BOARD OF DIRECTORS
REGULAR MEETING

Thursday, January 18, 2024 at 5:00 pm
William B. Cammin Clinic, Bay Room, 1010 N. Madison Avenue, Bay City, MI 48708

AGENDA

Page

1. CALL TO ORDER & ROLL CALL

2. PUBLIC INPUT (3 Minute Maximum Per Person)

3. REGULAR BOARD MEETING, 12/21/2023 – Distributed
   3.1 Motion on minutes as distributed

4. HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE, 1/3/2024 – Distributed – Pawlak, Ch/Luce, V Ch
   No motions were forwarded to the full Board
   4.1 Motion on minutes as distributed

5. RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE, 1/4/2024 – Distributed – McFarland, Ch/Mrozinski, V Ch
   No motions were forwarded to the full Board
   5.1 Motion on minutes as distributed

6. FACILITIES & SAFETY COMMITTEE, 1/8/2024 – Distributed – Luce, Ch/Maillette, V Ch

4, 5 6.1 Res# 2401001: Approve the Facilities January 2024 Contract List – *See page 4 resolution sheet & page 5*

   6.2 Motion on minutes as distributed

7. FINANCE COMMITTEE, 1/10/2024 – Distributed – Krygier, Ch/Mrozinski, V Ch

6-7 7.1 Motion to accept investment earnings balances for period ending December 31, 2023 – *See pages 6-7*

4, 8 7.2 Res# 2401002: Approve the Finance January 2024 contract list – *See page 4 resolution sheet & page 8*

9 7.3 Motion to accept Overview of Community Mental Health Service Program (CMHSP) Medicaid, General Fund, and Local Revenue Streams – See page 9

   7.4 Motion on minutes as distributed

BAY ARENAC BEHAVIORAL HEALTH

BOARD OF DIRECTORS
REGULAR MEETING

Thursday, January 18, 2024 at 5:00 pm
William B. Cammin Clinic, Bay Room, 1010 N. Madison Avenue, Bay City, MI 48708

AGENDA

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8. BYLAWS & POLICIES COMMITTEE, 1/10/2024 – Distributed – Krygier, Ch/Mrozinski, V Ch
4, 10-11 8.1 Res# 2401003: Approve the policy, Organizational Credentialing, 8-6-6, to begin 30-day review – *See page 4 resolution sheet & pages 10-11*
8.2 Motion on minutes as distributed

9. PROGRAM COMMITTEE, 1/11/2024 – Distributed – Girard, Ch/Krygier, V Ch
4 9.1 Res# 2401004: Approve clinical privileges for Usha Movva, MD – *See page 4 resolution sheet*
4 9.2 Res# 2401005: Approve clinical privileges for Melissa Wazny, PMHNP-BC – *See page 4 resolution sheet*
4 9.3 Res# 2401006: Approve clinical privileges for Andrew Meyer, DO – *See page 4 resolution sheet*
9.4 Motion on minutes as distributed

10. AUDIT COMMITTEE, 1/16/2024 – Distributed – McFarland, Ch/Pawlak, V Ch
4, 12-18 10.1 Res# 2401007: Accept financial statements – S*ee page 4 resolution sheet & pages 12-18*
4, 19-22 10.2 Res# 2401008: Accept electronic fund transfers – *See page 4 resolution sheet & pages 19-22*
4, 23 10.3 Res# 2401009: Approve disbursement & health care claims payments – *See page 4 resolution sheet & page 23*
10.4 Motion on minutes as distributed

11. REPORT FROM ADMINISTRATION
24-27 11.1 State Health Policy Updates – *See pages 24-27*
11.2 Bay and Arenac County Updates

12. UNFINISHED BUSINESS
12.1 None

BAY ARENAC BEHAVIORAL HEALTH

BOARD OF DIRECTORS
REGULAR MEETING

Thursday, January 18, 2024 at 5:00 pm
William B. Cammin Clinic, Bay Room, 1010 N. Madison Avenue, Bay City, MI 48708

AGENDA

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13. NEW BUSINESS
    13.1 Strategic Plan 2024
28-33 Consideration of motion to approve the 2024 BABH Strategic Plan – *See pages 28-33 & plan attached to back of packet*
    13.2 February Meeting Schedule
34 All Board Committee meetings will continue to be held at the William B. Cammin Clinic, 1010 N. Madison Avenue, Bay City, MI 48708 for the month of February, 2024. The February full Board meeting will be held at The Arenac Center, 1000 W. Cedar Street (M-61), Standish, MI 48658 – *See page 34*
    13.3 Community Mental Health Association (CMHA) 2023 Winter Conference
    The CMHA 2023 Winter Conference is scheduled for Tuesday & Wednesday, February 6 & 7, 2023 at the Radisson Plaza Hotel at Kalamazoo Center

14. ADJOURNMENT

BAY ARENAC
BEHAVIORAL HEALTH

BOARD OF DIRECTORS
REGULAR MEETING

Thursday, January 18, 2024 at 5:00 pm
William B. Cammin Clinic, 1010 N. Madison Avenue, Bay City, MI 48708

RESOLUTIONS

Facilities & Safety Committee, January 8, 2024

Res# 2401001: Resolved by Bay Arenac Behavioral Health to approve the Facilities January 2024 contract list.

Finance Committee, January 10, 2024

Res# 2401002: Resolved by Bay Arenac Behavioral Health to approve the Finance January 2024 contract list.

Bylaws & Policies Committee, January 10, 2024

Res# 2401003: Resolved by Bay Arenac Behavioral Health to approve the policy, Organizational Credentialing 8-6-6, to begin 30-day review.

Program Committee, January 11, 2024

Res# 2401004: Resolved by Bay Arenac Behavioral Health to approve the clinical privileges for Usha Movva, MD, for a two-year renewal term expiring January 31, 2026.

Res# 2401005: Resolved by Bay Arenac Behavioral Health to approve the clinical privileges for Melissa Wazny, PMHNP-BC, for a one-year provisional term expiring January 31, 2025.

Res# 2401006: Resolved by Bay Arenac Behavioral Health to approve the clinical privileges for Andrew Meyer, DO, for a one-year provisional term expiring January 31, 2025.

Audit Committee, January 16, 2024

Res# 2401007: Resolved by Bay Arenac Behavioral Health to approve the Financial Statements for period ending December 31, 2023.

Res# 2401008: Resolved by Bay Arenac Behavioral Health to approve the electronic fund transfer (EFTs) for period December 31, 2023.

Res# 2401009: Resolved by Bay Arenac Behavioral Health to approve the disbursements and health care payments from December 25, 2023 through January 19, 2024.

Bay-Arenac Behavioral Health
Facilities Committee
Summary of Proposed Contracts
January 2024

			Old Rate	New Rate	Term
1	R	**McLaren Bay Region**			
		Lease of office space in Emergency Services area, 1900 Columbus, Bay City	$695/month	$723/month	12/1/23-11/30/24

R = Renewal with rate increase since previous contract
D = Renewal with rate decrease since previous contract
S = Renewal with same rate as previous contract
ES = Extension

M = Modification
N = New Contract/Lease
NC = New Consumer
T = Terminate

Bay-Arenac Behavioral Health Authority
Estimated Cash and Investment Balances December 31, 2023

Balance December 1, 2023	9,620,440.48
Balance December 31, 2023	7,900,782.64
Average Daily Balance	7,550,645.29
Estimated Actual/Accrued Interest December 2023	27,554.13
Effective Rate of Interest Earning December 2023	4.38%
Estimated Actual/Accrued Interest Fiscal Year to Date	63,165.10
Effective Rate of Interest Earning Fiscal Year to Date	4.20%

Note: The Cash and Investment Balances exclude Payroll and AP related Cash Accounts.

Cash Available - Operating Fund

	Rate	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Beg. Balance Operating Funds - Cash,													
Cash equivalents, Investments		6,239,568	5,801,955	5,531,567	4,929,028	4,145,850	3,560,754	2,822,426	3,940,689	3,431,903	4,022,437	3,285,926	8,549,839
Cash in		4,869,398	5,256,044	5,799,795	6,405,791	7,365,485	6,140,991	9,939,499	6,328,711	12,694,585	11,257,050	21,945,755	11,552,037
Cash out		(5,307,011)	(5,526,431)	(6,402,334)	(7,188,968)	(7,950,581)	(6,879,319)	(8,821,236)	(6,837,497)	(12,104,052)	(11,993,562)	(16,681,841)	(12,645,602)
Ending Balance Operating Fund		5,801,955	5,531,567	4,929,028	4,145,850	3,560,754	2,822,426	3,940,689	3,431,903	4,022,437	3,285,926	8,549,839	7,456,274
Investments													
Money Markets		5,801,955	5,531,567	4,929,028	4,145,850	3,560,754	2,822,426	3,940,689	3,431,903	4,022,437	3,285,926	8,549,839	7,456,274
90.00													
180.00													
180.00													
270.00													
270.00													
Total Operating Cash, Cash equivalents, Invested		5,801,955	5,531,567	4,929,028	4,145,850	3,560,754	2,822,426	3,940,689	3,431,903	4,022,437	3,285,926	8,549,839	7,456,274
Average Rate of Return General Funds		1.86%	1.93%	2.03%	2.14%	2.25%	2.41%	2.51%	2.60%	2.69%	3.82%	3.96%	4.01%
		2.09%	2.24%	2.50%	2.81%	3.01%	3.66%	3.46%	3.51%	3.71%	3.82%	4.09%	4.13%
average		6,329,471	6,169,890	5,963,080	5,703,476	5,435,635	5,145,279	5,024,820	4,880,009	4,808,545	3,285,926	5,917,883	6,430,680

Cash Available - Other Restricted Funds

	Rate	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Beg. Balance-Other Restricted Funds -													
Cash, Cash equivalents, Investments		424,765	426,097	427,405	428,924	430,428	432,047	433,645	435,308	437,156	438,953	440,817	442,629
Cash in		1,332	1,308	1,519	1,504	1,619	1,598	1,663	1,849	1,797	1,864	1,812	1,880
Cash out													
Ending Balance Other Restricted Funds		426,097	427,405	428,924	430,428	432,047	433,645	435,308	437,156	438,953	440,817	442,629	444,508
Investments													
Money Market		426,097	427,405	428,924	430,428	432,047	433,645	435,308	437,156	438,953	440,817	442,629	444,508
91.00	0.70%												
91.00	1.10%												
91.00	1.15%												
91.00	1.35%												
90.00	1.70%												
91.00	2.05%												
90.00	2.15%	-	-	-	-	-	-	-	-	-	-	-	-
365.00	80.00%												
Total Other Restricted Funds		426,097	427,405	428,924	430,428	432,047	433,645	435,308	437,156	438,953	440,817	442,629	444,508
Average Rate of Return Other Restricted Funds		2.98%	3.19%	3.32%	3.47%	3.58%	3.68%	3.76%	3.88%	3.97%	5.00%	5.00%	5.00%
		3.41%	4.00%	4.00%	4.35%	4.35%	4.50%	4.50%	5.00%	5.00%	5.00%	5.00%	5.00%
average		424,251	424,882	425,556	426,252	426,976	427,717	428,476	429,265	430,073	440,817	441,723	442,651
Total - Bal excludes payroll related cash accounts		6,228,052	5,958,972	5,357,952	4,576,278	3,992,801	3,256,071	4,375,997	3,869,059	4,461,390	3,726,743	8,992,468	7,900,783
Total Average Rate of Return		1.93%	1.99%	2.09%	2.17%	2.25%	2.34%	2.41%	2.51%	2.58%	4.04%	4.08%	4.20%

Bay-Arenac Behavioral Health
Finance Council Board Meeting
Summary of Proposed Contracts
January 10, 2024

			Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES							
Clinical Services							
1	S	**Calhoun County Community Mental Health Authority DBA Summit Pointe** Continuation of services for 1 BABHA individual residing at an out-of-county placement *Medication Reviews* *Targeted Case Management* *Psychiatric Evaluation* *Individual Therapy*	 $40 - $160 $116 $160 $67 - $132	 Same Same Same Same	1/29/24 - 1/28/25	Y	N
2	M	**Superior Care of Michigan** Residential services to 1 BABHA consumer	$264.90/day	$274.40/day	10/1/23 - 1/24/24	Y	N
3	R	**Superior Care of Michigan** Residential services to 1 BABHA consumer	$274.40/day	Same	1/25/24 - 1/24/25	Y	N
4	N	**Mid-Michigan Specialized Residential DBA Bertram Haus LLC** Residential services to 1 BABHA consumer	$0	$550/day	1/10/24 - 9/30/24	Y	N
5	N	**Linda Winningham, RD** Dietary services: *Nutritional counseling* *Nutritional assessment* *Nutritional re-assessment* *Treatment plan* *Treatment plan monitoring*	 $0	 $91/event $49/unit $46/unit $110/event $85/event	1/19/24 - 9/30/24	Y	N
6	N	**Hope Network Southeast** Bay Valley Home (individuals currently at Union Home)	$0	Contract Maximum: $393,464 Cost Settled Contract	1/19/24 - 9/30/24	Y	N
Admin/Other Services							
7	N	**MOU - Recovery Court** Addresses responsibilities and requirements for maintaining compliance with the Michigan Drug Court Statute	$0	$0	1/19/24 - Ongoing	Y	N
8	S	**CAN Council** Commitment to follow protocols & procedures related to child safety and welfare - Arenac County	$0	$0	1/19-24 - Ongoing	Y	N
9	S	**CAN Council** Commitment to follow protocols & procedures related to child safety and welfare - Bay County	$0	$0	1/19-24 - Ongoing	Y	N
10	N	**David Gaffney** Ethics & Pain Management training		$2,800 plus mileage & meal allowance	4/18/24-10/22/24	Y	N
SECTION II. SERVICES PROVIDED BY THE BOARD (REVENUE CONTRACTS)							
SECTION III. STATE OF MICHIGAN GRANT CONTRACTS							
SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL							
11	R	**The Doctors Company** Professional liablity insurance, Dr. Roderick Smith	$5,246	$5,021	2/1/24-2/1/25	N/A	N

R = Renewal with rate increase since previous contract
D = Renewal with rate decrease since previous contract
S = Renewal with same rate as previous contract
ES = Extension
M = Modification
N = New Contract/Provider
NC = New Consumer
T = Termination

Footnotes:

4 This home is pending HCBS provisional approval.

COMMUNITY MENTAL HEALTH SERVICES PROGRAMS (CMHSP)
Overview of Funding Streams
January, 2024

Medicaid Capitation Revenue

- Received through Mid-State Health Network PIHP, a CMHSP entity under Section 330.1204b
- Nearly $650 Million for 12 CMHSPs covering 21 counties
- Annual Medicaid Revenue for Bay-Arenac ranges from **$44-50 Million** (excluding Healthy MI and Autism below)
- Annual Healthy MI (i.e. ACA Medicaid expansion) revenue just over **$4 Million**
- Annual Autism revenue just over **$5 Million**

State of Michigan General Fund Appropriation

- *MI Mental Health Code Sections 330.1202 and 1308 (requires state support; establishes threshold)*
- Formerly 75-90% of CMHSP Operations
- Nearly $3.8 Million as recently as 2010
- Current appropriation: **$1.6 Million**

County Appropriation

- *MI Mental Health Code Sections 330.1204 and 1302 (enables CMHSP creation; establishes county financial support)*
- Formerly 10-25% of nearly all CMHSP operations, i.e. "local or county match"
- Residential services were excluded to encourage development
- Frozen at 2001 level due to creation of CMHSP Authority under *Section 330.1205*
- Annual Appropriations 2001-2024: **$787,000** ($682,000 Bay County; $105,000 Arenac County)
- Annual CMHSP "Local Match" Obligations:
    - *Mental Health Code Section 330.1302* 10% of net cost for general fund and state inpatient facility operations. Expense ranges between **$200,000 - $300,000**
    - *MDHHS Appropriations Act Section 928*. Expense of nearly **$215,000**

CMHSP Special Fund Account

- *MI Mental Health Code Section 330.1226a*
- Permits accumulation of local 1st and 3rd party revenue separately from earned revenue under state contracts
- Maintenance of effort requirements *per Section 330.1311* (county financial support as of September 30, 1980)
- Annual revenue of approximately: **$450,000**

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 8	**Fiscal Management**		
Section: 6	**Contract Management**		
Topic: 6	**Organizational Credentialing**		
Page: 1 of 2	**Supersedes Date:** **Pol:** **Proc: 5-18-17, 2-18-16**	**Approval Date:** **Pol: 2-18-16** **Proc: 8-4-2020**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 1/10/2024. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to ensure the competency and qualifications of the service delivery network in the provision of specialty services and supports by credentialing and re-credentialing selected new and existing organizations in its contracted provider network prior to contract initiation~~, renewal, and extension~~ and at least every two years. ~~These guidelines apply to in-network organizational providers serving more than one (1) individual consumer and receiving claims reimbursement in excess of $50,000.00 per fiscal year, or as deemed necessary by clinical leadership and contract management staff.~~

Purpose

This policy and procedure is created to ensure consumers receive the highest quality of care from the provider network by assuring that contracted organizational providers, as defined in this policy, meet the criteria and qualifications set forth by BABHA.

Education Applies to

☐ All BABHA Staff
☒ Selected BABHA Staff, as follows: Contract & Finance Management, Clinical Leadership, Quality Improvement, and Recipient Rights/Customer Services
☐ All Contracted Providers: ☐ Policy Only ☐ Policy and Procedure
☒ Selected Contracted Providers, as follows: All Contracted Provider Organizations, as defined in this policy and procedure. ☐ Policy Only ☒ Policy and Procedure
☐ Other:

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 8	**Fiscal Management**		
Section: 6	**Contract Management**		
Topic: 6	**Organizational Credentialing**		
Page: 2 of 2	**Supersedes Date:** **Pol:** **Proc: 5-18-17, 2-18-16**	**Approval Date:** **Pol: 2-18-16** **Proc: 8-4-2020**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
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SUBMISSION FORM				
AUTHOR/ REVIEWER	**APPROVING BODY/COMMITTEE/ SUPERVISOR**	**APPROVAL /REVIEW DATE**	**ACTION (Deletion, New, No Changes, Replacement or Revision)**	**REASON FOR ACTION - If replacement list policy to be replaced**
E. Lewis	M. Rozek	01/13/16	New, Replacement	New P&P; replaces AAM Technical Requirement 2-2 Organizations Process.
E. Lewis	M. Rozek	5/18/17	Revision	Added tertiary providers to I.2 due to potential for professional staff employed at these agencies
E. Lewis	E. Lesniak	11/26/18	No Changes	Triennial Review
E. Lewis	E. Lesniak	8/4/2020	Revision	Revised per new MDHHS Provider Fitness criteria
S. Gunsell	M. Rozek	9/30/21	Revision	Triennial review, format changes
S. Gunsell	M. Rozek	1/8/24	Revision	Revised to align with the MDHHS Credentialing and Recredentialing Processes and MSHN policies/procedures on Credentialing and Recredentialing – Organizational Providers and Provider Network Credentialing/Recredentialing.

Bay-Arenac Behavioral Health
Financial Statements
For Period Ending 12/31/2023

Certified for Accuracy

Accounting Manager

Chief Financial Officer

Bay-Arenac Behavioral Health Statement of Net Assets

Bay-Arenac Behavioral Health Consolidated Income Statement:

By Month to Date

By Year to Date

Bay-Arenac Behavioral Health Reconciliation of Fund Balance:

Bay-Arenac Behavioral Health Reconciliation of Unreserved Fund Balance:

Bay-Arenac Behavioral Health Fund Balance Summary:

Bay-Arenac Behavioral Health Cash Flow Statement

Bay-Arenac Behavioral Health Projected Cash Flows

Bay Arenac Behavioral Health
Statement of Net Assets

		Column Identifiers A	B	C	
1	**ASSETS**		**Dec 31, 2023**	**Sept 30, 2023**	
2	**Current Assets**				
3	Cash and cash equivalents		$7,014,829.91	$3,022,671.86	
4	Consumer and insurance receivables		233,600.19	250,600.73	
5	Due from other governmental units		3,217,544.01	7,068,212.79	
6	Contract and other receivables		320,835.55	589,887.89	
7	Interest receivable		0.00	0.00	
8	Prepaid items		209,916.49	172,069.24	
9	**Total Current Assets**		**10,996,726.15**	**11,103,442.51**	(3+4+5+6+7+8)
10	**Noncurrent Assets**				
11	**Cash and cash Equivalents - restricted**				
12	Restricted for compensated absences		1,497,871.44	1,492,316.16	
13	Restricted temporarily - other		143,884.98	88,421.11	
14	**Cash and Cash Equivalents - restricted**		**1,641,756.42**	**1,580,737.27**	(12+13)
15	**Capital Assets**				
16	Capital assets - land		424,500.00	424,500.00	
17	Capital assets - depreciable, net		6,384,206.87	6,384,206.87	
18	Capital assets - construction in progress		-	-	
19	GASB 87 Right to Use Bldg		2,272,819.47	2,272,819.47	
20	Accumulated depreciation		(4,385,937.51)	(4,327,754.83)	
21	**Capital Asset, net**		**4,695,588.83**	**4,753,771.51**	(16+17+18+19+20)
22	**Total Noncurrent Assets**		**6,337,345.25**	**6,334,508.78**	(14+21)
23	**TOTAL ASSETS**		**17,334,071.40**	**17,437,951.29**	(9+22)
24	**LIABILITIES**				
25	**Current Liabilities**				
26	Accounts payable		2,065.50	3,748,831.73	
27	Accrued wages and payroll related liabilities		539,146.43	83,713.19	
28	Other accrued liabilities		3,768,455.07	569,539.06	
29	Due to other governmental units		247,389.00	250,747.00	
30	Deferred Revenue		2,503.73	2,503.73	
31	Current portion of long term debt		16,212.86	16,212.86	
32	Other current liabilities		-	-	
33	**Total Current Liabilities**		**4,575,772.59**	**4,671,547.57**	(26+27+28+29+30+31+32)
34	**Noncurrent Liabilities**				
35	Long term debt, net of current portion		242,868.40	246,873.29	
36	GASB 87 Noncurrent Lease Liability		1,699,121.29	1,699,121.29	
37	Compensated absences		1,490,289.16	1,462,345.88	
38	**Total Noncurrent Liabilities**		**3,432,278.85**	**3,408,340.46**	(35+36+37)
39	**TOTAL LIABILITIES**		**8,008,051.44**	**8,079,888.03**	(33+38)
40	**NET ASSETS**				
41	**Fund Balance**				
42	Restricted for capital purposes		3,966,653.00	3,966,653.00	
43	Unrestricted fund balance - PBIP		2,377,601.32	2,377,601.32	
44	Unrestricted fund balance		2,981,765.64	3,013,808.94	
45	**Total Net Assets**		**$9,326,019.96**	**$9,358,063.26**	(42+43+44) and (23-39)

Bay Arenac Behavioral Health
For the Month Ending Dec 31, 2023
Summary of All Units

