

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS SPECIAL NOMINATION COMMITTEE MEETING

Monday, March 13, 2023 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:
Ernie Krygier, Ch	_____	_____	_____	Richard Byrne	_____	_____	_____	BABH: Chris Pinter and Sara McRae
Robert Luce, V Ch	_____	_____	_____	Tom Ryder	_____	_____	_____	Legend: M-Motion; S-Support;
James Anderson	_____	_____	_____					MA-Motion Adopted; AB-Abstained

	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 five (5) BABH Board of Directors appointments by the Bay County Commission 4.2) Schedule next meeting for purposes of 2023 Board Officer recommendations		4.1) Forward letter verifying Mental Health Code requirements of the applicants to the Bay County Commission 4.2) No action necessary
5.	Adjournment	M -	S -
			pm MA

The Bay County Board of Commissioners are scheduled to make appointments to the BABH Board at their March 21, 2023 Commission meeting.

Sara McRae

Subject: FW: Application for Appointment to BABHA - James Anderson

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

Sent: Thursday, February 2, 2023 3:52 PM

To: Lindsey Arsenault <ArseaultL@baycounty.net>

Subject: Application for Appointment to BABHA

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

Name: James Anderson
Address: 3433 Euclid Ct.
CityStateZip: Bay City Mich. 48706
Home Phone: 989 667 1313
Business Phone: : cell 989 327 0734
Occupation: Retired
Employer: Self
Resident?: Yes
How Long?: Lifelong
Interests: Serving consumers of mental health services. Board member twenty five years. Have attended many mental health conferences. Have certificates for Board Works 1-2 Am current vice chair of BABH board. I was past secretary of Mid State Health Network region board.
Other: Self employed over forty years in Bay City.
Email: jdeweya@yahoo.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): no,I am a state, county or lcal 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): no,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): no, 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): no,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.

Bay County Board of Commissioners

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

Name: Tim Banaszak
Address: 27 River Trail, Bay City, MI 48706
Phone: 989-501-6565
Email: Tim27mary@aol.com
Occupation: Real Estate
Employer: SELF - Employed
Are you a resident of Bay County: Yes

Please list your interests and qualifications for the BABHA Board:

I am the 2nd District County Commissioner

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

As a Commissioner, I feel that it would be a great asset for the County Board to appoint me as their representative on the BABHA

Date Submitted: 2-14-23



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 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 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 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). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. | | |
| <input type="checkbox"/> | <input checked="" 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

This release/waiver can be revoked at any time.

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 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

This release/waiver can be revoked at any time.



BAY COUNTY BOARD OF COMMISSIONERS

515 Center Avenue, Suite 405, Bay City, MI 48708-5125

(989) 895-4136 Fax – (989) 895-4226

VAUGHN J. BEGICK
CHAIRMAN
3RD DISTRICT

THOMAS M. HEREK
VICE CHAIRMAN
5TH DISTRICT

DENNIS R. POIRIER
SERGEANT AT ARMS
7TH DISTRICT

KATHY NIEMIEC
1ST DISTRICT

TIM BANASZAK
2ND DISTRICT

COLLEEN MAILLETTE
4TH DISTRICT

DENNIS R. POIRIER
7TH DISTRICT

LINDSEY ARSENAULT
BOARD COORDINATOR
(989) 895-4136
arsenaultl@baycounty.net

COUNTY OF BAY

APPLICATION FOR APPOINTMENT TO:

Behavioral Health Board

Name Jerome Crete

Address 200 N. Powell Rd.
Essexville, MI 48732

Home Phone No. N/A Business or Cell No. 989-737-8808

Occupation retired

Employer N/A

Are you a resident of Bay County? yes

Are you a Veteran of any military branch of the United States government? NO

List your interests and qualifications for the above Board or Commission*

Ran successful business (Ideal Party Store) for 42 years.
M.B.A. Central Michigan University
Board member Thumbs Bank & Trust
Past President Dow Bay Area Family YMCA

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

Past board member Bay Area Chamber of Commerce
Board member Midwest Independent Retailers Association

List membership on any other civic Boards and/or Committees* N/A

*Feel free to use additional paper if required.

