

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS SPECIAL NOMINATION COMMITTEE MEETING

Thursday, February 24, 2022 at 5:00 pm

William B. Cammin Clinic, Bay Room, 1010 N. Madison Avenue, Bay City, MI 48708

Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present: BABH: Chris Pinter and Sara McRae
Ernie Krygier, V Ch	_____	_____	_____	Robert Luce	_____	_____	_____	Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained
James Anderson	_____	_____	_____	Tom Ryder	_____	_____	_____	
Richard Byrne	_____	_____	_____					

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Unfinished Business 3.1) None		
4.	New Business 4.1) Review of applicants in accordance with the Mental Health Code for three BABH Board of Directors appointments by the Bay County Commission 4.2) Review of applicants in accordance with the Mental Health Code for one BABH Board of Directors appointments by the Arenac County Commission 4.3) Schedule next meeting for purposes of 2022 Board Officers recommendations		4.1) Forward letter verifying Mental Health Code requirements of the applicants to the Bay County Commission 4.2) No action necessary 4.3) No action necessary
5.	Adjournment	M -	S - pm MA

Both the Bay and Arenac County Board of Commissioners are scheduled to make appointments to the BABH Board at their respective March 8, 2022 Commission meetings.

Richard Byrne
710 E. Whitefeather
Pinconning, MI 48650
989-615-8585
Redhorse2121@yahoo.com

January 12, 2022

Bay County Board of Commissioners
515 Center Avenue, Suite 405
Bay City, MI 48708

Dear Bay County Board of Commissioners:

My term as a Board member on the Bay Arenac Behavioral Health (BABH) Board of Directors expires March 31, 2022. I have been a BABH Board member for 30 years. Please accept this letter and attached application as my request to seek reappointment for another 3-year term.

BABH provides services to the most vulnerable citizens of Bay County to ensure they have the supports necessary to achieve the highest quality of life and participate in our community. BABH serves almost 5,000 residents in Bay and Arenac Counties each year.

BABH has successfully maneuvered through a rapidly changing environment including privatization efforts on the state level and federal paradigm shifts to further community integration efforts. Furthermore, BABH continues to advocate for the preservation of the public behavioral health system founded on the county-state partnership by opposing legislation such as Senate Bills 597 and 598.

I am requesting consideration for reappointment to the BABH Board of Directors as I believe the public behavioral health system is crucial to the residents of Bay County. My insight and public sector experience allow me a different perspective when considering policy matters as a Board member and advocating for the community. In addition, my experience as the current Board Chairperson make me an excellent candidate to continue to assist leading the agency in the future.

Thank you,


Richard Byrne

Bay County Board of Commissioners

County of Bay Application for Appointment to Bay-Arenac Behavioral Health Authority (BABHA)

Name: RICHARD LOUIS BYRNE
Address: 710 E. WHITE FEATHER RD. PINCONNING MI. 48650
Phone: 989 879 3161
Email: REDHORSE2121@YAHOO.COM
Occupation: RETIRED
Employer: _____
Are you a resident of Bay County: YES

Please list your interests and qualifications for the BABHA Board:

CONTINUE TO PROVIDE THE BEST SERVICE
AND CARE TO THOSE IN NEED OF OUR
SERVICES.

List any other information you feel would be pertinent in assisting the County Board of Commissioners in their selection:

PRIMARY CONSUMER:
VETERANS ADMINISTRATION

Date Submitted: _____



Bay-Arenac Behavioral Health Authority (BABHA) Board Member Application Questionnaire

According to the Mental Health Code (1995, PA 290 MCL 330.1222) certain requirements and limitations are imposed on the composition of the community mental health board membership. Please respond to the following questions:

- | YES | NO | |
|---------------|---------------|--|
| <u>X</u> | <u> </u> | 1) I am 18 years of age or older (must be 18+) |
| <u> </u> | <u>X</u> | 2) I am a county commissioner (limit of 4 commissioners) |
| <u> </u> | <u>X</u> | 3) I am a state, county or local public official (limit of 6 officials serving in an elected or appointed public office or employed more than 20 hours/week by an agency of federal, state, city or local government) |
| <u>X</u> | <u> </u> | 4) I live in Bay County (must have primary residence in Bay County) |
| <u> </u> | <u>X</u> | 5) I am employed by the Michigan Department of Community Health |
| <u> </u> | <u>X</u> | 6) I am employed by BABHA |
| <u> </u> | <u>X</u> | 7) I am a party to a contract with community mental health or administering or benefitting financially from a contract with BABHA |
| <u> </u> | <u>X</u> | 8) I serve in a policy-making position with an agency under contract with BABHA

(If you checked yes to 5, 6, 7 or 8 you cannot be appointed to the BABHA Board) |
| <u>X</u> | <u> </u> | 9) I am/have been a primary consumer of mental health services. (primary consumer means an individual who has received or is receiving service from the Department of Community Health or a community mental health services program or services from the private sector equivalent to those offered by the Department of Community Health or community mental health services program. This means just about any mental health service you have ever received in your entire lifetime). |
| <u>X</u> | <u> </u> | 10) I am/have been a family member of a primary consumer (Family member means parent, step-parent, spouse, sibling, child or grandparent of a primary consumer or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support. Same service and timeframe criteria as primary consumer).

For items 9 and 10, 1/3 of the BABHA Board (4 members) must be primary consumers or family members and of that 1/3 at least 1/2 (2 members) shall be primary consumers. |
| <u>X</u> | <u> </u> | 11) I can be identified as a primary consumer and hereby grant permission to the BABHA Board to identify me as such when asked to do so. I waive only those rights under the Mental Health Code that are necessary to make this identification. |

Arld Beyer
Signature

JAN. 30 2022
Date

This release/waiver can be revoked at any time.

- X 12) I can be identified as a family member of a primary consumer and hereby grant permission to BABHA to identify me as such when asked to do so.

Arld Beyer
Signature

JAN 30 2022
Date

This release/waiver can be revoked at any time.

Application for Appointment to BABHA

postmaster@netsource-one.net <postmaster@netsource-one.net>

Mon 1/3/2022 8:15 PM

To: Deanne Berger <bergerd@baycounty.net>

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Name: Christopher R. Girard

Address: 100 Braddock Street

CityStateZip: Bay City, MI 48708

Home 989-450-7827

Phone:

Business

Phone::

Occupation: self employed

Employer: None

Resident?: Yes

How Long?: 43 years

Interests: Over 20 years professional experience working in the Mental Health field. Extensive knowledge of Medicaid Rules and Guidelines. Adoptive parent working with children who needed access to. BABH services. Family member of a primary user of services.

Other: Former Board President for The ARC of Bay County the lead advocacy agency for individuals with intellectual disabilities. I currently serve as a City of Bay City Commissioner serving the interests of Bay City residents.

Email: cgirard1@msn.com

- 1): yes, I am 18 years of age or older (must be 18+)
- 2): no, I am a county commissioner (limit of 4 commissioners)
- 3): yes, I am a state, county or local public official (limit of 6 officials serving in an elected or appointed public office or employed more than 20 hours/week by an agency of federal, state, city or local government)
- 4): yes, I live in Bay County (must have primary residence in Bay County)
- 5): no, I am employed by the Michigan Department of Community Health
- 6): no, I am employed by BABHA
- 7): no, I am a party to a contract with community mental health or administering or benefitting financially from a contract with BABHA
- 8): no, I serve in a policy-making position with an agency under contract with BABHA (If you checked yes to 5, 6, 7 or 8 you cannot be appointed to the BABHA Board)
- 9): yes, I am/have been a primary consumer of mental health services. (primary consumer means an individual who has received or is receiving service from the Department of Community Health or a community mental health services program or services from the private sector equivalent to those offered by the Department of Community Health or community mental health services program. This means just about any mental health service you have ever received in your entire lifetime).
- 10): yes, I am/have been a family member of a primary consumer (Family

member means parent, step-parent, spouse, sibling, child or grandparent of a primary consumer or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support. Same service and timeframe criteria as primary consumer).