	A	Column Identifiers B	C	D	E (C-D)	F (C / D)	G	
		Dec Actual	2024 YTD Actual	2024 YTD Budget	Variance	% to Budget	2024 Monthly Budget	
	Income Statement							
1	**REVENUE**							
2	**Risk Contract Revenue**							
3	Medicaid Specialty Supports & Services	4,653,104.02	13,673,300.07	13,807,891.53	(134,591.46)	99%	4,602,630.51	
4	Medicaid Autism	866,556.22	2,458,987.48	2,371,555.55	87,431.93	104%	790,518.52	
5	State Genl Fund Priority Population	135,505.00	406,514.00	406,513.60	0.40	100%	135,504.53	
6	GF Shared Savings Lapse	(13,050.34)	0.00	19,575.51	(19,575.51)	0%	6,525.17	
7	**Total Risk Contract Revenue**	**5,642,114.90**	**16,538,801.55**	**16,605,536.19**	**(66,734.64)**	**100%**	**5,535,178.73**	(3+4+5+6)
8	**Program Service Revenue**							
9	Medicaid, CWP FFS	0.00	0.00	0.00	0.00	0%	0.00	
10	Other Fee For Service	101,099.72	97,166.42	86,593.70	10,572.72	112%	28,864.57	
11	**Total Program Service Revenue**	**101,099.72**	**97,166.42**	**86,593.70**	**10,572.72**	**112%**	**28,864.57**	(9+10)
12	**Other Revenue**							
13	Grants and Earned Contracts	120,172.23	370,959.32	445,560.49	(74,601.17)	83%	148,520.16	
14	SSI Reimbursements, 1st/3rd Party	6,165.00	18,495.00	17,219.85	1,275.15	107%	5,739.95	
15	County Appropriation	65,587.83	196,763.49	196,763.49	0.00	100%	65,587.83	
16	Interest Income - Working Capital	28,089.51	64,867.97	28,728.12	36,139.85	226%	9,576.04	
17	Other Local Income	616.31	2,912.30	117,658.39	(114,746.09)	2%	39,219.46	
18	**Total Other Revenue**	**220,630.88**	**653,998.08**	**805,930.34**	**(151,932.26)**	**81%**	**268,643.45**	(13+14+15+16+17)
19	**TOTAL REVENUE**	**5,963,845.50**	**17,289,966.05**	**17,498,060.23**	**(208,094.18)**	**99%**	**5,832,686.74**	(7+11+18)
20	**EXPENSE**							
21	**SUPPORTS & SERVICES**							
22	**Provider Claims**							
23	State Facility - Local portion	34,782.50	71,802.89	48,072.01	(23,730.88)	149%	16,024.00	
24	Community Hospital	445,767.67	1,849,764.49	1,662,360.90	(187,403.59)	111%	554,120.30	
25	Residential Services	1,294,458.15	3,893,565.80	3,864,814.94	(28,750.86)	101%	1,288,271.65	
26	Community Supports	1,989,170.43	5,714,189.74	5,925,891.40	211,701.66	96%	1,975,297.13	
27	**Total Provider Claims**	**3,764,178.75**	**11,529,322.92**	**11,501,139.25**	**(28,183.67)**	**100%**	**3,833,713.08**	(23+24+25+26)
28	**Operating Expenses**							
29	Salaries	1,238,542.77	3,626,232.19	3,573,033.70	(53,198.49)	101%	1,191,011.23	
30	Fringe Benefits	396,830.13	1,145,039.93	1,159,787.67	14,747.74	99%	386,595.89	
31	Consumer Related	4,112.18	14,214.62	246,449.11	232,234.49	6%	82,149.70	
32	Program Operations	130,853.90	368,938.61	95,164.24	(273,774.37)	388%	31,721.41	
33	Facility Cost	41,343.99	138,332.17	149,456.06	11,123.89	93%	49,818.69	
34	Purchased Services	3,149.50	4,234.50	5,514.92	1,280.42	77%	1,838.31	
35	Other Operating Expense	172,186.24	381,702.74	348,476.48	(33,226.27)	110%	116,158.83	
36	Local Funds Contribution	17,906.00	53,718.00	53,718.00	0.00	100%	17,906.00	
37	Interest Expense	696.97	2,090.99	2,180.38	89.39	96%	726.79	
38	Depreciation	19,394.21	58,182.68	65,603.14	7,420.46	89%	21,867.71	
39	**Total Operating Expenses**	**2,025,015.89**	**5,792,686.43**	**5,699,383.68**	**(93,302.75)**	**102%**	**1,899,794.56**	(29+30+31+32+33+34+35+36+37+38)
40	**TOTAL EXPENSES**	**5,789,194.64**	**17,322,009.35**	**17,200,522.93**	**(121,486.42)**	**101%**	**5,733,507.64**	(27+39)
41	**NET SURPLUS/(DEFICIT)**	**174,650.86**	**(32,043.30)**	**297,537.29**	**(329,580.59)**	**-11%**	**99,179.10**	(19-40)

42 **Notes:**
43 Medicaid Revenue includes an accrual for **additional** funds if a **shortage** exists/**(reduction)** of funds if a **surplus** exists from/(to) Mid-State Health Network as follows:
44 Net Medicaid to request from MSHN: $1,680,313.08
45 Medicaid **(shortage)**: ($91,383.98)
46 Healthy Michigan **(shortage)**: ($525,241.10)
47 Autism **(shortage)**: ($1,063,688.00)
48

BAY-ARENAC BEHAVIORAL HEALTH
RECONCILIATION OF FUND BALANCE
AS OF DECEMBER 31, 2023

	TOTALS
Fund Balance 09/30/2023	9,358,063.26
Net (loss)/income December 2023	(32,043.30)
Net Increase/(Decrease) Funds Restricted for Capital Purposes	-
Calculated Fund Balance 12/31/2023	9,326,019.96
Statement of Net Assets Fund Balance 12/31/2023	9,326,019.96
Difference	-

BAY-ARENAC BEHAVIORAL HEALTH
RECONCILIATION OF UNRESTRICTED FUND BALANCE
AS OF DECEMBER 31, 2023

	TOTALS
Unrestricted Fund Balance 9/30/2023	5,391,410.26
Net (loss)/income December 2023	(32,043.30)
Increase/Decrease in net assets	-
Calculated Unrestricted Fund Balance 12/31/2023	5,359,366.96
Statement of Net Assets Unrestricted Fund Balance 12/31/2023	5,359,366.96
Difference	-

Bay-Arenac Behavioral Health
Fund Balance Summary

	Sept. 30, 2023 Unrestricted Fund Balance	Dec 31, 2023 Permanently Restricted	Dec 31, 2023 Temporarily Restricted	Dec 31, 2023 Unrestricted/ Reserved	Dec 31, 2023 Total Fund Balance
Unrestricted	3,013,809	-	-	2,981,766	2,981,766
Capital Purposes	844,325	-	-	844,325	844,325
Invested in Capital Assets	3,122,328	-	-	3,122,328	3,122,328
Performance Incentive Pool	2,377,601	-	-	2,377,601	2,377,601
Balances	9,358,063	-	-	9,326,020	9,326,020

BAY-ARENAC BEHAVIORAL HEALTH
Cash Flow

	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24
Estimated Funds:													
Beginning Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment	-	-	-	-	-	-	-	-	-	-	-	-	-
Additions/(Subtractions)	-	-	-	-	-	-	-	-	-	-	-	-	-
Month End Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Beginning Cash Balance	8,549,839	7,456,274	7,561,048	7,645,894	7,171,808	7,280,372	6,961,428	7,416,132	7,520,906	6,680,752	7,131,666	7,240,230	6,921,286
Total Medicaid	4,753,409	4,658,000	4,658,000	4,658,000	4,658,000	4,658,000	4,658,000	4,658,000	4,658,000	4,658,000	4,658,000	4,658,000	4,658,000
Total General Fund	135,505	135,505	135,504	135,505	135,505	135,504	135,505	135,505	135,504	135,505	135,505	135,505	135,505
Estimated Misc. Receipts	386,259	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900
Client Receipts	78,556	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000
Interest	25,674	21,885	25,674	21,885	25,674	21,885	25,674	21,885	25,674	21,885	25,674	21,885	25,674
Total Estimated Cash	**13,929,243**	**12,416,423**	**12,524,986**	**12,722,183**	**12,135,747**	**12,240,520**	**12,041,507**	**12,376,281**	**12,484,844**	**11,757,041**	**12,095,605**	**12,200,378**	**12,001,365**
Total Estimated Available Funds	**13,929,243**	**12,416,423**	**12,524,986**	**12,722,183**	**12,135,747**	**12,240,520**	**12,041,507**	**12,376,281**	**12,484,844**	**11,757,041**	**12,095,605**	**12,200,378**	**12,001,365**
Estimated Expenditures:													
1st Payroll	558,238	525,000	525,000	525,000	525,000	525,000	525,000	525,000	525,000	525,000	525,000	525,000	525,000
Special Pay													
ETO Buyouts													
2nd Payroll	546,019	525,000	525,000	525,000	525,000	525,000	525,000	525,000	525,000	525,000	525,000	525,000	525,000
Board Per Diem	2,061	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343
3rd Payroll				525,000					525,000				
1st Friday Claims	292,776	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000
Mortgage Pmt	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032
2nd Friday Claims	755,644	920,000	920,000	920,000	920,000	920,000	920,000	920,000	920,000	920,000	920,000	920,000	920,000
Board Week Bay Batch	1,070,096	800,000	800,000	800,000	800,000	800,000	800,000	800,000	800,000	800,000	800,000	800,000	800,000
Board Week Claims	1,493,921	975,000	975,000	775,000	975,000	975,000	775,000	975,000	975,000	775,000	975,000	975,000	775,000
Credit Card	-	-	-	-	-	-	-	-	-	-	-	-	-
4th Friday Claims	1,093,836	575,000	575,000	575,000	575,000	575,000	575,000	575,000	575,000	575,000	575,000	575,000	575,000
5th Friday Claims	658,346			400,000		400,000			400,000			400,000	
Local FFP payment to DCH/MSHN			53,717			53,717			53,717			53,717	
Transfer to State of MI													
Transfer from/(to) Reserve Account													
Settlement with MSHN													
Transfer to (from) MMA													
Transfer to (from) HRA		30,000			30,000			30,000			30,000		
Transfer to (from) Investment													
Transfer to (from) Capital Acct	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Estimated Expenditures	**6,472,969**	**4,855,375**	**4,879,092**	**5,550,375**	**4,855,375**	**5,279,092**	**4,625,375**	**4,855,375**	**5,804,092**	**4,625,375**	**4,855,375**	**5,279,092**	**4,625,375**
Estimated Month End Cash Balance	**7,456,274**	**7,561,048**	**7,645,894**	**7,171,808**	**7,280,372**	**6,961,428**	**7,416,132**	**7,520,906**	**6,680,752**	**7,131,666**	**7,240,230**	**6,921,286**	**7,375,990**

Bay-Arenac Behavioral Health

Cash Flow Forecasting
For the Month of January

		Bank Balance	Investment Balance
Estimated Cash Balance January 1, 2024		**7,456,274**	-
Investment Purchased/Interest		-	
Investments coming due during month		-	-
Estimated Cash Balance January 31, 2024		**7,456,274**	-
Estimated Cash Inflow:			
Medicaid Funds:		4,658,000	
General Fund Dollars:		135,505	
Board Receipts:		89,759	
Client Receipts:		55,000	
Funds from Investment:		-	
Interest:		21,885	
Total Estimated Cash Inflow:		**4,960,149**	
Estimated Cash Outflow:			
Payroll Dated:	**01/05/24**	(525,000)	
Board Per Diem Payroll:	**01/19/24**	(3,343)	
Payroll Dated:	**01/19/24**	(525,000)	
Claims Disbursements:	**01/05/24**	(500,000)	
Claims Disbursements:	**01/12/24**	(920,000)	
Claims Disbursements:	**01/19/24**	(975,000)	
A/P Disbursements:	**01/19/24**	(800,000)	
Mortgage Payment:	**01/22/24**	(2,032)	
Claims Disbursements:	**01/26/24**	(575,000)	
Claims Disbursements:		-	
Local FFP Payment:		-	
Transfer to Reserve Acct:		-	
HRA transfer:	**01/19/24**	(30,000)	
Transfer to MSHN:		-	
Transfer to State of MI		-	
Purchased Investment		-	
Total Estimated Cash Outflow:		**(4,855,375)**	
Estimated Cash Balance on January 31, 2024		7,561,048	-
		-	-

Bay Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Electronic Funds Transfers including Cash Transfers/Wires/ACHs
December 2023