Date submitted: 2-6-2023

Please return this form to:
Bay County Board of Commissioners
Fourth Floor
Bay County Building
515 Center Avenue
Bay City, MI 48708, or email to:
arsenaultl@baycounty.net

Bay County Board of Commissioners

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

Name: Jerome Crete
Address: 200 N. Powell Rd. Essexville, MI. 48732
Phone: 989-737-8808
Email: jtcrete@yahoo.com
Occupation: retired
Employer: N/A
Are you a resident of Bay County: Yes

Please list your interests and qualifications for the BABHA Board:

Want to continue to give back to my community
I have extensive management & budgeting experience
I have a Master's degree in Business Administration
I have managed and supervised countless employees

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

I was born, raised and worked in Bay
County my entire career. I have extensive
knowledge of our community, and would
love to serve and give back.

Date Submitted: 2-6-2023



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

Jerome Crete

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> </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> </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> </u> | <u>X</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

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.

Signature

Date

This release/waiver can be revoked at any time.



BAY COUNTY BOARD OF COMMISSIONERS

515 Center Avenue, Suite 405, Bay City, MI 48708-5125

(989) 895-4136 Fax - (989) 895-4226

VAUGHN J. BEGICK
CHAIRMAN
3RD DISTRICT

THOMAS M. HEREK
VICE CHAIRMAN
5TH DISTRICT

DENNIS R. POIRIER
SERGEANT AT ARMS
7TH DISTRICT

KATHY NIEMIEC
1ST DISTRICT

TIM BANASZAK
2ND DISTRICT

COLLEEN MAILLETTE
4TH DISTRICT

DENNIS R. POIRIER
7TH DISTRICT

LINDSEY ARSENAULT
BOARD COORDINATOR
(989) 895-4136
Arsenaultl@baycounty.net

COUNTY OF BAY
APPLICATION FOR APPOINTMENT TO:

Name BABHA Dolores Kowalski-Meyer

Address 1349 West Cottino Lane
Linwood MI 48634

Home Phone No. 327 0244 Cell 989 Office 989 777 1040

Occupation Optometrist

Employer Special Needs Vision Clinic

Are you a resident of Bay County? Yes

Are you a Veteran of any military branch of the United States government? No

List your interests and qualifications for the above Board or Commission*

Am a lifelong resident of Bay County. I have spent 40 years in the medical field - the 1st decade as a Registered Nurse & the last 30 yrs as an optometrist.

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

As director of the Special Needs Vision Clinic I work regularly with mentally & physically handicapped persons and have experience dealing with related state agencies and regulations.

List membership on any other civic Boards and/or Committees* NA

*Feel free to use additional paper if required.

Date submitted: 2/8/2023

Please return this form to:
Bay County Board of Commissioners
Fourth Floor
Bay County Building
515 Center Avenue
Bay City, MI 48708, or email to:
Arsenaultl@baycounty.net

Bay County Board of Commissioners

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

Name: Dolores Kowalski-Meier
Address: 1349 West Cottage Grove, Linwood
Phone: 989 327 0244
Email: SNVC@aol.com
Occupation: Optometrist
Employer: Special Needs Vision Clinic
Are you a resident of Bay County: Yes

Please list your interests and qualifications for the BABHA Board:

Am a lifelong resident of Bay County.
I have spent 40 years in the medical field.
The 1st decade as a Registered Nurse & the
last 30 yrs as an optometrist.

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

As director of the Special Needs Vision
Clinic I work regularly with mentally
& physically handicapped persons, and
have experience dealing with related
state agencies and regulations

Date Submitted: 2/8/23

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 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). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. | | |
| <input type="checkbox"/> | <input checked="" 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

This release/waiver can be revoked at any time.