- 11): yes,I can be identified as a primary consumer and hereby grant permission to the BABHA Board to identify me as such when asked to do so. I waive only those rights under the Mental Health Code that are necessary to make this identification.
- 12): yes,I can be identified as a family member of a primary consumer and hereby grant permission to the BABHA Board to identify me as such when asked to do so.

February 15, 2022

Bay County Board of Commissioners
515 Center Avenue, Suite 405
Bay City, MI 48708

Dear Bay County Board of Commissioners:

Please consider supporting my reappointment for a three-year term on the Bay Arenac Behavioral Health (BABH) Board of Directors. My current term expires March 31, 2022.

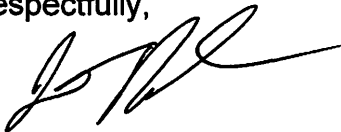
The services provided by BABH are crucial to the residents of Bay County with mental illness, substance use disorders, and/or developmental disabilities. BABH continues to help individuals achieve the highest quality of life by empowering them through recovery-based methodologies, promoting community participation, and consistently advocating for their health and safety.

BABH continues to successfully maneuver through rapidly changing federal paradigm shifts including the emphasis on community integration efforts, expansion of telehealth services, and battling the nationwide opioid epidemic. BABH also continues to advocate to preserve the county-based community mental health service program safety nets for our community through the relentless efforts to privatize the public health system

I'm requesting consideration for reappointment to the BABH Board of Directors as I believe the public behavioral health system is crucial to the residents of Bay County. In addition, I fulfill the eligibility criteria as a primary consumer as defined in state law. My insight and experiences allow me a different perspective when considering policy matters as a Board member and advocating for the community.

Please consider my request for reappointment and I thank you in advance for your attention to this matter.

Respectfully,



Justin Peters
367 Old Orchard
Essexville, MI 48732

Bay County Board of Commissioners

County of Bay Application for Appointment to Bay-Arenac Behavioral Health Authority (BABHA)

Name: Justin Peters
Address: 367 Old Orchard Esserville, MI 48732
Phone: 989-280-1369
Email: Com:monkey1@outlook.com
Occupation: Retired
Employer: n/A
Are you a resident of Bay County: yes

Please list your interests and qualifications for the BABHA Board:

I've currently served 4 years as a board member. I am on four different committees and received my Board Certificate through the state two years ago.

List any other information you feel would be pertinent in assisting the County Board of Commissioners in their selection:

I feel that all of the existing board members contribute their share of knowledge and expertise that benefits BABHA as a whole. I would appreciate the consideration and approval to extend my time as a board member an additional term.

Date Submitted: 2-11-2022




Bay-Arenac Behavioral Health Authority (BABHA) Board Member Application Questionnaire

According to the Mental Health Code (1995, PA 290 MCL 330.1222) certain requirements and limitations are imposed on the composition of the community mental health board membership. Please respond to the following questions:

- | YES | NO | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1) I am 18 years of age or older (must be 18+) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2) I am a county commissioner (limit of 4 commissioners) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3) I am a state, county or local public official (limit of 6 officials serving in an elected or appointed public office or employed more than 20 hours/week by an agency of federal, state, city or local government) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4) I live in Bay County (must have primary residence in Bay County) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5) I am employed by the Michigan Department of Community Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6) I am employed by BABHA |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7) I am a party to a contract with community mental health or administering or benefitting financially from a contract with BABHA |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8) I serve in a policy-making position with an agency under contract with BABHA