Funds Paid from/ Transferred from:	Funds Paid to/ Transferred to:	Amount	Date of Payment	Description	Authorized By
Flagstar Bank	Flagstar Bank	665,000.00	12/1/2023	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	JP Morgan Chase	22,098.35	12/1/2023	Transfer from General Account to MSHN - annual Relias training fee	Marci Rozek
Flagstar Bank	Flagstar Bank	21,410.59	12/6/2023	Credit Card Payment	Marci Rozek
Flagstar Bank	Flagstar Bank	767,915.58	12/7/2023	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	265,000.00	12/7/2023	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	40,000.00	12/8/2023	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	4,233.05	12/8/2023	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	554,005.27	12/8/2023	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,504,480.20	12/14/2023	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	845,000.00	12/15/2023	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	8,200.00	12/15/2023	Transfer from General Account to H.S.A. Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,747,715.66	12/20/2023	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	535,000.00	12/21/2023	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	546,018.62	12/21/2023	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	4,235.30	12/21/2023	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Flagstar Bank	150,000.00	12/22/2023	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,031.96	12/22/2023	Transfer from General Acct for Mortgage payment	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	546,018.62	12/27/2023	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	525,000.00	12/28/2023	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	664,479.43	12/28/2023	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	3,225,000.00	12/29/2023	Transfer from General Account to MMKT Account	Marci Rozek

Total Withdrawals: **12,642,842.63**

Marci Rozek

Submitted By: Marci Rozek or Christopher Pinter
Chief Financial Officer or Chief Executive Officer

Bay Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Electronic Funds Transfers for Vendor ACH Payments
December 2023

Funds Paid from:	EFT #	Funds Paid to:	Amount	Date of Pmt	Authorized By
Flagstar Bank	E4763	MICHIGAN COMMUNITY SERVICES IN	1,358.49	12/1/2023	Marci Rozek
Flagstar Bank	E4764	DISABILITY NETWORK	17,202.80	12/1/2023	Marci Rozek
Flagstar Bank	E4765	SAMARITAS	5,626.76	12/1/2023	Marci Rozek
Flagstar Bank	E4766	MPA GROUP NFP, Ltd.	26,498.88	12/1/2023	Marci Rozek
Flagstar Bank	E4767	LIST PSYCHOLOGICAL SERVICES	2,793.16	12/1/2023	Marci Rozek
Flagstar Bank	E4768	SAGINAW PSYCHOLOGICAL SERVICES	22,402.98	12/1/2023	Marci Rozek
Flagstar Bank	E4769	PARAMOUNT REHABILITATION	901.36	12/1/2023	Marci Rozek
Flagstar Bank	E4770	ARENAC OPPORTUNITIES, INC	5,956.02	12/1/2023	Marci Rozek
Flagstar Bank	E4771	DO-ALL, INC.	8,177.57	12/1/2023	Marci Rozek
Flagstar Bank	E4772	New Dimensions	35.28	12/1/2023	Marci Rozek
Flagstar Bank	E4773	TOUCHSTONE SERVICES, INC	7,188.48	12/1/2023	Marci Rozek
Flagstar Bank	E4774	Nutrition for Wellness	117.70	12/1/2023	Marci Rozek
Flagstar Bank	E4775	WILSON, STUART T. CPA, P.C.	69,818.51	12/1/2023	Marci Rozek
Flagstar Bank	E4776	AUTISM SYSTEMS LLC	8,620.70	12/1/2023	Marci Rozek
Flagstar Bank	E4777	CENTRIA HEALTHCARE LLC	11,784.58	12/1/2023	Marci Rozek
Flagstar Bank	E4778	GAME CHANGER PEDIATRIC THERAPY	588.35	12/1/2023	Marci Rozek
Flagstar Bank	E4779	ENCOMPASS THERAPY CENTER LLC	51,912.08	12/1/2023	Marci Rozek
Flagstar Bank	E4780	Acorn Health of Michigan	1,829.27	12/1/2023	Marci Rozek
Flagstar Bank	E4781	MERCY PLUS HEALTHCARE SERVICES LLC	21,599.51	12/1/2023	Marci Rozek
Flagstar Bank	E4782	Fitzhugh House, LLC	11,344.69	12/8/2023	Marci Rozek
Flagstar Bank	E4783	Bay Human Services, Inc.	3.06	12/8/2023	Marci Rozek
Flagstar Bank	E4784	CENTRAL STATE COMM. SERVICES	41,104.20	12/8/2023	Marci Rozek
Flagstar Bank	E4785	LIBERTY LIVING, INC.	138,472.72	12/8/2023	Marci Rozek
Flagstar Bank	E4786	SUPERIOR CARE OF MICHIGAN LLC	7,947.00	12/8/2023	Marci Rozek
Flagstar Bank	E4787	Closer to Home, LLC	18,534.00	12/8/2023	Marci Rozek
Flagstar Bank	E4788	DISABILITY NETWORK	14,371.24	12/8/2023	Marci Rozek
Flagstar Bank	E4789	SAMARITAS	17,584.44	12/8/2023	Marci Rozek
Flagstar Bank	E4790	HEALTHSOURCE	62,586.00	12/8/2023	Marci Rozek
Flagstar Bank	E4791	MPA GROUP NFP, Ltd.	26,426.64	12/8/2023	Marci Rozek
Flagstar Bank	E4792	LIST PSYCHOLOGICAL SERVICES	2,888.74	12/8/2023	Marci Rozek
Flagstar Bank	E4793	SAGINAW PSYCHOLOGICAL SERVICES	21,112.94	12/8/2023	Marci Rozek
Flagstar Bank	E4794	PARAMOUNT REHABILITATION	595.12	12/8/2023	Marci Rozek
Flagstar Bank	E4795	ARENAC OPPORTUNITIES, INC	9,474.75	12/8/2023	Marci Rozek
Flagstar Bank	E4796	DO-ALL, INC.	22,892.58	12/8/2023	Marci Rozek
Flagstar Bank	E4797	TOUCHSTONE SERVICES, INC	6,118.38	12/8/2023	Marci Rozek
Flagstar Bank	E4798	Nutrition for Wellness	1,633.80	12/8/2023	Marci Rozek
Flagstar Bank	E4799	WILSON, STUART T. CPA, P.C.	69,471.67	12/8/2023	Marci Rozek
Flagstar Bank	E4800	CENTRIA HEALTHCARE LLC	8,717.24	12/8/2023	Marci Rozek
Flagstar Bank	E4801	GAME CHANGER PEDIATRIC THERAPY	69,707.58	12/8/2023	Marci Rozek
Flagstar Bank	E4802	ENCOMPASS THERAPY CENTER LLC	93,681.76	12/8/2023	Marci Rozek
Flagstar Bank	E4803	Acorn Health of Michigan	1,562.70	12/8/2023	Marci Rozek
Flagstar Bank	E4804	MERCY PLUS HEALTHCARE SERVICES LLC	28,326.83	12/8/2023	Marci Rozek
Flagstar Bank	E4805	AUGRES CARE CENTER, INC	3,718.20	12/15/2023	Marci Rozek
Flagstar Bank	E4806	HOPE NETWORK BEHAVIORAL HEALTH	50,442.62	12/15/2023	Marci Rozek
Flagstar Bank	E4807	Hope Network Southeast	79,693.00	12/15/2023	Marci Rozek
Flagstar Bank	E4808	BEACON SPECIALIZED LIVING SVS	22,292.15	12/15/2023	Marci Rozek
Flagstar Bank	E4809	Bay Human Services, Inc.	406,010.20	12/15/2023	Marci Rozek
Flagstar Bank	E4810	MICHIGAN COMMUNITY SERVICES IN	346,557.63	12/15/2023	Marci Rozek
Flagstar Bank	E4811	VALLEY RESIDENTIAL SERVICES	85,607.74	12/15/2023	Marci Rozek
Flagstar Bank	E4812	FOREST VIEW HOSPITAL	14,805.00	12/15/2023	Marci Rozek
Flagstar Bank	E4813	MPA GROUP NFP, Ltd.	39,201.58	12/15/2023	Marci Rozek
Flagstar Bank	E4814	LIST PSYCHOLOGICAL SERVICES	2,012.33	12/15/2023	Marci Rozek
Flagstar Bank	E4815	SAGINAW PSYCHOLOGICAL SERVICES	23,176.30	12/15/2023	Marci Rozek
Flagstar Bank	E4816	PARAMOUNT REHABILITATION	31,105.32	12/15/2023	Marci Rozek

Flagstar Bank	E4817	ARENAC OPPORTUNITIES, INC	11,421.25	12/15/2023	Marci Rozek
Flagstar Bank	E4818	DO-ALL, INC.	7,980.25	12/15/2023	Marci Rozek
Flagstar Bank	E4819	New Dimensions	17,442.27	12/15/2023	Marci Rozek
Flagstar Bank	E4820	TOUCHSTONE SERVICES, INC	7,069.92	12/15/2023	Marci Rozek
Flagstar Bank	E4821	WILSON, STUART T. CPA, P.C.	82,795.69	12/15/2023	Marci Rozek
Flagstar Bank	E4822	CENTRIA HEALTHCARE LLC	15,674.01	12/15/2023	Marci Rozek
Flagstar Bank	E4823	GAME CHANGER PEDIATRIC THERAPY	53,883.81	12/15/2023	Marci Rozek
Flagstar Bank	E4824	ENCOMPASS THERAPY CENTER LLC	54,334.52	12/15/2023	Marci Rozek
Flagstar Bank	E4825	Acorn Health of Michigan	3,011.45	12/15/2023	Marci Rozek
Flagstar Bank	E4826	MICHIGAN COMMUNITY SERVICES IN	689.96	12/15/2023	Marci Rozek
Flagstar Bank	E4827	SAGINAW PSYCHOLOGICAL SERVICES	1,012.00	12/15/2023	Marci Rozek
Flagstar Bank	E4828	A2Z CLEANING & RESTORATION INC.	5,112.67	12/15/2023	Marci Rozek
Flagstar Bank	E4829	ADLER, THERESA	117.64	12/15/2023	Marci Rozek
Flagstar Bank	E4830	Badour Heating & Cooling	1,165.00	12/15/2023	Marci Rozek
Flagstar Bank	E4831	Bellinger, Jesse	167.86	12/15/2023	Marci Rozek
Flagstar Bank	E4832	Berkobien, Nicholas	27.77	12/15/2023	Marci Rozek
Flagstar Bank	E4833	Beson, Heather	277.11	12/15/2023	Marci Rozek
Flagstar Bank	E4834	BICKEL, MEREDITH	198.47	12/15/2023	Marci Rozek
Flagstar Bank	E4835	BYRNE, RICHARD	252.18	12/15/2023	Marci Rozek
Flagstar Bank	E4836	CERESKE, KIM	70.72	12/15/2023	Marci Rozek
Flagstar Bank	E4837	ERGOMED PRODUCTS, INC.	344.00	12/15/2023	Marci Rozek
Flagstar Bank	E4838	FLEX ADMINISTRATORS INC	180.00	12/15/2023	Marci Rozek
Flagstar Bank	E4839	FOLSOM, AMY K	200.12	12/15/2023	Marci Rozek
Flagstar Bank	E4840	Gleeson, Chrystal	482.74	12/15/2023	Marci Rozek
Flagstar Bank	E4841	Griffus, ,Penny	38.65	12/15/2023	Marci Rozek
Flagstar Bank	E4842	GUERTIN, SUSAN	340.93	12/15/2023	Marci Rozek
Flagstar Bank	E4843	Gunsell, Stephanie	172.52	12/15/2023	Marci Rozek
Flagstar Bank	E4844	HANEY, MELISSA	135.52	12/15/2023	Marci Rozek
Flagstar Bank	E4845	HARLESS, MICHELLA	196.50	12/15/2023	Marci Rozek
Flagstar Bank	E4846	HEWTTY, MARIA	125.17	12/15/2023	Marci Rozek
Flagstar Bank	E4847	HOSPITAL PSYCHIATRY PLLC	42,000.00	12/15/2023	Marci Rozek
Flagstar Bank	E4848	Huerta, Justin	109.06	12/15/2023	Marci Rozek
Flagstar Bank	E4849	Iris Telehealth Medical Group, PA	54,625.00	12/15/2023	Marci Rozek
Flagstar Bank	E4850	J.E.JOHNSON CONTRACTING, INC.	5,929.35	12/15/2023	Marci Rozek
Flagstar Bank	E4851	JINKS, KIM	333.40	12/15/2023	Marci Rozek
Flagstar Bank	E4852	KING COMMUNICATIONS	176.75	12/15/2023	Marci Rozek
Flagstar Bank	E4853	KOIN, STACEY E.	304.58	12/15/2023	Marci Rozek
Flagstar Bank	E4854	Lagalo, Lori	364.90	12/15/2023	Marci Rozek
Flagstar Bank	E4855	MOSCISKI, DEIDRA	229.25	12/15/2023	Marci Rozek
Flagstar Bank	E4856	MOVVA, USHA	16,800.00	12/15/2023	Marci Rozek
Flagstar Bank	E4857	Mulvaney, Sarah	134.14	12/15/2023	Marci Rozek
Flagstar Bank	E4858	NAGEL, LISA	179.93	12/15/2023	Marci Rozek
Flagstar Bank	E4859	NETSOURCE ONE, INC.	40,061.59	12/15/2023	Marci Rozek
Flagstar Bank	E4860	Niemiec, Kathleen	55.02	12/15/2023	Marci Rozek
Flagstar Bank	E4861	NIX, HEATHER	286.24	12/15/2023	Marci Rozek
Flagstar Bank	E4862	PETER CHANG ENTERPRISES, INC.	46,548.67	12/15/2023	Marci Rozek
Flagstar Bank	E4863	PRO-SCAPE, INC.	410.50	12/15/2023	Marci Rozek
Flagstar Bank	E4864	Rechsteiner, Elise	137.03	12/15/2023	Marci Rozek
Flagstar Bank	E4865	Reese, Marie	55.02	12/15/2023	Marci Rozek
Flagstar Bank	E4866	Rooker, Stephani	209.40	12/15/2023	Marci Rozek
Flagstar Bank	E4867	ROSE, KEVIN	86.46	12/15/2023	Marci Rozek
Flagstar Bank	E4868	Royer, Kaitlyn	11.14	12/15/2023	Marci Rozek
Flagstar Bank	E4869	Roznowski, Donna	91.70	12/15/2023	Marci Rozek
Flagstar Bank	E4870	Schneider, Maryssa	531.99	12/15/2023	Marci Rozek
Flagstar Bank	E4871	SHRED EXPERTS LLC	275.50	12/15/2023	Marci Rozek
Flagstar Bank	E4872	Staples	4,166.17	12/15/2023	Marci Rozek
Flagstar Bank	E4873	Strode, Eric	9.99	12/15/2023	Marci Rozek
Flagstar Bank	E4874	Tenney, Ben	227.94	12/15/2023	Marci Rozek
Flagstar Bank	E4875	Trout, Amber	516.80	12/15/2023	Marci Rozek
Flagstar Bank	E4876	Truhn, Emelia	132.38	12/15/2023	Marci Rozek
Flagstar Bank	E4877	UNITED WAY OF BAY COUNTY/RENT	2,125.00	12/15/2023	Marci Rozek

