



**ADMINISTRATIVE SERVICES**  
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November 6, 2025

Ms. Velma McElrath  
Alabama Department of Mental Health  
Office of Policy and Planning  
100 North Union Street,  
Montgomery, AL 36130-1410

Ms. McElrath,

Per Nakema Moss' request of August 28, 2025, I am submitting the FY26 310 Strategic Plan for Marshall-Jackson Mental Health Board, Inc. dba Mountain Lakes Behavioral Healthcare.

This packet includes documents that provide an outline of our basic planning process, along with copies of the organizational tools that are developed as an outcome of this process. These Board approved items are listed below:

- FY26 Goals and Objectives for CCBHC Implementation
- FY26 Strategic Goals for Non-CCBHC Programs
- Mission/Vision Statements and Guiding Values

Should you have questions following review of this information, please don't hesitate to give me a call.

Sincerely,

Myron Gargis, LICSW  
Executive Director



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## **Marshall-Jackson Mental Health Board, Inc.**

**d/b/a/**

### **MOUNTAIN LAKES BEHAVIORAL HEALTHCARE**

Mountain Lakes Behavioral Healthcare (MLBHC) is a public, non-profit organization primarily serving the citizens of Marshall County (estimated population 102,156) and Jackson County (estimated population 53,780) with mental illness and substance abuse issues.

With the anticipation of approval from SAMHSA and the Alabama Department of Mental Health for MLBHC to join the Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program this year, the key focus for the FY26 Planning Process was directed toward this project. Once approved as a designated CCBHC, MLBHC will ensure that no individual is denied access to behavioral health services due to inability to pay or place of residence. All individuals seeking services, including those in crisis, will be served without regard to their ability to pay, insurance status, or demographic background. MLBHC maintains and implements a sliding fee schedule and ensures equitable treatment across all service settings and populations.

### **FY26 Planning Process**

#### **GOAL PLANNING TIMELINE**

January, 2025

Develop and conduct Community Needs Assessment (CNA)

- Emails containing the survey link were sent to numerous community stakeholders, as well as to 350+ MLBHC consumers. Ads were also published in local newspapers that encouraged participation in the electronic CNA.

Summarize results of CNA

May – July, 2025

Begin planning process

- Develop a Planning Committee consisting of Board members and key staff members
- Review DMH and SAMHSA Certification Criteria for Certified Community Behavioral Health Clinics (CCBHCs)
- Review results of most recent CNA
- Review and evaluate FY25 Goals and Objectives
- Review results of various consumer survey instruments

- Review data/documentation of Consumer Satisfaction Committee reports
- Review feedback from Human Rights Committee reports
- Review data/results received from most recent MHSIP Surveys

August, 2025

Conduct work session with Leadership Committee members to develop draft documents for FY26

September, 2025

- Finalize documents for approval by Board of Directors
  - FY26 Goals and Objectives for CCBHC Implementation
  - FY26 Strategic Goals for Non-CCBHC Programs
  - Mission/Vision Statements and Guiding Values

## **GOALS AND OBJECTIVES**

As noted by the timeline above, the Leadership Committee began preparing early in the year for the FY26 Planning Process. This process consisted of reevaluating the organization's current Mission Statement, Vision Statement and Guiding Values, along with establishing goals and objectives for the coming fiscal year.

In consideration of the coming year's goals and objectives, Leadership Committee members reviewed numerous items including the DMH and SAMHSA Certification Criteria for Certified Community Behavioral Health Clinics (CCBHCs); results of the most current Community Needs Assessment; FY25 Goals and Objectives; results of various consumer survey instruments; data/documentation of Consumer Satisfaction Committee reports; feedback from Human Rights Committee reports; and data/results received from most recent MHSIP Surveys.

As many MLBHC staff members continually interact with various community partners by serving as Committee/Board members of the Children's Policy Council, Child Advocacy Center, and the Department of Human Resources Quality Assurance Team. This type of group participation and discussion allows for the sharing of local service needs and is also taken into consideration when establishing the organization's upcoming goals and objectives.

After reviewing and discussing all the items noted above, the Leadership Committee agreed that establishing FY26 Goals and Objectives for CCBHC Implementation were essential. In addition, the committee determined that FY26 Strategic Goals for Non-CCBHC Programs were also necessary.

