

# MINUTES

## BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS PROGRAM COMMITTEE MEETING

Thursday, August 10, 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:
Chris Girard, Ch	X	_____	_____	Toni Reese	X	_____	_____	BABH: Heather Beson, Joelin Hahn, Heather Friebe, Chris Pinter, Sarah Mulvaney, and Sara McRae Legend: M-Motion; S-Support; MA- Motion Adopted; AB-Abstained
Ernie Krygier, V Ch	_____	X	_____	Colleen Maillette, Ex Off	X	_____	_____	
Robert Luce	X	_____	_____	Richard Byrne, Ex Off	X	_____	_____	
Sally Mrozinski	_____	X	_____					

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call	Committee Chair, C. Girard, called the meeting to order at 5:00 pm.	On motion of R. Byrne and support of R. Luce, S. Mrozinski was excused. The motion passed unanimously.  On motion of C. Maillette and support of R. Luce, E. Krygier was excused. The motion passed unanimously.
2.	Public Input (Maximum of 3 Minutes)	There were not any members of the public present.	
3.	Clinical Program Review 3.1) Arenac Center Services Update, H. Friebe	3.1) H. Friebe provided an update on Arenac Center services noting the staffing capacity, caseloads trending higher than leadership would like, and staff are completing training for evidence-based practices including cognitive based therapy (CBT) and eye movement desensitization and reprocessing (EMDR). H. Friebe also reported the Arenac Center is participating in community initiatives such as school partnerships and partnerships with Recovery Pathways and Ten16 to provide substance use disorder (SUD) services. The referral process for SUD services has been a very collaborative partnership. The medical clinic, case management, group therapy, outreach therapy, jail services, and intake/emergency services are all continuing at the Arenac Center as well. There were general discussions regarding the SUD services and	3.1) No action was necessary

		partnerships and that the Arenac Center is operating at full capacity post COVID.	
4.	Unfinished Business	There was not any unfinished business presented to the Committee.	
5.	<p><b>New Business</b></p> <p>5.1) Dashboard Reports, J. Hahn &amp; H. Beson</p> <p>5.2) Opioid Settlement Funds, C. Pinter</p> <p>5.3) Michigan Department of Health &amp; Human Services (MDHHS) Listening Sessions, C. Pinter</p>	<p>5.1) J. Hahn and H. Beson reviewed the dashboard reports relative to the Committee’s functions. There were general discussions relative to the impacts of COVID on service delivery, the challenges of state facility vacancies, the impacts of telehealth to deliver services, and the trends of Medicaid enrollees in Bay and Arenac Counties.</p> <p>5.2) C. Pinter noted the State guidelines for the Opioid settlement funds have been released and reviewed a list of the covered items. Bay and Arenac County Commissions both filed under this settlement.</p> <p>5.3) C. Pinter reported the Michigan Department of Health and Human Services (MDHHS) has leadership staff that consider community mental health (CMH) agencies as private providers with pecuniary interests, rather than non-profit governmental entities as enshrined in state law. This inaccuracy has implications for compliance with Medicaid requirements. Midstate Health Network (MSHN) and various counties have passed resolution in opposition to CMHs being treated as private providers under the definitions of conflict free access and planning initiatives. MDHHS agreed to obtain broadened stakeholder input on this topic via state-wide listening sessions but subsequently implemented it in such a manner as to exclude certain consumers deemed “too close” to CMH agencies. As a result, only about 120 participants were included in the listening sessions as compared to the more than 200,000 persons that receive Medicaid services statewide. The Community Mental Health Association and its partners are encouraging MDHHS to use a more representative stakeholder engagement process.</p>	<p>5.1) No action was necessary</p> <p>5.2) No action was necessary</p> <p>5.3) No action was necessary</p>

	<p>5.4) School Based Health Center Update, C. Pinter</p>	<p>5.4) C. Pinter provided an update on the school-based health center grant initiative being pursued by the Sterling Area Health Center (SAHC). BABH provided a letter of support originally and has recently been asked to provide staffing support. BABH Leadership has concerns about being a staff provider for SAHC in the current environment as post COVID recruitment has been a challenge particularly in rural areas and BABH is already involved in other competing community initiatives that may need staffing support such as the mental health specialty court in Arenac County. As an alternative, BABH Leadership recommends declining to become a service provider for SAHC and instead, will offer to revise the memorandums of understanding to fast track referrals and service requests from the school-based health centers to assist children and families in a crisis situation. After discussion, the Committee agreed that the option to revise current referral agreements with SAHC is the best option for proceeding at this time</p>	<p>5.4) No action was necessary</p>
<p>6.</p>	<p>Adjournment</p>	<p>On motion of R. Luce and support of C. Maillette, the meeting adjourned at 5:35 pm. The motion passed unanimously.</p>	

  
 Chris Girard, Committee Chair