



# New Directions 2018



## New Employees

New staff members recently joining MLBHC include Alexis Malden, BA, Care Coordinator for the JC Adult In-Home Team; Stephanie Carreker, MA, Care Coordinator for the JC ACT Team; Stephanie Ragone, BS, Care Coordinator for the Supervised Apartment and Supportive Housing Programs; Amy Mason, RN, for the MC ACT Team; and Liz Harper, MHW at Marshall Place.



Alexis



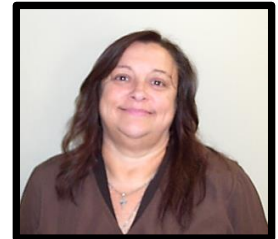
Stephanie C.



Stephanie R.



Amy



Liz

### Birthdays

Justin Jackson	Feb 6
Jana Kirkland	Feb 7
Beverly Benson	Feb 9
Vickey Kilgore	Feb 12
Brianna Smith	Feb 12
Margaret George	Feb 14
Barbie Davis	Feb 16
Leah Moore	Feb 26
Shelia Moon	Feb 28



### Anniversaries

Kelly Allbert	1 year
Amber Fenton	1 year
Rebecca Cabaniss	2 years
Shelly Heider	2 years
Nancy Eidson	3 years
Dana McCarley	3 years
Michelle Miller	3 years
Drew Hardinger	4 years
Justin Jackson	6 years
Rose Bright	8 years
Stephanie Knott	8 years
Erica Player	8 years
Shelia Moon	13 years
Myron Gargis	21 years
Shelly Sills	25 years



# Wall of Fame



December 2017 I = Incentive

### Residential

Rose Bright  
Rebecca Cabaniss  
Teana Campbell  
Rickey Clemons  
Barbie Davis  
Anita Dingler  
Ann German  
Drew Hardinger  
Beth Hartmann  
Justin Jackson  
Tommy Knotts  
Deborah Martin  
Joyce Milligan  
Shelia Moon  
Mark Moore  
Stephanie Ogle  
Wanda Roberts (I)  
Lisa Stevens

### MC OP & OR

Julie Burks  
Patti Carson (I)  
Cindy Hamilton  
McGee Keller (I)  
Melinda Sutton-Griffin  
Lucy Wilson

### Geriatrics

Joyce Flannery  
Lauren Floyd  
Nicole Robinson  
Tyler Steed

### Multi Programs

Sarah Boxley  
Belinda Herring (I)  
Stephanie Knott  
Judy Rhodes

### JC OP & OR

Jennifer Brown  
Melinda Clark  
Wanda McCollum  
Amanda O'Connor (I)  
Debbie Painter

### Substance Abuse

Belinda Arrington  
Kay King  
Katrina Ramsey  
Lacy Rowan  
Shane Tidwell



## February

## Lunch and Learns

"Medications for Depression  
and Bipolar"

Presented By:

Belinda Herring, CRNP

Guntersville MHC 2/27

Scottsboro MHC 2/28

## ~ Monthly Meetings ~

### Thursday, February 15<sup>th</sup>

PI Committee meeting 1:00 pm  
Leadership Committee meeting (following PI)  
Administrative Office/Scottsboro MHC  
via teleconference  
(Confirm attendance with Dana Childs)

### Tuesday, February 20<sup>th</sup>

Board meeting 5:30 pm  
Scottsboro Mental Health Center  
(Confirm attendance with Shelly Pierce)

# ***What's Going On ????***

## MLBHC Welcomes New Board Member



The Jackson County Commission recently took action to appoint Caleb Skipper to serve on the Marshall-Jackson Mental Health Board, Inc. Mr. Skipper works for Mr. Rooter and also serves as a Councilman for Skyline. He will attend his first Board meeting in February, which will be conducted at the Scottsboro Mental Health Center. We look forward to working with Mr. Skipper as the newest member of our Board of Directors.

## Congratulations Melinda !!!



**Melinda Sutton-Griffin**, Nurse Practitioner, recently received her Doctor of Nursing Practice (DNP) from UAB. Melinda works part-time for MLBHC at the Marshall County Mental Health Center.

## **cpi** Upcoming Classes

CPI classes for February will be conducted on the following schedule:

### Refresher class, Friday 2/16

- Admin Office in Guntersville
- 1:00 pm - 4:00ish pm

### Initial class, Wednesday 2/28

- Admin Office in Guntersville
- 9:00 am - 3:30ish pm

(Staff required to attend have been notified via e-mail)

## Annual Review of P&Ps

In compliance with the SA Administrative Code, Board members are to review and approve all of the MLBHC Policies and Procedures on, at least, an annual basis.

During the past year, MLBHC staff and Board members have reviewed each individual P&P and made any revisions deemed necessary. While this was a cumbersome and time consuming project, all are confident that the MLBHC Policies and Procedures are accurate and reflective of the current Alabama Department Mental Health Administrative Code.



The annual Board review and approval of the P&Ps is documented in the January 23, 2018, Board minutes and will be available for DMH review at the next site visit.

# What's Going On ????

## Change In MLBHC Mileage Reimbursement Rate



Over the last several years, the Board of Directors has agreed to set the MLBHC mileage reimbursement rate at the same rate approved by the IRS. For 2018, the IRS set the business mileage rate at 54.5¢ per mile, which will be the same for MLBHC. **This mileage reimbursement change is effective on January 1, 2018.** Updated Travel Reimbursement Forms are accessible via the MLBHC links page. Select MLBHC Forms and they are located in the Administrative Section.



