

AGENDA

BAY ARENAC BEHAVIORAL HEALTH

BOARD OF DIRECTORS

PROGRAM COMMITTEE MEETING

Thursday, December 14, 2023 at 5:00 pm

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

Committee Members: Chris Girard, Ch Ernie Krygier, V Ch Robert Luce Sally Mrozinski	Present _____ _____ _____ _____	Excused _____ _____ _____ _____	Absent _____ _____ _____ _____	Committee Members: Toni Reese Colleen Maillette, Ex Off Richard Byrne, Ex Off	Present _____ _____ _____	Excused _____ _____ _____	Absent _____ _____ _____	Others Present: BABH: Heather Beson, Joelin Hahn, Chris Pinter, and Sara McRae Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained
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	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Requests for Clinical Privileges 3.1) Cynthia Mia, Nurse Practitioner (NP), – Two-Year Renewal Term Expiring December 31, 2025		3.1) Consideration of a motion to refer the clinical privileges for Cynthia Mia, NP, to the full Board for approval
4.	Unfinished Business 4.1) None		
5.	New Business 5.1) Strategic Plan Review 2024 5.2) Arenac Narcan Resupply Strategy 5.3) Capacity Recovery Planning Update 5.4) “Mentality” Link		5.1) No action necessary 5.2) No action necessary 5.3) No action necessary 5.4) No action necessary
6.	Adjournment	M -	S - pm MA

Program Committee

Environmental Scan: **Availability of Community Living Support Services (CLS) for Adults & Children**

Lead Team Member: Heather Beson, Melanie Corrion, Nicole Sweet, **Status:** Revised for 2023
Noreen Kulhanek

Impact on Ability to Accomplish Mission:

Community Living Service staffing is less available than is needed and therefore the demand for services across multiple clinical populations and service settings is not being met.

Opportunities/Threats:

Opportunities:

- Partnering with MALA and other Advocacy organizations to advocate for increase in wages for CLS positions.
- Possibility to look at existing and new provider network/programs to fulfill this gap in services.
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- HCBS rules may require more community-based service provision increasing the need for more CLS;
- North Bay CLS services have been able to assist in supporting other CLS arrangements.
- Potential to increase Self Directed Arrangements utilizing Peer Support Brokers
- MDHHS requirement and implementation of Electronic Visit Verification systems for Personal Care and CLS
- Northbay has moved to community based CLS services

Threats:

- Negative impact on availability of staff during and after pandemic ; increased staffing crisis in CLS including specialized residential settings
- Wages are a barrier to hiring and retaining qualified staff.
- Needed hours of services are generally less than a typical 8-hour shift and reduces the likelihood of being able to hire and retain staff.
- ABA Technicians, Assisted Living Workers, and other similar workers etc. currently make more than the CLS workers.
- Other entry level jobs generally pay more than CLS positions; heightened awareness during pandemic of vulnerability and wage disparities
- As Self Determined arrangements increase, the demand increases for CLS staffing and there is a potential that services will not meet the needs of individuals as identified in their Individual Plan of Service.
- Individuals with high support needs have waited for services which contributes to increased family stress and increased risk of crises.

Strengths/Weaknesses:

Strengths:

- Currently have multiple providers who provide CLS services.
- Provider system is in place with potential individuals who can provide CLS services.
- Direct Care Workers have received permanent post COVID and minimum wage rate increases.
- Implementation of Self-Directed services for people with SPMI.
- Have been able to pay a differential rate for Arenac County CLS.
- Have included the CLS Leadership Providers at Residential Meetings with BABHA staff.
- North Bay is providing CLS services and has successfully met HCBS rule requirements
- North Bay and Horizon Home staff have successfully supported a variety of emergent situations and has stabilized those situations. Transitions to new providers have been smooth as a result of the Crisis Team interventions.
- Have expanded CLS Services with the Vocational providers to include new consumers.
- BABHA has vehicles for each of the internal programs and Client Services Specialist assist with transportation when possible.
- Hired a Peer Support Broker and expanding the self-directed services for individuals with SPMI
- Development of the CLS Assessment tool and implementation of the CLS Approval Committee to achieve more consistency in the approval of CLS services.
- Have added a new CLS provider in Arenac County for children

Weaknesses:

- The individualized nature of CLS services creates a situation that makes it difficult to hire adequate staffing, i.e. small numbers of hours needed per person per day.
- Uncertainty of the financial environment.
- Lack of resources in Arenac County for CLS staffing.
- There continues to be a lack of available CLS workers in Arenac County despite providers efforts to provide this service.
- CLS services provided by the vocational providers has created additional concerns related to potential issues related to