(If you checked yes to 5, 6, 7 or 8 you cannot be appointed to the BABHA Board). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9) I am/have been a primary consumer of mental health services. (primary consumer means an individual who has received or is receiving service from the Department of Community Health or a community mental health services program or services from the private sector equivalent to those offered by the Department of Community Health or community mental health services program. This means just about any mental health service you have ever received in your entire lifetime). |
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For items 9 and 10, 1/3 of the BABHA Board (4 members) must be primary consumers or family members and of that 1/3 at least 1/2 (2 members) shall be primary consumers. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11) I can be identified as a primary consumer and hereby grant permission to the BABHA Board to identify me as such when asked to do so. I waive only those rights under the Mental Health Code that are necessary to make this identification. |



 Signature Date 2-18-2022

This release/waiver can be revoked at any time.

- 12) I can be identified as a family member of a primary consumer and hereby grant permission to BABHA to identify me as such when asked to do so.



 Signature Date 2-18-2022

This release/waiver can be revoked at any time.

February 18, 2022

Bay County Board of Commissioners
515 Center Avenue, Suite 405
Bay City, MI 48708

Dear Bay County Commissioners:

I am writing this letter to request support of my reappointment for another 3-year term to the Bay Arenac Behavioral Health (BABH) Board of Directors. My current term expires March 31, 2022.

BABH provides services in our community that are invaluable to our residents living with developmental disabilities, severe mental illness, and substance use disorders. The services and supports offered by BABH provide necessary tools for individuals to attain the highest quality of life in the community and making positive personal choices through empowerment and recovery-based practices.

BABH continues to advocate to preserve the local health care safety net and maintain the county-based structure of community mental health services by resisting privatization of public mental health services, encouraging strong partnerships with community partners such as law enforcement and public health, and supporting efforts in fighting the opioid epidemic with substance use disorder education, prevention, and treatment.

My expertise and knowledge of the behavioral health care system coupled with my longtime service in local government and the local school system bring value to the BABH Board of Directors during this crucial time. Please consider my request for reappointment.

Thank you in advance for your time and consideration.

Sincerely,



Robert Pawlak
206 N. Pine Road
Bay City, MI 48708
bopav@aol.com

Bay County Board of Commissioners

County of Bay Application for Appointment to Bay-Arenac Behavioral Health Authority (BABHA)

Name: ROBERT J. PAWLAK
Address: 260 N. PINE RD.
Phone: 989-233-7320
Email: bopav@aol.com
Occupation: Teacher
Employer: Bay City Public Schools
Are you a resident of Bay County: yes

Please list your interests and qualifications for the BABHA Board:

I have been a dielegent member of Bay-Arenac Behavioral Health Authority for several years. I am knowledgeable of the workings of the board and would like to continue to contribute in a positive manner. As a teacher of students who have behavioral health issues, I am greatly interested in how the "system" can help to assist them as they grow educationally.

List any other information you feel would be pertinent in assisting the County Board of Commissioners in their selection:

I have family members that have used the services of BABHA in the past.

Date Submitted: 2/21/2022



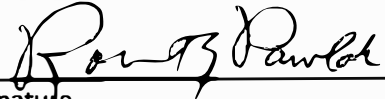
Bay-Arenac Behavioral Health Authority (BABHA) Board Member Application Questionnaire