Once the final drafts of all items noted above were developed, each was presented for approval by the Board of Directors at the September 16, 2025, monthly meeting. A copy of all finalized documents is enclosed for review.

## **MONITORING AND EVALUATION**

Following establishment and approval of the FY26 Goals and Objectives (CCBHC and Non-CCBHC), these items are maintained by the Executive Office and monitored on a quarterly basis by both the Leadership Committee and by the Board of Directors to ensure compliance.

## **MISSION STATEMENT, VISION STATEMENT AND GUIDING VALUES**

As in previous years, the MLBHC Mission Statement, Vision Statement and Guiding Values were evaluated for current applicability and possible recommendations for updates or revisions. Following discussion and input from Leadership Committee members, recommendations were made to continue operation under the same statements. Copies of the organization's Mission Statement, Vision Statement and Guiding Values are posted on the network server for easy access by all staff members. Staff are encouraged to review these items on a routine basis as they strive to provide quality services to our consumers. The current MLBHC Mission Statement, Vision Statement and Guiding Values are attached for review.

## **FUNDING RESOURCES**

As per the most current Audit Report, Medicaid revenue and the contract with the Alabama Department of Mental Health make up approximately 86% of the organization's funding resources. Further breakdown of current operating revenues are as follows: ADMH contract – 49.80%; Medicaid – 36.22%; Rent – 6.1%; Medicare and Insurance – 2.7%; Self-pay – 1.7%; and Miscellaneous income – 1.5%.

## **Services currently provided by MLBHC**

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

Staff of MLBHC continually review various options to better meet designated needs of the community. Some of these specific areas include the following:

- Due to the critical shortage of voluntary and involuntary inpatient beds in our region, DMH Commissioner Boswell announced that with the approved crisis bed expansion funding in the FY26 State Budget, MLBHC would receive funding to operate a 16-bed Crisis Residential Unit (CRU) in the coming fiscal year. Key MLBHC staff members are currently working with Chapman and Sisson Architects to not only design this 16-bed CRU, but also to develop an overall plan for the MLBHC property located in the Claysville Community of Marshall County.
- Increase the provision of services to children/adolescents within the local school systems. This ongoing need is being met by the continual expansion of school-based therapy programs, with MLBHC currently contracting with all school systems in both Marshall and Jackson Counties.

(To date, MLBHC employees 12+ School-Based Therapists.) Various MLBHC staff members participate in presentations to high school and middle school students on topics such as suicide prevention, career planning and abuse prevention. In addition, employees continue to provide suicide and homicide risk assessments for all our local school systems.

- To address another designated community need, MLBHC established a Public Safety Program, as a model for mental health care within the first responder community in North Alabama. Through this program, services have been provided to consumers from 28 local first responder agencies. During the past year, MLBHC staff responded to 18 major incidents to provide stress management support for first responders. Since the program's inception, verbal feedback from law enforcement leaders indicates no participating agency has lost an employee to traumatic stress-related causes.
- MLBHC continues to participate in the Stepping Up Program for Marshall County. This program allows for the employment of a case manager to specifically assist individuals who are transitioning from incarceration back into the communities.
- To expedite the need for mental health consultations at local emergency rooms, MLBHC hired and trained approximately 15 consultants for psychiatric screenings at Marshall Medical Centers in Boaz and Guntersville. For the past year, MLBHC staff have conducted over 200 psychiatric consultations at MMCs, with future expectations for that number to increase substantially.
- MLBHC also continues to utilize a portion of the SOR Grant for the employment of Substance Use Prevention Specialists. These staff members coordinate with local school faculty, law enforcement and other community agencies to focus on the prevention of substance abuse issues. Staff of MLBHC's Substance Use Prevention Program continue to be involved in Vape Court through the Marshall County Juvenile Probation Office and have joined a Suicide Prevention Team that engages with the local school systems.

# FY26 Goals and Objectives for CCBHC Implementation

## **1. Governance & Leadership**

**Goal:** Ensure strong organizational governance to support CCBHC transition, compliance, and sustainability.

- **Objective 1.1:** Maintain an internal CCBHC Task Force that meets at least monthly to monitor implementation progress.
- **Objective 1.2:** Present quarterly updates on CCBHC implementation to the Board of Directors, including financial performance, compliance benchmarks, and service data.
- **Objective 1.3:** Finalize and approve all policies and procedures required under the CCBHC model by December 31, 2025.