- HCBS rule implementation may create a situation that will require more use of CLS and there is already a wait list for these services.
- Changes that add administrative burdens to implement the 1915(i) process.
- Conflict Free Access and Planning Work at MDHHS is a threat and could affect our Horizon Home and Case Management services.
- medical necessity, duplication of services and the identified goals of CLS provided by the voc. Providers.
- Self Determination and provision of self-directed services are inherently higher risk for abuse and fraud.
- Reimbursement rate doesn't cover provider transportation costs to send a staff from Bay County to Arenac. ? Clarification on rate differential for Arenac.
- Long wait lists due to providers not having staff to do the work.
- DNMM has ended their Independent Facilitation and now the only provider in Bay and Arenac County is the Arc of Bay County.

Summary of Strategic Area

- Expand North Bay CLS services and include **assisting in crisis situations**
- Identify more self-determination, **Agency of Choice** and fiscal intermediary options
- Assist providers and families with maintaining staffing and increase the ability to handle workforce challenges, crises and people with challenging behaviors
- **Advocate for Statewide efforts for DCW wage increases and professional certification**

Environmental Scan:

Stabilization and Long-Term Viability of Residential System

Lead Team Member:

Heather Beson, Melanie Corrion, Sarah Van Paris

Status:

Revise for 2024

Impact on Ability to Accomplish Mission:

- Services with long "episodes of care" are highly sensitive to changes in the economy, and there is a tendency for staff turnover warranting close monitoring to ensure continuing effectiveness

Opportunities/Threats:

Opportunities

- Home and Community Based Services (HCBS) revised rules may promote the development of more individualized and integrated living situations
- BABHA financial picture more stable than previous years. ? not sure this is accurate this year
- MDHHS has approved increases that have helped retain staff. There are several advocacy groups working to increase the wages of DCW and competencies of that workforce.
- North Bay has moved to community based CLS services.
- Higher wages may increase quality
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- More individuals living arrangements may be developed

Threats

Strengths/Weaknesses:

Strengths

- Multiple providers. Numerous homes in both counties which gives us options
- Longevity of providers both with BABHA and experience overall.
- Provider commitment/buy in for Gentle Teaching
- Provider have made progress with the Quality of Life Initiative
- BABHA Group Home Training. Web based training has been positive for some. COVID has forced us to look at accepting alternative trainings for the direct care workers.
- Providers open to other financial arrangements
- Most providers haven't refused to provide service – always willing to help even with financial concerns
- Many truly care about the people we support
- Several successful crisis interventions utilizing a Crisis Team to assist in transitions.

- Licensing consultants – not on same page, suggesting guardianship, recommending provider gives emergency notice for behavioral challenges
 - Population aging so seeing increase in dementia/Alzheimer’s
 - HCBS revised rules and identification of ‘Heightened Scrutiny’ status for some providers.
 - Providers may not be able to meet HCBS rules or may choose not to meet HCBS rules and opt out of providing services for people with Medicaid.
 - ABA Benefit expansion – brings increased financial costs and wages are higher than Residential DCW’s causing a problem with retention of Staff
 - Competition for low wage jobs
 - Losing long term direct care staff with experience and passion
 - Seeing people w/higher support needs (autism, aggression, personal care)
 - Affordable Care Act requirements – effecting some providers
 - Planned minimum wage increases (increased cost to BABHA)
 - Providers saying they cannot meet needs with current reimbursement
 - Providers having difficulty w/challenging behaviors.
 - High staff turnover rate in homes (direct care workers and managers) and difficulty recruiting
 - Home staff have multiple personal/social issues (low income, single parents...)
 - Lack transition options
 - Ongoing Collaboration related to working through the HCBS rules and implementation, developing Plans of Correction and to address Heightened Scrutiny status.
 - Pass through on DCW wage increase to providers and increase in minimum wage
 - Quality of Life Mentor hired, trained and providing services in the Specialized Residential Homes
- Weaknesses
- Not enough supported independent living options
 - Center for Positive Living Supports no longer does mobile crisis team.
 - Funds for Self Determination limited
 - Low direct care wages – state assistance level wages – many on Medicaid/Healthy Michigan Plan (HMP)
 - Home managers not getting support they need from their corporations
 - Vacant bed expenses
 - Overtime/long hours. Large number are working multiple jobs.
 - Providers look to us for the answers in a crisis – have limited solutions of their own (some providers better than others)
 - Lease rates of some facilities may be above market
 - Need more barrier free homes
 - Pressure and cost related to constant training
 - Support for high need people (behavioral challenges, dementia)
 - Gentle Teaching training is stand-alone – costs providers so they don’t send staff
 - Other counties direct staff wages are higher – they have provided increases, bonuses, annual percentage increases to contracts
 - Lack of safe, affordable housing in Arenac County.