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 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

This release/waiver can be revoked at any time.

February 16, 2023

Mr. Vaughn Begick, Chairman
Bay County Board of Commissioners
515 Center Avenue, Suite 405
Bay City, MI 48708

Dear Chairman Begick:

Please accept this correspondence as my request for re-appointment to the Bay Arenac Behavioral Health (BABH) Board of Directors. The required application is attached.

Bay Arenac Behavioral Health (BABH) serves a critical role in Bay and Arenac Counties for the residents with mental illness and developmental disabilities. BABH services ensure these individuals are able to participate in the community and live the highest quality of life possible.

I am actively involved in multiple aspects of the public mental health system as a board member. I have obtained my Boardworks certification through the Michigan Association of Community Mental Health Boards and previously served as one of the BABH representatives on the MidState Health Network (MSHN) Regional Board of Directors. In addition, I have firsthand experience and knowledge of the public health system as I was previously employed by a network provider and am an appointed guardian for my brother. For these reasons, I am a strong advocate for community mental health services. Furthermore, my knowledge of government processes gained through serving in local positions, as a Bay County Commissioner and a Township Trustee, has enhanced my ability to sustain community partnerships.

My experiences gained as a BABH Board member, my knowledge of community health as a result of my personal involvement, and my familiarity of local government make me an excellent candidate for reappointment to the BABH Board of Directors.

Your time and consideration of my reappointment is appreciated. I would like to offer my thanks to you and the Board of Commissioners.

Respectfully,



Colleen Maillette
3123 Kirkwood Place
Bay City, MI 48706

Bay County Board of Commissioners

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

Name: Colleen Maultette
Address: 3123 Kirkwood Place
Phone: 989-798-2412
Email: maultettec@baycounty.net
Occupation: Realtor
Employer: Century 21 Signature Realty
Are you a resident of Bay County: yes

Please list your interests and qualifications for the BABHA Board:

Prior to my retirement in December 2022
I worked in the mental health field for
15 years advocating for people with disabilities
I am guardian to my sibling who is disabled
I have been very active in the mental
health field and serve on BABHA board now
and previously on Mid State Health Network.

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

Currently I serve on the Bay Arenac Behavioral
Health board and serve as board
secretary. I am asking that you
reconsider me to continue to serve on
this board

Date Submitted: 2-16-2023

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 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 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 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). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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. | | |
| <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

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

2-16-2023
Date

This release/waiver can be revoked at any time.

Application for Appointment to BABHA

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

Sat 10/15/2022 3:19 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: Rick Mastroianni
Address: 100 Engelhardt Drive
CityStateZip: Michigan
Home Phone: 989-284-3927
Business Phone: 989-778-1324
Occupation: OPT mental health/sub abuse
Employer: Self employed
Resident?: Yes
How Long?: 25 years
Interests: I have been working in the behavioral health field since 1998. I have worked for BABHA from 1998-2006. Nevada Rural Clinics 2007-2008. SCCMHA, 2008-2018.
Other: Private practice January 2021-present

Saginaw Health Suboxone Clinic, Saginaw, Michigan 48603
September 2018-December 2020
Outpatient Therapist Substance Abuse

Saginaw County Community Mental Health, Saginaw, Michigan 48602
December 2008-June 2018
Crisis Intervention Therapist

Healthsource, Saginaw, Michigan 48603
July 2008-December 2008
Inpatient Therapist

Nevada Rural Clinics. Pahrump, NV. 89048
January 2007-January 2008
Outpatient Mental Health Therapist

Bay-Arenac Behavioral Health. Bay City, MI 48708
July 1999- December 2006
Hospital/Court Liaison

Bay-Arenac Behavioral Health. Bay City, MI 48708
February 1998 -July 1999
Emergency Services Worker

EDUCATION:

University of Michigan School of Social Work, Ann Arbor, MI
M. S. W., August 1998
Major: Interpersonal Practice
Minor: Community Organization
School Social Work Certification

Saginaw Valley State University, University Center, MI
B. S. W., May 1996
Major: Social Work
Minor: Youth Services

Delta College, University Center, MI
A.A. Liberal Arts degree, December 1991

Publications:

Mastroianni, R (2001), Sexual Correctness in Academia. Sexuality and Culture An Interdisciplinary Quarterly, 5, (2), 87-90.