Flagstar Bank	E4878	VanWert, Laurie	49.59	12/15/2023	Marci Rozek
Flagstar Bank	E4879	VASCONCELOS, FLAVIA	284.96	12/15/2023	Marci Rozek
Flagstar Bank	E4880	VOGEL, HOLLI	892.77	12/15/2023	Marci Rozek
Flagstar Bank	E4881	V.O.I.C.E., INC.	458.73	12/15/2023	Marci Rozek
Flagstar Bank	E4882	Yeo & Yeo Technology	3,800.00	12/15/2023	Marci Rozek
Flagstar Bank	E4883	HAVENWYCK HOSPITAL	24,409.35	12/22/2023	Marci Rozek
Flagstar Bank	E4884	HOPE NETWORK BEHAVIORAL HEALTH	84.65	12/22/2023	Marci Rozek
Flagstar Bank	E4885	Fitzhugh House, LLC	11,486.70	12/22/2023	Marci Rozek
Flagstar Bank	E4886	Bay Human Services, Inc.	97,140.67	12/22/2023	Marci Rozek
Flagstar Bank	E4887	MICHIGAN COMMUNITY SERVICES IN	39,241.78	12/22/2023	Marci Rozek
Flagstar Bank	E4888	HEALTHSOURCE	132,354.00	12/22/2023	Marci Rozek
Flagstar Bank	E4889	PHC OF MICHIGAN - HARBOR OAKS	43,940.00	12/22/2023	Marci Rozek
Flagstar Bank	E4890	MPA GROUP NFP, Ltd.	26,748.05	12/22/2023	Marci Rozek
Flagstar Bank	E4891	LIST PSYCHOLOGICAL SERVICES	3,400.62	12/22/2023	Marci Rozek
Flagstar Bank	E4892	SAGINAW PSYCHOLOGICAL SERVICES	22,573.83	12/22/2023	Marci Rozek
Flagstar Bank	E4893	PARAMOUNT REHABILITATION	14,413.84	12/22/2023	Marci Rozek
Flagstar Bank	E4894	ARENAC OPPORTUNITIES, INC	8,668.75	12/22/2023	Marci Rozek
Flagstar Bank	E4895	DO-ALL, INC.	7,600.39	12/22/2023	Marci Rozek
Flagstar Bank	E4896	New Dimensions	26.46	12/22/2023	Marci Rozek
Flagstar Bank	E4897	TOUCHSTONE SERVICES, INC	14,545.44	12/22/2023	Marci Rozek
Flagstar Bank	E4898	Nutrition for Wellness	1,302.40	12/22/2023	Marci Rozek
Flagstar Bank	E4899	WILSON, STUART T. CPA, P.C.	70,473.32	12/22/2023	Marci Rozek
Flagstar Bank	E4900	CAREBUILDERS AT HOME, LLC	30,344.08	12/22/2023	Marci Rozek
Flagstar Bank	E4901	AUTISM SYSTEMS LLC	9,791.68	12/22/2023	Marci Rozek
Flagstar Bank	E4902	CENTRIA HEALTHCARE LLC	12,747.42	12/22/2023	Marci Rozek
Flagstar Bank	E4903	PERSONAL ASSISTANCE OPTIONS INC	66,020.40	12/22/2023	Marci Rozek
Flagstar Bank	E4904	GAME CHANGER PEDIATRIC THERAPY	72,523.10	12/22/2023	Marci Rozek
Flagstar Bank	E4905	ENCOMPASS THERAPY CENTER LLC	79,255.87	12/22/2023	Marci Rozek
Flagstar Bank	E4906	Acorn Health of Michigan	3,535.77	12/22/2023	Marci Rozek
Flagstar Bank	E4907	MERCY PLUS HEALTHCARE SERVICES LLC	44,567.98	12/22/2023	Marci Rozek
Flagstar Bank	E4908	BEACON SPECIALIZED LIVING SVS	2,362.00	12/29/2023	Marci Rozek
Flagstar Bank	E4909	Bay Human Services, Inc.	3,040.61	12/29/2023	Marci Rozek
Flagstar Bank	E4910	MICHIGAN COMMUNITY SERVICES IN	42,582.76	12/29/2023	Marci Rozek
Flagstar Bank	E4911	CENTRAL STATE COMM. SERVICES	81.35	12/29/2023	Marci Rozek
Flagstar Bank	E4912	DISABILITY NETWORK	15,889.72	12/29/2023	Marci Rozek
Flagstar Bank	E4913	SAMARITAS	21,815.92	12/29/2023	Marci Rozek
Flagstar Bank	E4914	HEALTHSOURCE	16,416.00	12/29/2023	Marci Rozek
Flagstar Bank	E4915	FOREST VIEW HOSPITAL	26,437.50	12/29/2023	Marci Rozek
Flagstar Bank	E4916	PHC OF MICHIGAN - HARBOR OAKS	8,300.00	12/29/2023	Marci Rozek
Flagstar Bank	E4917	MPA GROUP NFP, Ltd.	47,324.21	12/29/2023	Marci Rozek
Flagstar Bank	E4918	LIST PSYCHOLOGICAL SERVICES	2,754.10	12/29/2023	Marci Rozek
Flagstar Bank	E4919	SAGINAW PSYCHOLOGICAL SERVICES	24,982.43	12/29/2023	Marci Rozek
Flagstar Bank	E4920	PARAMOUNT REHABILITATION	16,354.91	12/29/2023	Marci Rozek
Flagstar Bank	E4921	DO-ALL, INC.	8,332.81	12/29/2023	Marci Rozek
Flagstar Bank	E4922	New Dimensions	746.81	12/29/2023	Marci Rozek
Flagstar Bank	E4923	Nutrition for Wellness	1,073.50	12/29/2023	Marci Rozek
Flagstar Bank	E4924	WILSON, STUART T. CPA, P.C.	130,869.09	12/29/2023	Marci Rozek
Flagstar Bank	E4925	CENTRIA HEALTHCARE LLC	19,259.11	12/29/2023	Marci Rozek
Flagstar Bank	E4926	GAME CHANGER PEDIATRIC THERAPY	120.00	12/29/2023	Marci Rozek
Flagstar Bank	E4927	ENCOMPASS THERAPY CENTER LLC	121,775.03	12/29/2023	Marci Rozek
Flagstar Bank	E4928	Acorn Health of Michigan	1,597.55	12/29/2023	Marci Rozek
Flagstar Bank	E4929	STATE OF MICHIGAN DEPT OF COMM HEALTH A	49,303.50	12/29/2023	Marci Rozek
Flagstar Bank	E4930	Yeo & Yeo Technology	340.00	12/29/2023	Marci Rozek

Total Withdrawals: **3,930,079.74**

Submitted By: Marci Rozek or Christopher Pinter
Chief Financial Officer or Chief Executive Officer

BAY ARENAC
BEHAVIORAL HEALTH

INTEROFFICE CORRESPONDENCE

January 16, 2024

To: Sara McRae, Executive Assistant to the CEO

From: Karl White, Accounting Manager
Ellen Lesniak, Finance Manager

Re: Disbursement Audit Information for Audit Committee

The following is a summary of disbursements as presented

Administration and Services for Behavioral Health

1/19/24 Checks Sequence: #99072-99135, ACH E4973-E5017

Employee travel, conference	$	8,792.08
Purchase Order Invoices	$	7,446.67
Invoices for Routine Maintence, services, purchase requisition invoices	$	129,242.66
Recurring invoices, utilities, phone, leases	$	377,951.70
SUBTOTAL - Monthly Batch	**$**	**523,433.11**

ITEMS FOR REVIEW:

EFT transfer - Credit Card 1/05/2024	**$**	**13,138.25**

Weekly Special Checks:

12/29/2023 Checks 99041-99044, E4930	$	5,552.25
1/05/2024 Checks 99056	$	16,839.83
1/12/2024 Checks 99065-99071	$	23,140.17
SUBTOTAL - Special Checks	**$**	**45,532.25**

Health Care payments

12/22/2023 Checks 98871-98884, ACH Pmts E4883-E4907	$	1,093,835.87
12/29/2023 Checks 99025-99034, ACH Pmts E4908-E4929	$	658,345.82
1/05/2024 Checks 99047-99055, ACH Pmts E4931-E4946	$	337,609.16
1/12/2024 Checks 99060-99064, ACH Pmts E4947-E4972	$	1,324,587.65
SUBTOTAL - Health Care Payments	**$**	**3,414,378.50**
TOTAL DISBURSEMENTS	**$**	**3,996,482.11**

Prepared by: Karl White

Reviewed by: Ellen Lesniak

CMHA 2024 key bills

Mental Health & Substance Use Disorder Parity legislation

SB 27

- SB 27 aims to codify federal parity protections while 4707 would make more sweeping changes on the state level.

HB 4707

- Expands / strengthens medical necessity & out-of-network services

SB 227 – sent to the Governor on 11/08/2023 (recalled by the House)

Would amend the childcare licensing Act to allow for emergency physical management/therapeutic de-escalation (certain levels of restraint & seclusion) in certain children's residential settings.

Telehealth Bills

HB 4213 would require telemedicine coverage for SUD and behavioral health services, and HBs 4579, 4580 & 4131 would require equitable coverage and reimbursement for telehealth services compared to in-person.