Summary of Strategic Area

- Consolidate traditional specialized residential bed capacity to reduce system vacancies
- Explore development of more direct operated living arrangements to be able to provide services for individuals with higher behavioral needs
- Include **debrief counseling** and other supports to residential provider network

Environmental Scan: **Integration with Substance Use Disorder Treatment and Prevention**

Lead Team Member: Joelin Hahn, Heather Friebe

Status:

Impact on Ability to Accomplish Mission:

- BABHA must be responsive to changes in the prevalence of health conditions in the environment in which it operates
- BABHA must address necessary shifts in resources and respond in a timely manner in response to shifting community

needs.

Opportunities/Threats:

- Minimal availability of SUD providers in Arenac Co.
- Increased Substance Use during the COVID-19 pandemic
- Availability of Opioid Settlement funds.
- Working with medical community
- Increasing training and collaboration with community partners
- Limited financial resources for substance use disorders
- More dangerous substances in communities
- Increased access to drugs
- Expansion of Medicaid/SUD Behavioral Health benefit
- Increase in availability of potential grant funding
- Continuation of problems with underage alcohol use

Strengths/Weaknesses:

- BABHA Access and ES staff continue to provide SUD screening, referring and coordination to Arenac, Bay, Huron and Tuscola Counties
- Standish The Well Outreach, Recovery Pathways, Ten16, and Peer 360 interested in collaboration to develop SUD continuum in Arenac County
- Collaboration and partnership with court system and law enforcement in Bay County.
- Participation in Project ECHO, Bay County Prevention Network (BCPN), Arenac Drug and Alcohol Containment Task Force (ADACT), and the Heroin Task Force
- Participation with Great Lakes Bay Families Against Narcotics (FAN).
- Expanded community education and distribution of Narcan kits
- Obtaining Narcan and harm reduction vending machines in both Arenac and Bay Counties.
- Program/Provider development to increase co-occurring enhanced services.
- Bay and Arenac Counties both have local coalitions to address SUD public health issues
- Lack of access to detox and residential services in Bay and Arenac Counties
- Limited available programs/services in Arenac County to meet needs of expanded benefit packages
- Limited transportation to out-county SUD facilities
- Lack of recovery housing in Arenac and Bay Counties
- BABHA's Bay Consumer Advisory Council is supportive
- Breadth of staff competencies in SUD treatment and prevention is improving, but is not as broad as needed
- MCBAP requiring supervisors to have specific supervision credential which takes two years
- MSHN system and funding design continues to encourage segregated mental health and SUD service systems

Summary of Strategic Area

- Expanded referral and treatment options/supports for SUD services
- Assist **Arenac County in establishment of Recovery Court** and continued expansion of SUD services

Environmental Scan:

Evidence-Based and Best Practices in Clinical Service Delivery

Lead Team Member:

Joelin Hahn, Heather Friebe, Allison Gruehn,
Nicole Sweet

Status:

Impact on Ability to Accomplish Mission:

- Use of validated practices supports achievement of clinical outcomes and therefore the organizational mission

Opportunities/Threats:

Opportunities:

- Continued operationalization of culture of gentleness (Region 5-AFP 2013, 5.1.7)

Strengths/Weaknesses:

Strengths:

- Already have multiple Best Practices and EBP's implemented.