Mastroianni, R (1999), Student Experiences Harassment Problem FASE Focus Journal of the Foundation of Sexuality Equity 1, 9-11

Licenses:

License Master's Social Worker (LMSW) Clinical and Macro License
Certified Advanced Addiction Counselor (CAADC)

Email:

rickmastro13@gmail.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): no, 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): no, 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): no, 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): no, 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):

no,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.

Sara McRae

Subject: FW: Application for Appointment to BABHA

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

Sent: Tuesday, January 17, 2023 9:40 AM

To: Deanne Berger <BergerD@baycounty.net>

Subject: Application for Appointment to BABHA

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

Name: Richard R Meeth

Address: 670 Rosselli Ct

CityStateZip: Bay City

Home Phone: 9894508178

Business

Phone::

Occupation: Teacher

Employer: Bay City Public Schools

Resident?: Yes

How Long?: 62 years

Interests: I am currently a member of the Bay-Arenac Behavioral Health Authority Board of Directors and I would like to continue tenure on the board. I have been a teacher in the Bay City Public Schools for 25 years and I have seen first the need for a good mental health system and the impact it has on children.

I have served on the BABHA Board of Directors for the past two years and I have learned about how the authority operates. I have attended more than 90% of the meetings and I take my responsibility to the Board and our community seriously.

Other: I am committed to serving on the BABHA Board of Directors for another term. I understand the importance of this agency to its clients and our community and I will use the best of my abilities to serve as a Board of Director of this agency.

Email: meethr@gmail.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): no,I am a state, county or lcal 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): no,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): no, 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): no,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): no,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.



BAY COUNTY BOARD OF COMMISSIONERS

515 Center Avenue, Suite 405, Bay City, MI 48708-5125

(989) 895-4136 Fax – (989) 895-4226

COUNTY OF BAY

APPLICATION FOR APPOINTMENT TO:

VAUGHN J. BEGICK
CHAIRMAN
3RD DISTRICT

Name Kathy Niemiec Bay-Arenac Behavioral Health Agency

THOMAS M. HEREK
VICE CHAIRMAN
5TH DISTRICT

Address 693 N. Carter Rd.
Winwood, MI 48634

DENNIS R. POIRIER
SERGEANT AT ARMS
7TH DISTRICT

Home Phone No. _____ Business or Cell No. (989) 697-5509

Occupation County Commissioner

Employer Bay County

Are you a resident of Bay County? YES

KATHY NIEMIEC
1ST DISTRICT

Are you a Veteran of any military branch of the United States government? No

List your interests and qualifications for the above Board or Commission*

TIM BANASZAK
2ND DISTRICT

I have a granddaughter with some special needs, and I am very interested in helping our community to be the very best!!

COLLEEN MAILLETTE
4TH DISTRICT

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

DENNIS R. POIRIER
7TH DISTRICT

LINDSEY ARSENAULT
BOARD COORDINATOR
(989) 895-4136
Arsenaultl@baycounty.net

List membership on any other civic Boards and/or Committees* _____

*Feel free to use additional paper if required.

Date submitted: 2-21-2023

Please return this form to:
Bay County Board of Commissioners
Fourth Floor
Bay County Building
515 Center Avenue
Bay City, MI 48708, or email to:
Arsenaultl@baycounty.net

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 checked="" type="checkbox"/> | <input type="checkbox"/> | 2) I am a county commissioner (limit of 4 commissioners) |
| <input 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 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 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). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. | | |
| <input type="checkbox"/> | <input checked="" 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

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

This release/waiver can be revoked at any time.