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| <u> X </u> | <u> </u> | 1) I am 18 years of age or older (must be 18+) |
| <u> </u> | <u> X </u> | 2) I am a county commissioner (limit of 4 commissioners) |
| <u> X </u> | <u> </u> | 3) I am a state, county or local public official (limit of 6 officials serving in an elected or appointed public office or employed more than 20 hours/week by an agency of federal, state, city or local government) |
| <u> X </u> | <u> </u> | 4) I live in Bay County (must have primary residence in Bay County) |
| <u> </u> | <u> X </u> | 5) I am employed by the Michigan Department of Community Health |
| <u> </u> | <u> X </u> | 6) I am employed by BABHA |
| <u> </u> | <u> X </u> | 7) I am a party to a contract with community mental health or administering or benefitting financially from a contract with BABHA |
| <u> </u> | <u> X </u> | 8) I serve in a policy-making position with an agency under contract with BABHA
(If you checked yes to 5, 6, 7 or 8 you cannot be appointed to the BABHA Board) |
| <u> </u> | <u> X </u> | 9) I am/have been a primary consumer of mental health services. (primary consumer means an individual who has received or is receiving service from the Department of Community Health or a community mental health services program or services from the private sector equivalent to those offered by the Department of Community Health or community mental health services program. This means just about any mental health service you have ever received in your entire lifetime). |
| <u> X </u> | <u> X </u> | 10) I am/have been a family member of a primary consumer (Family member means parent, step-parent, spouse, sibling, child or grandparent of a primary consumer or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support. Same service and timeframe criteria as primary consumer). |

For items 9 and 10, 1/3 of the BABHA Board (4 members) must be primary consumers or family members and of that 1/3 at least 1/2 (2 members) shall be primary consumers.

- | | | |
|--------------|---------------|---|
| <u> X </u> | <u> </u> | 11) I can be identified as a primary consumer and hereby grant permission to the BABHA Board to identify me as such when asked to do so. I waive only those rights under the Mental Health Code that are necessary to make this identification. |
|--------------|---------------|---|



 Signature Date 2/21/2022

This release/waiver can be revoked at any time.

- | | | |
|--------------|---------------|---|
| <u> X </u> | <u> </u> | 12) I can be identified as a family member of a primary consumer and hereby grant permission to BABHA to identify me as such when asked to do so. |
|--------------|---------------|---|



 Signature Date 2/21/2022

This release/waiver can be revoked at any time.



BEHAVIORAL HEALTH

Chief Executive Officer
Christopher Pinter

Board of Directors

Richard Byrne, Chairman
James Anderson, Vice-Chairman
Robert Pawlak, Treasurer
Colleen Maillette, Secretary
Connie Barber
Ernie Krygier
Robert Luce
Patrick McFarland
Richard Meeth
Sally Mrozinski
Justin Peters
Thomas Ryder

Board Administration

Behavioral Health Center
201 Mulholland
Bay City, MI 48708
800-448-5498 Access Center
989-895-2300 Business

Arenac Center
PO Box 1188
1000 W. Cedar
Standish, MI 48658

North Bay
1961 E. Parish Road
Kawkawlin, MI 48631

William B. Cammin Clinic
1010 N. Madison
Bay City, MI 48708

Wirt Building
909 Washington Ave.
Bay City, MI 48708

www.babha.org

February 25, 2022

Bay County Board of Commissioners
515 Center Avenue, Suite 405
Bay City, MI 48708

Dear Bay County Commisisoners:

On March 31, 2022, three (3) Bay County appointments on the Bay Arenac Behavioral Health Authority (BABH) Board of Directors will expire. These 3 positions are each a three year term expiring on March 31, 2025.

The BABH Nominations Committee met on February 24, 2022 to review the applications received by the Office of the Bay County Board of Commissioners. Four (4) applications were reviewed.

The applications were reviewed pursuant to the Mental Health Code, Public Act 258 of 1974, as amended. There are two separate categories of eligibility for the applicants to qualify in order to ensure that BABH meets the Board requirements of the Mental Health Code (MHC), Section 222 (1) composition.

The first category "A", must be representative of primary consumers as defined in the MHC. There are three (3) applicants that meet this criteria. The second category "B", is representative of the general public. All four applicants meet the criteria for category B. Attached please find a report for consideration by the Bay County Board of Commissioners.

Thank you for your attention to this matter. The BABH Board will await notification of appointments by the Bay County Board of Commisisoners.

