long	1 year
Haley Nichols	1 year
Leilani Hayes	3 years
Rebecca Cooper	4 years
Tyler Steed	8 years
Steve Collins	16 years
Julie Burks	18 years
Leah Moore	21 years
Gerald Privett	21 years
Mona Moses	27 years

Birthdays

Leilani Hayes	Jan 2
Danielle Wilbanks	Jan 4
Shelly Pierce	Jan 7
Christy Keeper	Jan 8
Lindsay Alford	Jan 9
Jennifer Riggins	Jan 12
Ryan Hixon	Jan 14
Briley Townsel	Jan 19
Katrina Ramsey	Jan 22
Dewayne George	Jan 29

January CPI Events

- ◆ Initial Class - Friday, January 12th
1:30 - 4:30 pm Admin Office
- ◆ Refresher - Tuesday, January 16th
3:30 - 4:30 pm Scottsboro MHC
- ◆ Refresher - Wednesday, January 24th
8:00 - 9:00 am Admin Office

Staff required to attend each event
have been notified via email.

~ Monthly Meetings ~

Tuesday, January 16th

Board meeting 5:30 pm

Scottsboro Mental Health Center
(Confirm attendance with Shelly Pierce)

Thursday, January 18th

PI Committee meeting 1:00 pm

Leadership Committee meeting (following PI)

Administrative Office

Quarterly meeting so all attend in person



Wall of Fame



November 2023 (I = Incentive)

MC OP & OR

Lindsay Alford
 Julie Burks (I)
 Lisa Clonts
 Ashlee Estes
 Tina Headrick
 Belinda Herring
 Stephanie Knott
 Crystal Malone
 Lindsey Quinn
 Jennifer Riggins
 Denise Ritchie
 Chelsea Roberts
 Elizabeth Rucker
 Melinda Sutton-Griffin
 Elizebeth Traweek
 Vanessa Vandergriff

Multi Programs

Sarah Boxley (I)

Residential

Rebecca Cabaniss
 Teana Campbell
 Rebecca Cooper
 Joanna DeAtley (I)
 Paula Fowers
 Sarah Hanna
 Leilani Hayes
 Ryan Hixon
 April Kyle
 Treva Mays
 Joyce Milligan
 Nancy Paschal
 Briley Townsel
 Felicia Tubbs
 Justin Wilson

Geriatrics

Mitzi Holcombe
 Leah Moore
 Mona Moses
 Tyler Steed

JC OP & OR

Rob Barrett (I)
 Tom Brookshire
 Jennifer Brown
 Brittany Cheek (I)
 Sarah Dettweiler
 LaToya Hollman
 David Holmes
 Shaquitta Sabb
 Lilly Sparks (I)
 Amanda Whitley
 Brooke Whitten

Substance Use

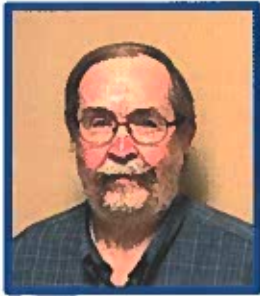
George Bartke
 Bob Crowell
 Conner Green
 Jana Kirkland
 Brandy Long
 Katrina Ramsey
 Cindy Woodham

Hello To Our New Employee

MLBHC recently gained a new staff member in Patrick Scyphers, MS. If Patrick looks familiar, it's because he completed his internship with MLBHC and is now employed as an Outpatient Therapist in Marshall County.



Employee Celebrates Milestone Anniversary



Robert Crowell, affectionately known as Bob, started his work endeavor with Mountain Lakes Behavioral Healthcare on December 9, 2003. He began his career as a Mental Health Worker with Cedar Lodge and worked his way to becoming a Certified Recovery Support Specialist. Bob recently celebrated his 20th year of employment with MLBHC and received a Loyalty Bonus of \$2,000. He has worked at Cedar Lodge for the entirety of his career.

Bob can be described as a man that is dedicated to touching lives by serving others, not only in the recovery community, but also through his service for his nation, as he is an Army veteran. He always has the courage to do what is right for the consumers in which he serves. Bob goes above and beyond to ensure clients have what they need to transition to the next level of care with documentation such as birth certificates, license renewal and social security cards, all at his own expense. He facilitates fire and severe weather drills with a calm demeanor to ensure all clients, especially the ones with PTSD, are safe and aware of protocol. Bob does a wonderful job connecting with consumers, helping them with the transition to sober living and understanding the disease of addiction. Bob is an exemplary model of an individual in long-term recovery, with over 30 years of sobriety.

Bob keeps his coworkers on their toes with his wit and sarcasm, but mostly he keeps us balanced with his dedication, integrity and compassion. Cedar Lodge would not be Cedar Lodge without the guidance and example of the legend known as Bob. As his direct supervisor, I would like all of you to join me in personally thanking him for his dedication, longevity, and commitment to MLBHC, Cedar Lodge, and to the recovery world.

*Katrina Ramsey
Program Coordinator
SU Residential and SOR*



Personnel Policy Spotlight

4.1.18 Inclement Weather



It is MLBHC's policy that employees make their own decision as to whether to stay home or leave work early in the event that there are severe weather conditions or other uncontrollable circumstances that present concerns for personal safety. Only the Executive Director has the authority to close any MLBHC facility. Employees who take leave for these reasons must use their accrued leave, approved by their Immediate Supervisor or take unpaid leave, which must be approved by the Immediate Supervisor and the Executive Director. This policy applies to both exempt and non-exempt employees.

Employee Spotlight



Shelly Pierce

About Me

I live in Guntersville with my husband, Shane, and our two cocker spaniels, Aubrie and Quincy. We enjoy most outdoor activities and spend a lot of time kayaking and riding our motorcycle. I celebrated my 23 years with MLBHC in December. I've been blessed with a job that I love and co-workers that truly are like family to me.

Fun facts

I've been fortunate to travel to many amazing places including Africa, Australia, New Zealand and Antarctica.

I volunteer as the human member of The Brown Hound Pet Therapy Team. We stay really busy, visiting several nursing home facilities and serving as buddies for The Miracle League.

I'm a huge music buff and love going to concerts. Some of my favorites include The Eagles (especially Don Henley), Vince Gill, Bob Seger and Daughtry.

Favorite quote:

"In times of joy, all of us wished we possessed a tail we could wag." - W.H. Auden