Bay County Board of Commissioners

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

Name: Kathy Niemiec
Address: 1693 N. Carter Rd.
Phone: 989-697-5509
Email: niemieck@baycounty.net
Occupation: Commissioner
Employer: Bay County
Are you a resident of Bay County: YES

Please list your interests and qualifications for the BABHA Board:

Have granddaughter with special needs,
want to help my community

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

I enjoy being with people and
am an encourager.

Date Submitted: 2-21-2023

Sara McRae

Subject: FW: Application for Appointment to BABHA

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

Sent: Monday, January 30, 2023 9:33 AM

To: Lindsey Arsenault <ArseaultL@baycounty.net>

Subject: Application for Appointment to BABHA

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

Name: Justin Peters

Address: 367 Old Orchard

CityStateZip: Essexville, MI 48732

Home Phone: 989-280-1369

Business

Phone::

Occupation: Retired

Employer: N/a

Resident?: Yes

How Long?: 47 years

Interests: I was previously a board member of BABH for 4 years and enjoyed my time there, helping out, and offering input on various matters addressed to the board.

Other: I've worked with the county for over 20 years, 4 years as a BABH board member also on various committees each month often times providing some out of the box thoughts on how to resolve certain issues that have come up. I have a good relationship with the current BABH CEO, staff as well as current board members.

Email: Comicmonkey1@outlook.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): no,I am a state, county or lcal 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.



BAY COUNTY BOARD OF COMMISSIONERS

515 Center Avenue, Suite 405, Bay City, MI 48708-5125

(989) 895-4136 Fax – (989) 895-4226

VAUGHN J. BEGICK
CHAIRMAN
3RD DISTRICT

THOMAS M. HEREK
VICE CHAIRMAN
5TH DISTRICT

DENNIS R. POIRIER
SERGEANT AT ARMS
7TH DISTRICT

KATHY NIEMIEC
1ST DISTRICT

TIM BANASZAK
2ND DISTRICT

COLLEEN MAILLETTE
4TH DISTRICT

DENNIS R. POIRIER
7TH DISTRICT

LINDSEY ARSENAULT
BOARD COORDINATOR
(989) 895-4136
Arsenaultl@baycounty.net

COUNTY OF BAY

APPLICATION FOR APPOINTMENT TO:

Name Marie Reese (Toni) Bay Area Behavioral Health Authority

Address 350 Center dr. Pineconing twp.

Home Phone No. _____ Business or Cell No. 989-574-7563

Occupation Online Sales

Employer Self

Are you a resident of Bay County? yes

Are you a Veteran of any military branch of the United States government? NO

List your interests and qualifications for the above Board or Commission?
I have worked in the past with Behavioral Health I see a need for good support for consumers that are in need of behavioral health services.

List any other information you feel would be pertinent in assisting the County Board of Commissioners in their selection*
My goal is to be a service to others in our communities.

List membership on any other civic Boards and/or Committees* I am a member of BCRP. I am a member of the Executive Committee of the BCRP

*Feel free to use additional paper if required.

Date submitted: 2/8/23

Please return this form to:
Bay County Board of Commissioners
Fourth Floor
Bay County Building
515 Center Avenue
Bay City, MI 48708, or email to:
Arsenaultl@baycounty.net

Bay County Board of Commissioners

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

Name: Marie Reese (Toni)

Address: 350 Center dr. Pinconning twp.

Phone: 989-574-763

Email: tonireese0314@yahoo.com

Occupation: Online Sales

Employer: Self

Are you a resident of Bay County: Yes

Please list your interests and qualifications for the BABHA Board:

I have worked in the past with Behavioral Health I see a need for good support for consumers that are in need of behavioral health services

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

My goal is to be a service to others in our communities

Date Submitted: 2/8/23



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 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). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input checked="" 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

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

This release/waiver can be revoked at any time.