## **2. Staffing & Training**

**Goal:** Recruit, train, and retain qualified staff to deliver the full CCBHC service array.

- **Objective 2.1:** Hire all key staff required under the CCBHC staffing model, including care navigators, licensed providers, peers, mobile crisis teams, and primary care screening staff by March 31, 2026.
- **Objective 2.2:** Develop a comprehensive CCBHC training plan and complete training for 100% of staff on core topics (trauma-informed care, suicide prevention, evidenced based practices, cultural competence, etc.) by March 31, 2026.
- **Objective 2.3:** Establish a structured onboarding and role-specific competency checklist for all CCBHC staff by February 28, 2026, and ensure 100% completion within the first 30 days of hire.

## **3. Service Delivery & Access**

**Goal:** Expand and enhance services to meet the CCBHC service array requirements and ensure timely access to care.

- **Objective 3.1:** Achieve all access timeframe requirements for intake and crisis services by February 1, 2026.
- **Objective 3.2:** Ensure all nine required CCBHC services are actively delivered by March 31, 2026.
- **Objective 3.3:** Expand the Mobile Crisis Team to operate 24/7 with response times compliant with CCBHC standards by June 30, 2026.

## **4. Care Coordination**

**Goal:** Build effective care coordination systems across primary care, hospitals, law enforcement, and schools.

- **Objective 4.1:** Finalize and sign all required written care coordination agreements by March 31, 2026.
- **Objective 4.2:** Implement warm handoff procedures for clients transitioning between levels of care and across partner agencies by March 31, 2026.
- **Objective 4.3:** Assign a designated care navigator for at least 75% of clients with high-risk or complex needs by April 30, 2026.

## 5. Quality Reporting & Compliance

**Goal:** Build a robust quality assurance and performance monitoring system aligned with CCBHC requirements.

- **Objective 5.1:** Fully implement a data reporting dashboard for required CCBHC quality measures by March 31, 2026.
- **Objective 5.2:** Submit quarterly quality measure reports to SAMHSA and DMH beginning Q2 FY26.
- **Objective 5.3:** Conduct biannual client satisfaction surveys by April 30 and September 15, 2026.

## 6. Financial Sustainability (PPS & Billing)

**Goal:** Maximize Prospective Payment System (PPS) reimbursements and ensure financial sustainability.

- **Objective 6.1:** Ensure at least 85% of qualifying service days trigger the PPS daily rate by March 31, 2026.
- **Objective 6.2:** Train all front-line clinical staff and supervisors on PPS billing practices and triggering services by November 30, 2025.
- **Objective 6.3:** Monitor monthly PPS rate performance and conduct quarterly audits starting Q2 FY26.

# FY26 Strategic Goals for Non-CCBHC Programs

While Mountain Lakes Behavioral Healthcare's primary organizational focus during FY26 will be the implementation and fidelity to the Certified Community Behavioral Health Clinic (CCBHC) model, several vital programs will continue to operate outside of the CCBHC umbrella. This document outlines achievable, growth-oriented goals for those non-CCBHC programs to ensure continued excellence, integration, and strategic alignment.

## Strategic Priority:

Ensure growth, alignment, and quality in non-CCBHC programs while supporting the system-wide transition to the CCBHC model.

### Goal A: Strengthen Core Program Operations

- Implement one operational or clinical enhancement in each non-CCBHC program by June 30, 2026.
- Develop written staffing plans and contingency coverage for each residential facility by February 28, 2026.

### Goal B: Advance Quality & Documentation Standards

- Develop documentation templates aligned with evidence-based practices across all non-CCBHC programs by May 31, 2026.
- Ensure 100% of residential and day program staff receive documentation training by April 30, 2026.

### Goal C: Support Workforce Development

- Ensure all non-CCBHC staff receive at least two professional development trainings by September 30, 2026.
- Develop onboarding guides and checklists specific to each program type by March 2026.



### **Mission Statement**

To provide a person-sensitive, outcome-oriented, behavioral healthcare system, open to affiliate with other organizations to deliver quality services.

### **Vision Statement**

To provide a comprehensive, cost effective, multi-disciplinary array of quality behavioral healthcare services for the effective treatment and prevention of mental illness and substance abuse, and to be recognized as the best provider of behavioral healthcare in our market area.

### **Guiding Values**

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