HB 4081 – Adult Foster Care Homes (Rep. Young formed a workgroup)

Social Worker Licensure bills

HBs 5184 & 5185 – eliminate test as part of licensure and Tie Michigan's social work licensure to the variables most directly tied to the quality of social work practice: meeting rigorous national higher education standards and the completion of thousands of hours of hands-on supervised practice **(practice-based path to licensure)**

Open Meetings Act

HB 4693 would allow for remote participation for a CMH & PIHP meeting

Community Mental Health Association of Michigan

Legislative and Policy Committee
Policy Update

January 2023

1. CMHA advocacy around MDHHS proposals of concern:

A. SCA: CMHA and its members have been working, for years to refine and, at times, halt the implementation of what is dubbed the Standard Cost Allocation (SCA) system, proposed by MDHHS, that is flawed in a number of ways which have been captured in an analysis by CMHA and its members and shared with MDHHS.

The **CMHA Contract Negotiation Team** is developing a stance to oppose the proposed addition, to the MDHHS-CMHSP contract, of the requirement to use of this cost accounting method.

B. Delegation of functions: Using some of the same thinking behind is SCA approach, described above, MDHHS recently issued the FY 24 delegation agreement for the state's PIHPs to use to report their delegation of managed care functions to the CMHSPs in their region or other organizations. The contents and intent of this reporting requirement greatly concern CMHA. The list, contained in this reporting form, of what MDHHS considers managed care functions that can be delegated or held by the state's PIHPs is fundamentally inaccurate. **The responsibility for fulfilling the functions contained in the document are those already (for decades) held by the state's CMHSPs. These responsibilities are at the core of what defines a CMHSP in Michigan, as a comprehensive specialty services network – responsibilities held long before the advent of managed care in Michigan's Medicaid program.**

As noted over the last several years, to mislabel these functions as managed care functions that can be delegated to, or their delegation withheld, from a CMHSP is:

- Is in **contradiction of the core elements required of Michigan's CMHSPs**. This mislabeling is in violation of the state statutes and rules that define the state's CMHSPs and their work,
- **Fits, far too well, with the private sector model of private health plans/insurance companies, as payers with centralized control of core health care system management functions, paying providers who have lost or never held these advanced system management functions.** This mislabeling is one more effort to force Michigan's publicly managed mental health system (the envy of other states who have lost the public management of their mental health systems) into a private sector model - a movement toward privatization that the state's advocacy groups, CMHSPs, PIHPs, CMHA and our allies have worked against since 1997, when Michigan moved is Medicaid program to managed care, and most intensively over the past several years.

CMHA and many of its members have voiced their opposition to this mislabeling of functions and responsibilities, calling for the MDHHS proposed delegation grid be withdrawn and that dialogue with CMHA, PIHPs, and CMHSPs be held to discuss and resolve the concerns outlined above.

C. Conflict Free Access and Planning: In March 2023, the MDHHS Conflict-Free Access and Planning (CFAP) Workgroup met to review a number of CFAP options proposed by MDHHS to

ensure compliance with the federal CFAP requirements. These options raised a number of concerns for the members of the Community Mental Health Association of Michigan (CMHA) – concerns around the threat that these options hold for persons served and to the integrity of Michigan's public mental health system.

These concerns and recommendations for action, developed by CMHA and its members, are outlined in a document sent to and reviewed with the MDHHS staff leading this effort.

As a result of the CMHA discussions with MDHHS, MDHHS held several listening sessions designed to obtain the views of persons served by Michigan's public mental health system. Many of the participants in these listening sessions voiced deep concerns over the fragmentation **of the system and the increased complexity and access barriers that would result from the Department's proposed approach to meeting CFAP compliance.**

Advocacy by CMHA and its members will continue in the coming months.

D. Electronic Visit Verification: In response to federal requirements, MDHHS has proposed an Electronic Visit Verification (EVV) system. This system is intended, as required by CMS, to serve as a mechanism for providers of Personal Care and Home Help to persons in unlicensed settings to report the physical location, day, start and end time, and type of service provided.

While the state's CMHSPs, PIHPs, and providers in the CMHSP and PIHP system support the implementation of an Electronic Visit Verification (EVV) system, as required by the federal Centers for Medicare and Medicaid, **the process proposed by MDHHS and its EVV vendor, HHAX, is overly complex and does not align with how Michigan's PIHPs/CMHSPs are funded nor how they operate.**

The goal of the state's CMHSPs, PIHPs, and providers in the CMHSP and PIHP networks, is to meet the CMS requirements by implementing a simple solution that does not require complex systems, does not burden the system's direct care workforce, and diverts dollars away from consumer care. These concerns and recommendations for an alternate EVV approach are outlined in a paper recently shared with MDHHS. These concerns have also been shared, with MDHHS, by the PIHP CEOs and the members of the Chief Information Officers (CIO) Forum.

2. CMHA receives two grants from Michigan Health Endowment Fund related to policy issues:
Below are descriptions of two grants recently received from the Michigan Health Endowment Fund. These grants directly address two issues central to the work of CMHA's members. These two projects run from December 2023 through November 2025.

Fostering Administrative Efficiencies in Michigan's Public Mental Health System: This project applies the focused attention and expertise of objective and experienced consultants (Public Sector Consultants – on contract with CMHA), an experienced state association with experience with state policy and legislation and a longstanding working relationship with the state's public mental health system and stakeholders (Community Mental Health Association of Michigan), and a diverse set of stakeholders (MDHHS, persons served, advocacy organizations, CMHSPs, PIHPs, private providers in CMHSP and PIHP networks) in examining the administrative and paperwork demands placed on Michigan's public mental health system and recommending the

elimination of those demands not tied to federal regulations, the provision of accessible and quality mental health services and supports to Michiganders or to the fiscal and operational integrity of Michigan's public mental health system.

These recommendations will center around changes in contracts (in the chain of MDHHS through PIHPs, CMHSPs, and providers), state rules and regulations, and state statutory/boilerplate language.

Building a Practice-Based Path to Social Work Licensure: This project aims to tie Michigan's social work licensure to the variables most directly tied to the quality of social work practice: meeting rigorous national higher education standards and the completion of thousands of hours of observed and supervised practice. This approach builds a path to Michigan social work licensure, as an alternative to the current test-based process - a test not linked to clinical competence.

This practice-driven approach improves the ability of the state's behavioral health care systems to recruit and retain critical talent while also bringing, into the field, a great number of Michiganders with strong higher education backgrounds, proven social work practice competence, and a diversity of backgrounds.

Additionally, this approach also increases the number of clinically-skilled licensed social workers in Michigan, helping to close Michigan's deep and prolonged behavioral health workforce gap.

CMHA is contracting with the National Association of Social Workers-Michigan Chapter (NASW) to staff this effort, given the work that NASW has done on this front.

Bay-Arenac Behavioral Health Strategic Planning
2024 Summary

Organizational Concept Statement

Bay-Arenac Behavioral Health is in existence to ensure the delivery of a comprehensive array of health-related supports and services for people with developmental disabilities, mental illness, and/or substance use disorders that are inherently accountable to the persons and families in our community.

Mission Statement

It is the mission of Bay-Arenac Behavioral Health to improve health outcomes, to enhance quality of life and strengthen the community safety net for citizens of Arenac and Bay counties.

Values/Guiding Philosophies

All who are associated with carrying out the mission of Bay-Arenac Behavioral Health are governed by the highest ethical standards and the following values…

- Each person is unique and will be treated with **dignity** and will be respected regardless of ethnicity, religious preference, age, race, sex, sexual preference, gender identity and respected for their lived experience.
- We are committed to delivering services in a manner that is responsive to urgent, emergent, and long-term community needs of our stakeholders.
- We seek to provide a **recovery**-focused and **trauma**-informed system of care.
- We believe that individual and community wellness is enhanced by the delivery of **integrated healthcare** services that are directed by and responsive to the person served.
- We are committed to promoting **independence, choice, control** and meaningful engagement with peers, family, friends, and community.
- We are committed to collaboration with our community partners to encourage **wellness**, to promote **prevention**, and to increase health literacy.

Core Strategies

1. Effectively manage behavioral health care services for persons with developmental disabilities, mental illness, severe emotional disturbance, and substance use disorders.
2. Delivery of integrated behavioral health care through a coordinated network of services.
3. Coordinate service delivery and collaborate in decision making with stakeholders to

maximize responsiveness to community needs.

4. Operate in compliance with local, state and federal regulatory and/or contractual requirements.
5. Maximize administrative and clinical efficiency, including coordination of benefits, to minimize the cost of service and optimize revenues.
6. Ensure individual safety, service quality, and management accountability through use of evidence-based practices, measurement of outcomes and effective use of information.
7. Seek to maintain an organizational environment that promotes excellence and workforce competence and utilizes recruitment and retention strategies to remain competitive in the behavioral healthcare marketplace.
8. Apply principles of good customer service to all clinical, business and service relationships.

Strategic Areas:

Eliminate Organizational Response to the Pandemic Initiative

Revise Integrated Health and Coordination of Care for Mental Health, Physical Health, and Substance Use Disorders as follows:

- Explore Behavioral Health Home models of Integrated Care
- Expanded Advanced Health Services
- Establish policy and procedures for information exchange between health care providers
- Develop and expand same day access, outpatient services and crisis residential options
- Implementation of health literacy for staff and individuals served and include in employee performance reviews

Revise Management of Internal Operations and Provider Network within BABHA Annual Budget as follows:

- Monitor revenue and expense trends
- Monitor financial stability of the Provider Network and staff retention related to DCW wage mandate
- Monitor utilization trends for inpatient care, outpatient and autism services and availability of crisis residential services

Revise Availability of Community Living Support Services (CLS) for Adults & Children as follows:

- 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

Revise Stabilization and Long-Term Viability of Residential System as follows:

- 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

Revise Integration with Substance Use Disorder Treatment and Prevention as follows:

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

Revise Evidence-Based and Best Practices in Clinical Service Delivery as follows:

- 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

Revise Community Engagement as follows:

- Expand connections (dialogue, trainings, educational materials) to community partners to reduce stigma and barriers to care
- Expand Stepping-up initiative into Arenac County
- Establishment of agency wide team meeting expectations, agendas and Leadership reporting

Revise Recruitment and Retention as follows:

- Explore changes to continually attract qualified candidates for employment
- Annual evaluation of compensation and benefit packages

Revise Development of Workforce as follows:

- Expand training options for integrated health care, trauma-informed conditions, middle management, and co-occurring SUD services
- Identify desired end states for integrated care, supervisory competence, and succession planning

CONSUMER COUNCIL

INPUT REGARDING 2024 QUALITY IMPROVEMENT PLAN

Bay CAC (9/28/2028):

1. Develop more SIAP's, particularly in Arenac County where there do not appear to be any [An individual wants to move from Bay County SIAP back up to Arenac County to be closer to family.]
2. Stabilize the CLS Workforce, including quantity and longevity.
3. Develop a CLS program that will float throughout the day across consumers' apartments dispersed across the community. [So more individuals who need less intense CLS support can live in their own apartments/homes.]
4. Hire more job coaches, as what appears to be a lack of job coaches is slowing down consumers obtaining jobs. [They stated that obtaining a job goes quickly once they have a job coach…but the wait to get a job coach takes a while.]
5. Increased education on medications, side effects, etc., particularly for those obtaining virtual/telehealth visits. Also, include the consumers that have guardians in education about their medications so they can possibly do this task independently/move out on their own. Also, please consider alternative education methods for those that can't read handouts. [Example: maybe CLS staff can provide such education when distributing meds.]
6. Hire more Peer Support Specialists and include them more directly in the treatment team when assigned to specific individuals. Also use the peer support specialists to run educational groups (like Arenac used to have).
7. Need more after-hour appointments to help those adults that work (so they don't lose their jobs) and those children that go to school (so truancy and falling academically behind do not become a problem). Job loss and truancy issues create even more stressors on their recovery.
8. Increase outpatient visits being done at schools (helps the truancy issues).