Bay County Board of Commissioners

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

Name: Thomas Ryder
Address: 6021 N. Hampton St Bay City, MI 48708
Phone: 989/860-8095
Email: tomryder51@yahoo.com
Occupation: Retired
Employer: _____

Are you a resident of Bay County: yes all my life

Please list your interests and qualifications for the BABHA Board:

I have served on the Board of BABH from April 2014 until present. I currently serve on six of the seven committees of BABH. I am the BABH representative on Bay County Pension Board and Bay County VTB Board. I am one of two representatives appointed by BABH to serve on the Mid-State Health Network (BABHA parent organization).

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

Date Submitted: 2/15/23

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 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). |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. | | |
| <input type="checkbox"/> | <input checked="" 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

This release/waiver can be revoked at any time.

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 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

This release/waiver can be revoked at any time.

Sara McRae

Subject: FW: Application for Appointment to BABHA

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

Sent: Tuesday, February 28, 2023 2:53 PM

To: Lindsey Arsenault <ArseaultL@baycounty.net>

Subject: Application for Appointment to BABHA

Name: Tammy L Schwerin
Address: 545 S. Garfield Road
CityStateZip: Linwood, Michigan 48634
Home Phone: 9899809635
Business Phone:: 9896860525
Occupation: Self-Employed/Manicurist
Employer: Stylin' -N- Filin' Salon
Resident?: Yes
How Long?: 52 years
Interests: Daily I work one on one with people. A lot of listening and understanding of what things being said is important to help or be able to guide someone to their next step. I have owned Stylin' -N- Filin' Salon for 20 years and have a passion to help people.
Other: Being in the beauty industry, I have worked with many different people. My passion is to help when and where I can.
Email: tammyschwerin@att.net
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): no,I am a state, county or lcal 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): no,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): no, 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): no,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): no,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.

Sara McRae

Subject: FW: Application for BABHA - Sandy Shutt

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

Sent: Wednesday, March 1, 2023 9:55 AM

To: Lindsey Arsenault <ArseaultL@baycounty.net>

Subject: Application for Appointment to BABHA

Name: Sandy Shutt

Address: 5653 Stoney Creek Drive Cortland Farms

CityStateZip: City of Bay City, MI (Utility) (RT25373)

Home Phone: 19895452965

Business Phone:: n/a

Occupation: Registered Nurse-Retired

Employer: McLaren Bay - Retired

Resident?: Yes

How Long?: 64 yrs

Interests: As a health care professional, with over 40+ years of experience, I feel that I would bring additional resource information to this board. Additionally, I am certified in Healthcare Quality, which I would use to augment the current activities in this arena.

Other: As past DHHS Chair, we had discussion to enhance the relationship with BABH and I would want to see this continue. I have worked with multiple government agencies, including CMS on a national level to institute patient standards. I would be honored to complete the vacant 1 year term and am available to assume those duties immediately.

Email: sshutt922@gmail.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): no,I am a state, county or lcal 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): no,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): no, 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): no,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): no,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.

Sara McRae

Subject: FW: Brian Taylor - BABH Application

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

Sent: Tuesday, February 21, 2023 12:53 PM

To: Lindsey Arsenault <ArseaultL@baycounty.net>

Subject: Application for Appointment to BABHA

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

Name: Brian Taylor

Address: 4031 Devonshire Dr

CityStateZip: Bay City, MI 48706

Home Phone: 989-5298042

Business

Phone::

Occupation: Trustee

Employer: Bangor Charter Township

Resident?: Yes

How Long?: 45 years

Interests: I have worked in the nonprofit sector for over 20 years both in the school system and in the non-profit area. The most recent was the COO at SVRC Industries, a company specializing in vocational assistance for people with disabilities.

Other: I am currently a Trustee with Bangor Charter Township sitting on that board as well as the Election committee and Planning Commission.