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

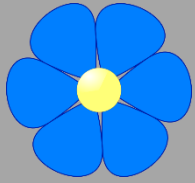


## Personnel Policy Spotlight 4.4.2 Travel Expense/Reimbursement

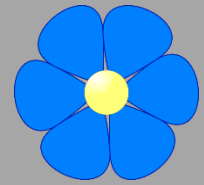
When an employee is required to use his/her own private vehicle for work purposes, the employee will be reimbursed at the rate established by the Board of Directors. Due to the limited nature of travel funds, all employees are requested to be as frugal as possible in making travel arrangements, and all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

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

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



## Consumer Success Story



Submitted By: Nicole Robinson, MSW  
Geriatric Therapist

Ms. X is 73-year-old Caucasian female, residing at the nursing home. She has a diagnosis of Major depressive disorder, with recurrent anxious distress. Ms. X has been a client of Mountain Lakes for about a year now. When Ms. X was first seen by mental health staff, Ms. X was very depressed, isolated a lot in her room, stayed in the bed for most of the day, slept a lot, and expressed a loss of appetite. She didn't really come out of her room nor did she attend any of the facility's activities. Ms. X was also in a private room, where she didn't have anyone to socialize with or keep her company. She was having a hard time accepting her new residency, as well as dealing with troubles with her family. Ms. X reports that she was initially told that she was coming to the facility for 3 weeks for rehab, but she has been in the facility going on 2 years. Ms. X's family has not contacted her or came to see her in almost a year now. She reports that the last time she saw her daughter was on her birthday, but she ended up kicking her out due to an argument.

Since talking to mental health staff, Ms. X has been able to express herself and share her feelings. She has been able to learn and apply healthy coping mechanisms that she engages in daily to help combat her depressive symptoms. These include reading her Bible, praying, spending time with her boyfriend, talking to mental health staff, and going to the singing. Ms. X has also been able to participate in activities that she engaged in before coming into the facility, such as getting her hair done at the nursing homes beauty shop and putting on makeup. She enjoys doing things. She reported that it makes her feel as though she is at home, living a normal life.

Ms. X has also been able to reminisce and recall all the good memories that she had with her family. This helps her to cope with the current separation and miscommunication with her family. Ms. X has demonstrated a decrease in her isolation. She has a good rapport with her current roommate. She gets out of her room daily, walking and talking with other residents. She goes to visit with other residents in their room and hangs out with them in the lobby, activity room, and in the sunroom. Ms. X has shared with therapist that she doesn't feel as depressed as she did when she first got to the facility. She reports that it helps having mental health staff come see her weekly and check in with her. She reported that she has learned to manage and cope with her feelings and symptoms in a healthy way. Ms. X can be seen smiling and laughing more. Ms. X is a very caring and kind person. She really benefits from mental health services and demonstrates a decrease in her symptoms.



## Consumer Success Story



Submitted By: Nancy Eidson, MS  
Jackson County Child & Adolescent In-Home Therapist

TS came in for intake in the autumn of 2017 and was referred to the CAIH Team within two weeks due to her history of depression, suicidal ideation, running away and self-injurious behavior. TS had numerous scars from cutting with a razor. She reported having a dysfunctional relationship with both of her parents and lived with her grandmother. Her grandmother was lax on expectations in the home. Due to this, client's school attendance was very poor.

Upon meeting TS, she had missed school that day, stating that she was too depressed to go to school. It was explained to her, at that time, that if she was too depressed to go to school and unable to function, she would either need to get up and go to school or be assessed for hospitalization. Although this was a hard line to take with her on the first day, it was made clear to her that school attendance was an expectation. The team also addressed her cutting behaviors and suicidal ideations with a Crisis Card. She was able to identify her "danger zone" for cutting through this process, and was also able to identify four relaxing activities to engage in when she identified she was in her "danger zone". On that day, she agreed to throw away the razors she had at home. She also took it upon herself to begin attending a community support group to have another outlet for support in regard to thoughts of self-harm. She was able to get dressed and finish that day of school.

While identifying triggers for her urge to cut, she was able to identify an extremely poor self-image and these thoughts would precipitate her urge to harm herself. The team then began to work with her regarding affirmations and also provided a self-image workbook that she wanted to work through on-her-own at home. The team also confronted many of her regular negative self-talk statements and was able to assist her in replacing these with other affirmations.

During our intervention, TS only missed one day of school, which was due to being sick on that day, and she did not engage in any self-injurious behaviors. Although she admitted to continuing to have urges to harm herself, she utilized her Crisis Card each time to maintain safety. TS is now able to see herself in a more positive light, which greatly reduced her urges for self-harm. Although she has a way to go in order to maintain a healthy functioning lifestyle, she has made tremendous progress in identifying and addressing her issues.

### Newsletter Articles



If you would like to have an article/photo/etc published in New Directions, please e-mail it to Shelly Pierce by the 15<sup>th</sup> of each month for the next month's publication. Make certain that your submission does not refer to a consumer by name or include any other type of identifying information. If so, you must submit a signed "Informed Consent" specific to each item.