Arenac CAC (9/27/2023):

1. Develop a new Drop In Center or clubhouse for Arenac Co.
2. Bring back the peer support specialist that ran educational groups.
3. Need increased transportation for appointments (such as to clinic) serves two purposes…gets them to needed appointments and provides a "safe and normal" setting in the car to talk (may actually share something more sensitive if just talking in the car side by side).
4. Work on stigma reduction, such as via billboards. Do advertisements about mental health to normalize it as well as educate about our services.
5. Work on developing a better relationship with local law enforcement. Utilize individuals with close respectful relationships with law enforcement to help BABHA get in the door…such as Rachel Vallad or Officer Oshab.
6. Have mental health professionals available to go out with officers on mental health calls.
7. For the no-shows, maybe have a focus group with individuals that have a history of not showing for appointments to explore the origins of such and ideas to overcome the obstacles.
8. Bring back 360 to Arenac. [in addition, they mentioned that a particular 360 male staff would just casually sit outside or waiting room where consumers could just drop by. They liked the casualness of this.]

9. Consider Zoom or phone educational groups for consumers.
10. Bring back Night in June.
11. Have a BABH-Arenac MDHHS Medicaid Liaison like BABH-Bay does…to help consumers resolve Medicaid, food stamp, SER, etc. issues quicker.
12. For aftercare planning after inpatient psychiatric hospitalization, look closer at what services were being provided before admission, their engagement in services before admission, and the effectiveness of services before admission. They may need different services or different frequencies.
13. Put all the BABH Plans on the BABH website (ex: Quality Improvement Plan, BABH Cultural Competency Plan, BABH Strategic Plan, etc.) Also put the annual report for each plan on the website. Maybe even put dashboard, etc. on the website. Put a flier in waiting rooms to let consumers know what reports/plans exist and where to find them if interested.
14. Advertise what BABH has accomplished in the last year and what the plan is for the next year. Include pertinent data. [Like our old Annual Report to the community that we used to include in the local newspapers. Maybe just put on our website.]

Highlighted areas are suggestions that align with initiatives in the 2024 Strategic Plan.

February 2024

BABH Board of Directors

February 2024

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		

March 2024

Su	Mo	Tu	We	Th	Fr	Sa
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24	25	26	27	28	29	30
31						

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

~~22~~

2023~~3~~4

Strategic Plan

Agency Leadership Team Approval Date~~: 1-17-23~~

Full Board Approval Date: ~~1-19-23~~

2024~~3~~ Strategic Plan

Table of Contents

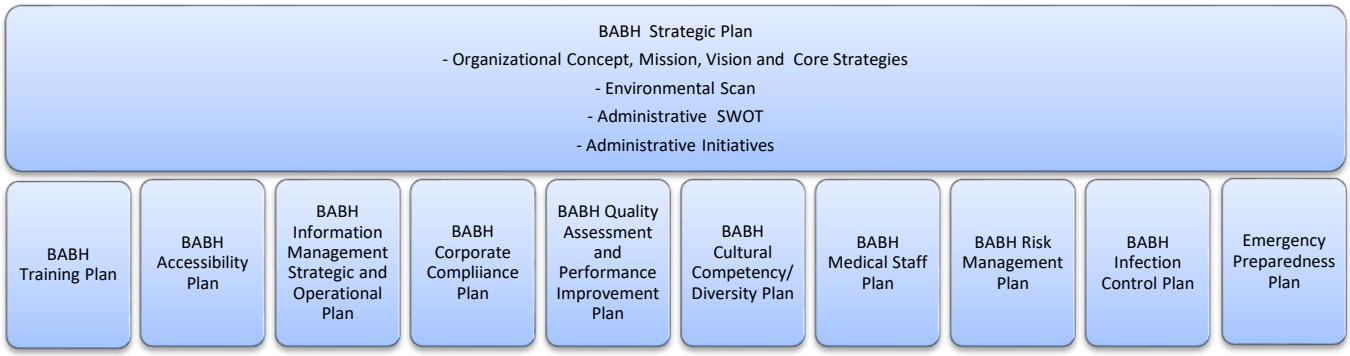
Purpose

The purpose of this document is to fulfill Bay-Arenac Behavioral Health Authority's (BABHA's) need for an organizational plan, which describes the history of the organization and depicts its operational structure and community relationships, as well as a strategic document outlining the mission, vision, values and core strategies of the organization, and current strategic initiatives. The BABHA Strategic Plan describes the purpose and goals of the organization, as well as strategies to ensure the organization can continue accomplishing its mission. It documents Leadership's current assessment of any forces in the environment with the potential to impact the organization and defines strategies for responding.

The BABHA Strategic Plan is the master plan for the organization. The BABHA Strategic Plan is focused on functions which impact all areas of the organization, such as its legal structure, personnel management, financial management, quality management, recipient rights, information technologies, corporate compliance and so on. It outlines strategic initiatives for the operation of the provider network of BABHA, which delivers behavioral health services in Bay and Arenac counties. It also addresses BABHA's delegated responsibilities for behavioral health managed care functions for specialty mental health and substance use disorder services for Arenac and Bay Counties.

Subsidiary Operational Plans

BABHA generates a number of operational plans which are companions to this document, in that they address sub-elements of the organization's overall mission and functions (see graphic below). In addition, BABHA develops annual revenue and expense budgets which are approved by the Board of



Directors and compiled based upon financial planning activities with organizational departments and their leadership. A mid-year amendment is completed to adjust this financial plan to accommodate intra- and inter-organizational revenue and expense fluctuations throughout the year.

Scope and Methodology

Strategic Planning Methodology

Strategic planning for the organization is performed by the BABHA Chief Executive Officer (CEO), members of the BABHA Strategic Leadership Team (SLT), and the entirety of agency Leadership, to foster leadership skill development among future senior managers of the organization. Agency Leadership encompasses leadership positions in the organization including Directors, Managers, Supervisors and Team Leaders. Once a first draft is prepared, additional stakeholder input is obtained, from the Board of Directors, Medical Staff and Consumer Councils.

The components of the planning process include establishing the organizational concept statement, the mission statement, the vision statement, organizational values and core strategies which will guide the

organization to achieving the mission while staying true to its stated values.

An environmental scan is performed to identify threats and opportunities in the environment in which BABHA operates. From the most important of these scans, strengths and weaknesses of the organization relative to pursuing opportunities and blocking threats are identified, and strategic or breakthrough initiatives established for the year.

Findings and recommendations from BABHA planning and evaluative processes which are systemic and strategic in nature are considered by agency Leadership as warranted in the development of the strategic plan, including[1]:

- BABHA Quality Assessment and Performance Improvement Plan and associated performance reports, which encompass organizational performance data and adverse/sentinel events
- Corporate Compliance Plan and associated reports
- Emergency Preparedness Plan
- Risk and Accessibility Plans
- Information Management Plan
- BABHA Annual (Community) Needs Assessment Summary and Attachments, and the BABHA Annual Submission
- Recommendations from Consumer Advisory Councils
- Results of surveys of provider networks, employees and consumers
- Suggestion Box submissions
- Employee Exit Interview findings
- Employee Survey findings
- Provider site review findings
- Financial Audits and reports
- Findings of external audits and reviews, such as Michigan Department of Health and Human Services (MDHHS) and Mid-State Health Network (MSHN) site reviews, finance compliance audits and CARF accreditation reviews

Education

The BABHA Board of Directors reviews and approves the BABHA Strategic Plan each year.

BABHA staff are educated on the BABHA Strategic Plan via the BABHA electronic staff education system, Relias, and/or during CEO All Staff Meeting(s), including review of the plan and the status of strategic initiatives.[2]

The BABHA Strategic Plan is shared with persons served[3] for feedback through review on an annual basis with the BABHA consumer population councils. The BABHA Strategic Plan is shared with other stakeholders[4] via the BABHA website and strategic initiatives are reviewed with key contracted clinical service provider groups via network meetings as appropriate.

[1] CARF Standard: Section I Aspire to Excellence: C Strategic Planning: Standards 1and 2
[2] CARF Standard: Section I Aspire to Excellence: C Strategic Planning: Standard 3b
[3] CARF Standard: Section I Aspire to Excellence: C Strategic Planning: Standard 3a
[4] CARF Standard: Section I Aspire to Excellence: C Strategic Planning: Standard 3c

Monitoring and Reporting

Target Dates

The timeframe for completion of strategic initiatives is assumed to be one year, unless otherwise specified in this plan. Strategic changes are worked on throughout the year and the order in which the initiatives are listed suggests necessary contingencies or sequencing.

Reporting

Members of agency Leadership report as needed on progress in accomplishing breakthrough initiatives during monthly agency Leadership Meetings. Initiatives are deleted, revised, or added mid-year as needed based upon shifts in the environment, changes in the needs or capacities of the organization, or as new information is gathered about optimal strategies.

The CEO and other members of agency Leadership engage in ongoing monitoring of the environment for opportunities and threats and report such information to other stakeholders and the Board of Directors as warranted.

Staff provide input to leadership decision making, including strategic planning, through an ongoing suggestion program, program/team level staff meetings and a periodic employee survey process.

In addition to agency Leadership reporting on strategic initiatives, significant reporting occurs through BABHA's internal staff teams and committees/ councils. Charters for the various committees are included in BABHA operational plans.

Leadership Dashboard Indicators

Key indicators are identified by the organization as a means of monitoring variables that may impact the organization's ability to continue to fulfill its purpose, operate within its value system, and accomplish its core strategies. The indicators are used by the Board of Directors, CEO and agency Leadership to adjust priorities, make strategic decisions and identify areas of emerging risk for the organization. Key indicator data is presented in a Leadership Dashboard Report. The monitoring of key indicators is a companion process to the environmental scan, strengths, weaknesses, opportunities, and threats (SWOT) analysis and breakthrough initiatives.

Indicators are chosen based upon the organization's mission, purpose, values, core strategies and results of the environmental scan. Depending on the nature of the indicator, source data is generated by subject matter experts within BABHA and analyzed by either a member of agency Leadership or BABHA staff committees, councils, or teams. The resulting information then flows up to Leadership, for review at Strategic Leadership Team meetings with the CEO.

Reporting to leadership and the Committees of the Board of Directors occurs on a monthly, quarterly, semi-annual, or annual basis, depending upon the indicator. Board Committees receive and file the reports. The CEO or designee presents the reports and participates in discussion at the discretion of the Committee Chair.

The data for each indicator is presented in a graph. If performance targets, benchmarks or control limits have been established, they are included. Data trend-lines are shown where value-added for purposes of analysis and action planning. The current list of indicators is included as an Attachment to this Plan.

Organizational Description

History

On October 31, 1963, Congress passed, and President John F. Kennedy signed into law, the Community Mental Health (CMH) Centers Act. This legislation recognized society's growing awareness that people with mental illness are constitutionally entitled to receive voluntary treatment in the least restrictive environment. It authorized federal grants for construction of public, nonprofit, CMH centers and ended the prolonged institutional confinement of thousands of citizens with mental illnesses, making it possible for them to receive community-based care and allowing them to remain a part of their homes and communities.

In February1963, the Michigan Senate and House of Representatives had introduced identical bills that were later signed into law by then Governor George W. Romney as Act 54 of the Public Acts of 1963. This legislation was Michigan's own CMH Center Act and gave counties the option to create a CMH program if they so desired. Counties could develop a local CMH program through the appointment of a 12- member board, who would select a chief executive officer and other professional staff while contributing 25% of local funds to the overall budget. The State would fund the remaining 75%.

On September 10, 1963, the Bay County Board of Supervisors adopted Act 54 and authorized the Chair to appoint a CMH Board. The Bay County Community Mental Health Board (BCCMHB) was formed under Public Act 54 as a single county board and the first BACMHB board members were appointed on September 23, 1963. State recognition of the local CMH program was ensured once the local county Board of Commissioners passed a resolution establishing the Board as a CMH.

Effective July 23, 1965, the Department of Public Health was created under Section 16.503 of Act 380 of the Public Acts of 1965. This legislation reorganized Michigan governmental departments.

In 1967, the Michigan Association of Community Mental Health Boards (MACMHB) was organized in response to the growing number of counties in the state creating CMH programs under Act 54.

During the mid-1960s, BCCMHB recruited a psychiatrist as its director. The original outpatient clinic was located at Mercy Hospital in 1964. It included an adult clinic for psychiatric and outpatient services for persons recently discharged from state facilities. It also received referrals from Mercy Hospital. There were no separate administrative offices for the board since it was a function of county government. Concurrently, BCCMHB contracted with the Bay Area Child Guidance Center to provide children's services.