Email: taylor112774@gmail.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 lcal 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): no,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): no, 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): no,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): no,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.



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
Chris Girard
Ernie Krygier
Robert Luce
Patrick McFarland
Richard Meeth
Sally Mrozinski
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

March 13, 2023

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

Dear Bay County Board of Commisisoners:

On March 31, 2023, four (4) Bay County appointments on the Bay Arenac Behavioral Health Authority (BABH) Board of Directors will expire. These four (4) positions each have a three year term commencing April 1, 2023 and expiring on March 31, 2026.

In addition, there is one (1) vacant Bay County BABH appointment resulting from a previous resignation. This position is to fill a partial uexpired term commencing immediately at appointment and expiring March 31, 2024.

The BABH Nominations Committee met on March 13, 2023 to review the applications received by the Bay County Board of Commissioners. This included a review of the fourteen (14) applications that were received against the board composition requirements of Section 330.1222 of the Michigan Mental Health Code (MHC), Public Act 258 of 1974, as amended.

All of the applicants are eligible for appointment. However, the MHC also includes limitations on board composition for county commissioners and public officials. As a result, no more than (3) of the (5) appointments under consideration by the Bay County Board in 2023 can be a county commissioner or a public official. This limitation is necessary to ensure that the BABH Authority Board remains in compliance with the board composition requirements under state law.

A report from the BABH Nomination Committee is attached for the consideration by the Bay County Board of Commissioners.

Thank you for your attention to this matter. Please contact me at (989) 895-2348 if you have any questions.

Respectfully,

Sara K. McRae
Executive Assistant to the CEO



**Nomination Committee Report
March 13, 2023**

Qualifying Applicants for Membership on the BABH Board of Directors

1. Please appoint four (4) applicants each with a three-year term commencing April 1, 2023 and expiring March 31, 2026
2. Please appoint one (1) applicant with a partial unexpired term commencing immediately and expiring March 31, 2024

Please note that no more than (3) of the (5) total appointments for 2023 can be a public official

James Anderson
Tim Banaszak (Note: Public Official)
Jerome Crete
Dolores Kowalski-Meier
Colleen Maillette (Note: Public Official)
Rick Mastroianni
Richard Meeth
Kathy Niemiec (Note: Public Official)
Justin Peters
Marie (Toni) Reese
Tom Ryder
Tammy Schwerin
Sandy Shutt
Brian Taylor (Note: Public Official)

MENTAL HEALTH CODE (EXCERPT)

Act 258 of 1974

CHAPTER 1 DEPARTMENT OF MENTAL HEALTH

330.1100b Definitions; F to N.

Sec. 100b. (3) "Family member" means a parent, stepparent, 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.

330.1100c Definitions; P to R.

Sec. 100c. (5) "Primary consumer" means an individual who has received or is receiving services from the department or a community mental health services program or services from the private sector equivalent to those offered by the department or a community mental health services program.

330.1100d Definitions; S to W.

Sec. 100d. (1) "Service" means a mental health service or a substance use disorder service.

330.1222 Board; composition; residence of members; exclusions; approval of contract; exception; size of board in excess of MCL 330.1212; compliance.

Sec. 222. (1) The composition of a community mental health services board shall be representative of providers of mental health services, recipients or primary consumers of mental health services, agencies and occupations having a working involvement with mental health services, and the general public.

At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3 at least 1/2 of those members shall be primary consumers.

All board members shall be 18 years of age or older.

(2) Not more than 4 members of a board may be county commissioners, except that if a board represents 5 or more counties, the number of county commissioners who may serve on the board may equal the number of counties represented on the board, and the total of 12 board memberships shall be increased by the number of county commissioners serving on the board that exceeds 4. In addition to an increase in board memberships related to the number of county commissioners serving on a board that represents 5 or more counties, board memberships may also be expanded to more than the total of 12 to ensure that each county is entitled to at least 2 board memberships, which may include county commissioners from that county who are members of the board if the board represents 5 or more counties. Not more than 1/2 of the total board members may be state, county, or local public officials. For purposes of this section, public officials are defined as individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.