- Internal quality oversight equivalent to oversight of contracted provider network and measurement of clinical outcomes/ evidence-based practices
 - Continued operationalization of recovery oriented and trauma informed system(s) of care – with a link to integration of care efforts and including attention to co-occurring capacity within the organization in light of recent personnel changes (Region 5-AFP 2013, 5.5 Recovery), see MH Commission Wellness Plan - #5 societal impact, data/outcome, anti-stigma
 - Utilization of effective services will improve the lives of consumers and reduce costs.
 - Development of outcome measures will assist in thoughtful implementation of clinical practices.
 - Partnering with local colleges who educate criminal justice students
- Threats:
- Limited finances can prohibit some of the more expensive EBP's.
 - Focus on more pressing threats, including COVID-19, has created less attention on implementing EBP.
 - With the focus on efficiency and with staff adding on more individuals to their caseloads, it leaves less time to focus on the more time consuming EBP.
 - With a greater focus on reduction in revenue, focus on EBP's may become less in the forefront.
- Agency commitment to providing quality services.
 - Agency has already developed and implemented pilot projects that have increased the quality of life and reduced costs of services.
 - Systems are in place to support ongoing implementation of these practices.
 - Successful Mi-FAST (fidelity) Reviews have been conducted and improvement continues in the existing EBP's.
 - BABHA's Bay Consumer Advisory Council is supportive
 - BABHA financial status has stabilized and it's likely that more resources may be able to be invested in EBP's.
 - Arenac Center therapists have been trained in SUD and Trauma Group Curriculum and began to implement groups prior to the pandemic.
 - Currently have Individual Placement Supports and Outcome Based Supported Employment models for vocational services.
- Weaknesses:
- Lack of Peer and Parent Support options in both counties
 - Loss of champions for these practices and reduction in trained staff/loss of workforce.
 - Multiple directions and many changes for the agency.
 - Lack of specific Trauma Treatment methods for adults.
 - Lack of knowledge between ABA providers and the Specialized Residential staff on the different philosophies and methods of treatment.
 - Turnover of staff
 - Reduction of the EBP's that have been utilized in the past

Summary of Strategic Area

- Continue enhancement of trauma-informed care and support options
- Expansion of mobile response **and peer support options**
- **Establishment of parent support partners and youth peer support services**
- **Implementation of MDHHS Infant and Early Childhood Mental Health Consultation grant**
- **Expand staff competencies in identified Evidence Based methods**



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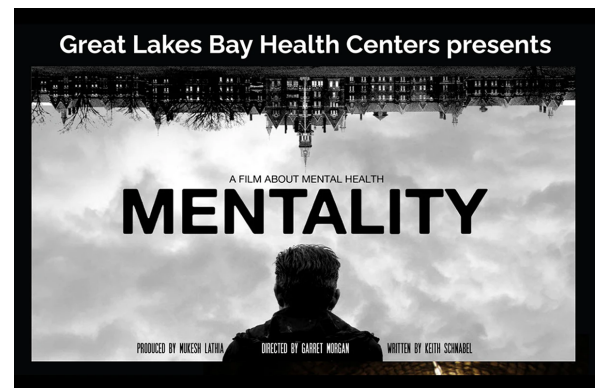
SVSU (/) / Newsroom (/newsroom/)

November 9, 2022

SVSU to present award-winning documentary "Mentality"

Film tracks evolution of mental health treatment through stories of patients, professionals

Saginaw Valley State University in partnership with Great Lakes Bay Health Centers will screen the award-winning documentary "Mentality," about the evolution of mental health treatment, followed by a Q&A with director Garret Morgan, a filmmaker based in Marquette, and producer Mukesh Lathia, M.D., a psychiatrist with Great Lakes Bay Health Centers – Bay City. The event will take place on Saturday, Nov. 12 at 1:30 p.m. in the Rhea Miller Recital Hall inside Curtiss Hall. It is free and open to the public.



David Nichols, associate professor of philosophy, said the film sheds light on current challenges facing patients of mental illness and demonstrates a need for structural changes to the mental health system.

Lathia, the producer, added, "Over the three years that this film was made, the need for mental health services has increased exponentially. Time and again we have met with people who can't get the help they need. Sometimes it's a question of access, sometimes stigma, sometimes denial. Our hope for this film is to help explain these nuances and start a broader conversation."

Nichols said that "Mentality" has been showing throughout Michigan. Lathia approached SVSU about screening the film at the university. Nichols and his colleagues readily agreed, citing the learning opportunity for students and faculty, including the opportunity to talk with the producer and director about their direct experiences with mental illness patients, physicians and health centers.

Faculty in SVSU's philosophy and psychology departments planned the event, which is sponsored by the Office of the President at SVSU and Great Lakes Bay Health Centers.

"We are hopeful that this will open new opportunities for collaborative work on mental health between the university and Great Lakes Bay Health Centers," Nichols added.

The runtime of "Mentality" is just under 1 hour and 16 minutes. Doors open one hour before the showing; registration is not required.

A trailer of the film can be seen here: <https://mentalitymovie.com/> (<https://mentalitymovie.com/>).