Respectfully,

Sara K. McRae
Executive Assistant to the CEO



Nomination Committee Report
February 24, 2022

Qualifying Applicants for Membership on the BABH Board of Directors

Please appoint a total of 3 from both categories with at least 1 from Category A:

Category A: (please appoint at least 1)

Richard Byrne (Incumbent)

Chris Girard

Justin Peters (Incumbent)

Category B:

Robert Pawlak (Incumbent)

Arenac County Board of Commissioners

County of Arenac Application for Appointment to Bay-Arenac Behavioral Health Authority (BABHA)

Name: Sally Mrozinski
Address: 7127 Mosley Rd Sterling MI 48659
Phone: 989-941-5173
Email: ~~red@greenhouse~~ smrozinski@arenacounty.mi.gov
Occupation: Nursery (Greenhouses)
Employer: Self

Are you a resident of Arenac County: yes

Please list your interests and qualifications for the BABHA Board:

I enjoy serving and would love to
continue

List any other information you feel would be pertinent in assisting the County Board of Commissioners in their selection:

Date Submitted: 2/17/2022

Please return application to
The Arenac Center, 1000 W. Cedar, Standish, MI 48658



Bay-Arenac Behavioral Health Authority (BABHA) Board Member Application Questionnaire

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- | YES | NO | |
|---|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1) I am 18 years of age or older (must be 18+) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2) I am a county commissioner (limit of 4 commissioners) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3) I am a state, county or local public official (limit of 6 officials serving in an elected or appointed public office or employed more than 20 hours/week by an agency of federal, state, city or local government) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4) I live in Arenac County (must have primary residence in Arenac County) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5) I am employed by the Michigan Department of Community Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6) I am employed by BABHA |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7) I am a party to a contract with community mental health or administering or benefitting financially from a contract with BABHA |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8) I serve in a policy-making position with an agency under contract with BABHA |
| (If you checked yes to 5, 6, 7 or 8 you cannot be appointed to the BABHA Board) | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9) I am/have been a primary consumer of mental health services. (primary consumer means an individual who has received or is receiving service from the Department of Community Health or a community mental health services program or services from the private sector equivalent to those offered by the Department of Community Health or community mental health services program. This means just about any mental health service you have ever received in your entire lifetime). |
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Signature

Date

This release/waiver can be revoked at any time.

- | | | |
|-------------------------------------|--------------------------|---|
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|-------------------------------------|--------------------------|---|

Signature

Date

This release/waiver can be revoked at any time.

March 2022

BABH Board of Directors

March 2022						
Su	Mo	Tu	We	Th	Fr	Sa
6	7	1	2	3	4	5
13	14	8	9	10	11	12
20	21	22	23	24	25	26
27	28	29	30	31		

April 2022						
Su	Mo	Tu	We	Th	Fr	Sa
3	4	5	6	7	1	2
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Feb 27	28	Mar 1 5:00pm Health Care Improvement & Compliance Committee	2	3 5:00pm Recipient Rights Committee	4	5
6	7 5:00pm Facilities & Safety Committee	8	9 5:00pm Finance Committee 5:30pm Bylaws Committee	10 5:00pm Program Committee	11	12
13	14	15 5:00pm Audit Committee	16	17 Saint Patrick's Day 5:00pm REGULAR BOARD MEETING	18	19
20	21	22	23	24	25	26
27	28	29	30	31	Apr 1	2

April 2022

BABH Board of Directors

April 2022

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 2022

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Mar 27	28	29	30	31	Apr 1	2
3	4	5 5:00pm Health Care Improvement & Compliance Committee	6	7 5:00pm Recipient Rights Committee	8	9
10	11 5:00pm Facilities & Safety Committee	12	13 5:00pm Finance Committee 5:30pm Bylaws Committee	14 5:00pm Program Committee	15	16
17 Easter	18	19 5:00pm Audit Committee	20	21 5:00pm REGULAR BOARD MEETING	22	23
24	25	26 5:00pm Personnel & Compensation Committee	27	28	29	30