(3) A board member shall have his or her primary place of residence in the county he or she represents.

(4) An individual shall not be appointed to and shall not serve on a board if he or she is 1 or more of the following:

(a) Employed by the department or the community mental health services program.

(b) A party to a contract with the community mental health services program or administering or benefiting financially from a contract with the community mental health services program, except for a party to a contract between a community mental health services program and a regional entity or a separate legal or an administrative entity created by 2 or more community mental health services programs under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, or under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536.

(c) Serving in a policy-making position with an agency under contract with the community mental health services program, except for an individual serving in a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, or a regional entity to provide community mental health services.

(5) If a board member is an employee or independent contractor in other than a policy-making position with an agency with which the board is considering entering into a contract, the contract shall not be approved unless all of the following requirements are met:

(a) The board member shall promptly disclose his or her interest in the contract to the board.

(b) The contract shall be approved by a vote of not less than 2/3 of the membership of the board in an open meeting without the vote of the board member in question.

(c) The official minutes of the meeting at which the contract is approved contains the details of the contract including, but not limited to, names of all parties and the terms of the contract and the nature of the board member's interest in the contract.

(6) Subsection (5) does not apply to a board member who is an employee or independent contractor in other than a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, a separate legal or administrative entity established under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, a combination of municipal corporations joined under 1951 PA 35, MCL 124.1 to 124.13, or a regional entity to provide community mental health services.

(7) In order to meet the requirement under subsection (1) related to the appointment of primary consumers and family members without terminating the appointment of a board member serving on March 28, 1996, the size of a board may exceed the size prescribed in section 212. A board that is different in size than that prescribed in section 212 shall be brought into compliance within 3 years after the appointment of the additional board members.

330.1224 Board; terms of members; vacancy; removal from office; compensation; expenses.

Sec. 224. The term of office of a board member shall be 3 years from April 1 of the year of appointment, except that of the members first appointed, 4 shall be appointed for a term of 1 year, 4 for 2 years, and 4 for 3 years. A vacancy shall be filled for an unexpired term in the same manner as an original appointment. A board member may be removed from office by the appointing board of commissioners for neglect of official duty or misconduct in office after being given a written statement of reasons and an opportunity to be heard on the removal. A board member shall be paid a per diem no larger than the highest per diem for members of other county advisory boards set by the county board of commissioners and be reimbursed for necessary travel expenses for each meeting attended. The mileage expense fixed by the county board of commissioners shall not exceed the mileage reimbursement as determined by the state officers compensation commission. A board member shall not receive more than 1 per diem payment per day regardless of the number of meetings scheduled by the board for that day.

History: 1974, Act 258, Eff. Aug. 6, 1975;—Am. 1980, Act 423, Eff. Mar. 31, 1981;—Am. 1990, Act 263, Imd. Eff. Oct. 15, 1990;—Am. 1995, Act 290, Eff. Mar. 28, 1996;—Am. 2014, Act 200, Imd. Eff. June 24, 2014.

March 2023

BABH Board of Directors

March 2023						
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	

April 2023						
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						

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

April 2023

BABH Board of Directors

April 2023						
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 2023						
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 26	27	28	29	30	31	Apr 1
2	3	4 5:00pm Health Care Improvement & Compliance Committee	5	6 5:00pm Recipient Rights Committee	7 Good Friday/BBAH Offices Closed	8
9 Easter	10 5:00pm Facilities & Safety Committee	11	12 5:00pm Finance Committee 5:30pm Bylaws Committee	13 5:00pm Program Committee	14	15
16	17	18 5:00pm Audit Committee	19	20 5:00pm REGULAR BOARD MEETING	21	22
23	24	25 5:00pm Personnel & Compensation Committee	26	27	28	29
30	May 1	2	3	4	5	6