Paul Dingman, a clinical psychologist, was hired as the BCCMHB Executive Director and the board expanded to include Arenac County in 1968. An outpatient clinic was opened on the grounds of Standish Community Hospital to serve the residents of Arenac County.

Some of the clinical operations were moved to 1600 Center Avenue in 1970. This is the building currently occupied by the CPA firm of Weinlander- Fitzhugh. A separate Board Administrative office was also located in this site to manage the increasing number of services offered to the community. This site was eventually converted entirely to clinical operations and the Board administrative offices were moved to Garfield Avenue

In 1971, Arenac County joined with Bay County to form the Bay-Arenac Community Mental Health Board (BACMHB). BACMHB approved the Arenac County By-Laws on August 9, 1974 and the Arenac County Board of Commissioners approved the BACMHB By-Laws on September 24, 1974.

Throughout the years, measures had been taken by the State of Michigan to address the changing needs of those affected by mental illness, among them is the enactment of the Michigan Mental Health Code (MMHC) in 1974 as Public Act (P.A.) 258 and expansion of services, including treatment for children and those who suffered from drug and/or alcohol addiction. With the Arenac County partnership, BACMHB aggressively began to develop services for persons with substance use disorders and for persons with developmental disabilities.

William B. Cammin, Clinical Psychologist, was promoted to Executive Director in 1972 upon Mr. Dingman's departure. On August 8, 1975, Bay County elected to come under P.A. 258 of 1974. The required rules for complying with the MMHC were approved by Bay County on July 15, 1975, and by Arenac County on August 4, 1975.

In the mid-1970s, BACMHB applied for a federal CMH center construction grant. The Mental Health Center federal grant was approved on May 24, 1976, enabling construction of a comprehensive CMH center. A lease between BACMHB and the Bay Medical Center was signed January 17, 1977, after which BACMHB leased the Mental Health Center building located at 201 Mulholland. In accordance with the requirements associated with the construction grant, BACMHB followed federal guidelines for providing the minimal five essential services: inpatient, outpatient, children's services, adult services, and consultation and education.

Most administrative and clinical operations were ultimately consolidated at Bay Medical Center upon completion of the Behavioral Health Center in 1978. This has remained the central location of most operations and the location of the Board Office for more than 43 years.

On July 1, 1987, the Bay Area Guidance Center employees transferred to BACMHB, as children's services were now being delivered in-house rather than through contract as was previously done.

With the arrival of the 1980s, Michigan recognized the need for public mental health services in local communities. At that time, a significant amount of responsibility and resources went into the state psychiatric hospital system and local CMH boards had few resources to provide a complete range of services, particularly for people with serious and long-term impairments. By the mid-1980s, CMH boards were given the opportunity to assume primary responsibility for all public mental health services in their respective counties. Over the course of the next decade, the state hospital system shrank dramatically and individuals with mental illness and developmental disabilities were returned to their counties of residence to receive services.

In the mid-1980s, BACMHB applied to the Michigan Department of Community Health (MDCH) (formerly known as the Michigan Department of Mental Health) to be recognized and sanctioned as a Full Management Board. This permitted the Board to move forward with the development of a full array of community-based services and pursue moving area residents from state hospital care to community care. During this period, the Board developed a significant network of residential homes for individuals with mental illness and developmental disabilities, along with appropriate specialty support services and a case management component to ensure the appropriate coordination and monitoring of community-based services.

Throughout the later 1980's and into the first half of the 1990's, BACMHB grew its service array and participated in several statewide funding and community-inclusive service delivery initiatives which focused on the provision of ever more intensive treatment in non-clinic settings. This included the

establishment of Medicaid Habilitation and Support Waiver funding for services to persons with developmental disabilities and the adoption of specialized models such as; supported employment, Assertive Community Treatment (ACT) for adults experiencing mental illness, and Home Based care for children and families. An additional focus during this time was the formation of collaborative community efforts. BACMHB took the lead in applying to MDCH for funds to support personnel, including administrative support for a coordinator to staff a multi-purpose collaborative body. The Board, to this day, continues to support this position and provides leadership in promoting this effort which brings together a variety of human service agencies in a common effort to maximize collaboration, reduce duplication, and evaluate community needs for financial and other support.

The MMHC was revised and enacted into P. A. 290, effective March 27, 1996. This resulted in a massive reorganization of health-related functions at the state level. One of the significant provisions of this Act was the requirement to recruit and include people receiving services to serve on the Board of Directors for CMH Centers.

In 1995-1996, MDCH announced its intention to seek a Health Care Financing Authority (HCFA) waiver to implement a public mental health managed care program. In 1995, BACMHB, along with nine other CMHs, discussed potential collaboration for purposes of efficiency and managed care service delivery, forming the Mid-Michigan Community Mental Health Partnership (MMCMHP). The partnership included CMH Boards from Central Michigan, Gratiot, Midland-Gladwin, Montcalm, Newaygo, Saginaw, and Western Michigan.

In 1997, MDCH went further and stated its goal of contracting with fewer entities to manage specialty services. The potential for a competitive bid process for the selection of providers of public mental health services increased and provoked far reaching debate locally and statewide. MDCH issued a Request for Information (RFI) to the CMH system to trigger shifts in CMH operational strategies toward managed care and market driven principles. At this time, the MMCMHP engaged a consulting firm to develop a plan and possible structure to meet managed care guidelines and prepare for a possible competitive bid process. Concurrently, Western Michigan CMH decided to join a region on a west side of the state.

The new direction entered by MDCH included a focus on quality and customer service. This required CMH boards to follow the principles of Person-Centered Planning and Self-Determination, both of which are designed to give an individual greater control of the service delivery process. A shift toward “consumerism” encompassed ideas of choice of provider and the opportunity to appeal service delivery decisions. The term “mental health” transitioned to the more widely used term in health care systems, “behavioral health”, and “clients” became “consumers” of services.

This was accompanied by the development of continuous quality improvement (CQI) programs and performance improvement initiatives, both within BACMHB and the State. Accreditation of CMH centers became part of the dialogue as a means of assuring standards of quality, and in 1998, BACMHB received its first accreditation from the Joint Commission on Accreditation of Healthcare Organizations.

In June of 1998, MDCH obtained HCFA approval of a managed specialty care waiver. In October of 1998, MDCH implemented the specialty care waiver as a carve-out of the Medicaid Health Plan for physical health care services and began to fund the bulk of the service delivery system using a capitated payment model.

BACMHB continued to prepare for operation in a competitive managed care world. In conjunction with its regional collaborators, BACMHB developed a managed care division to provide access, authorization, and claims management, called the Access Alliance of Michigan (AAM). Midland-Gladwin CMH decided

to leave the regional partnership, so AAM was designed and implemented with the participating CMHs of Bay-Arenac, Gratiot, Montcalm, and Saginaw Counties. An Information Systems Alliance (ISA) was also developed now, aimed at providing state-of-the-art and leading-edge information systems capacity.

In September of 1999, MDCH issued a concept paper "Competition for Management of Publicly Funded Specialty Services" which identified an optimal size of 20,000 covered Medicaid lives.

In addition, HCFA mandated a shift from sole source to competitive procurement for public behavioral health care in Michigan. Through extensive negotiations with MACMHB and HCFA, the MDCH maintained the carve out but incorporated into the system a selection process that would foster competitive procurement in the provider network and provide incentives for single mental health boards to merge or affiliate to enhance efficiencies, reduce duplication, etc.

On June 12, 2001, the Arenac County Board of Commissioners adopted a resolution creating a Community Mental Health Authority. On June 19, 2001, the Bay County Board of Commissioners followed suit and adopted a resolution creating the Bay-Arenac Community Mental Health Authority. Shortly thereafter, on July 19, 2001, BACMHB approved changing the name of the organization to Bay-Arenac Behavioral Health Authority (BABHA), subject to adoption by the Bay and Arenac County Boards of Commissioners as an amendment to the original resolution.

From 1998 to 2002, AAM functioned as an administrative service organization for the affiliated CMH centers. Further shifts in the AAM membership occurred as Community Mental Health Services Programs (CMHSPs) throughout the state responded to MDCH's call for at least 20,000 covered lives for each entity hoping to secure contracts to provide public behavioral health services. Changes were driven by regional affiliation models, capitation rates, and operating philosophies. The AAM was joined by Tuscola County in the summer of 1999. During 2000-2001, Huron and Shiawassee Counties joined while Gratiot and Saginaw departed, and the AAM eventually formed its own region.

By May of 2000, the Michigan legislature had issued a plan for Medicaid and indigent specialty services. In August of 2000, MDCH issued a revised plan to HCFA. The MDCH now required local CMH boards to submit an Application for Participation (AFP). The purpose of the AFP was to determine whether the CMH program met the state requirements for selection as a pre-paid health plan.

BABHA, along with its affiliate boards, Tuscola Behavioral Health Systems (TBHS), Huron Behavioral Health (HBH), Shiawassee County Community Mental Health (SCCMH), and Montcalm Center for Behavioral Health (MCBH), was successful in being awarded a contract in 2002 to be the Pre-Paid Inpatient Health Plan (PIHP) for Specialty Behavioral Health Services for Medicaid recipients in Arenac, Bay, Huron, Montcalm, Shiawassee, and Tuscola counties.

Another very significant development in 2002 was the formation of a regional substance abuse coordinating agency. The State's reorganization of substance abuse services was initiated to complement the pre-paid health plan specialty services and to include the treatment and prevention of substance use disorders in the affiliate counties.

Among the five (5) AAM partners there were also five (5) regional Substance Abuse Coordinating Agencies through which to coordinate services. Following a detailed analysis, BABHA and its affiliation partners developed a plan to realign CMH and Substance Abuse Coordinating Agency responsibilities. In 2001, BABHA began working closely with MDCH to become designated as a Coordinating Agency. In August of 2002, MDCH designated BABHA as the single Coordinating Agency for the six (6) county region and on October 1, 2002, BABHA Coordinating Agency operations became fully operational.

While BABHA organized and administered the AAM, the affiliated CMHSPs assisted through functional and contractual arrangements with a network of specialty supports and administrative planning. From 2002 through 2006, the AAM and its affiliate CMHSPs worked on developing uniform, and where possible, integrated operational systems to facilitate performance of managed care functions but also to achieve the desired efficiencies wherever possible. In addition, BABHA further evolved mechanisms to address its responsibilities as a health plan for specialty mental health, developmental disability, and substance use disorder services.

Robert Blackford, previously the AAM Director, was promoted to Chief Executive Officer in 2007 upon Dr. Cammin's retirement. In April of 2008, BABHA purchased a residential home and its adjacent lot to operate an Intensive Residential Services Program. This was initiated by the need to provide a safe home for persons who were receiving services from BABHA after MDCH's decision to close the Mt. Pleasant Center. Named the "Horizon Home", it officially opened in September of that same year with two people moving in for an ultimate census of six people.

In the fall of 2009, BABHA leadership decided to actively pursue changing its accrediting body from the Joint Commission (JCAHO) to the Commission on Accreditation and Rehabilitation Facilities, otherwise known as CARF. This decision was made primarily because CARF's standards specifically targeted BABHA's needs as a community mental health organization and supported the Agency's ongoing commitment to offer programs and services focused on the needs of individuals served and based on the highest standards of quality and accountability. Subsequently in January of 2010, BABHA was awarded a three year accreditation by CARF for the following programs: Assertive Community Treatment: Mental Health - Adults; Case Management/Services Coordination: Developmental Disability (DD)/Mental Health - Adults; Case Management/Services Coordination; Integrated DD/Mental Health - Children and Adolescents; Community Integration: Psychosocial Rehabilitation - Adults; Crisis Intervention: Mental Health - Adults; Crisis Intervention: Integrated DD/Mental Health - Children and Adolescents; Intensive Family-Based Services: Family Services - Children and Adolescents; Outpatient Treatment: Mental Health - Adults; and Outpatient Treatment: Integrated DD/Mental Health - Children and Adolescents

In February of 2010, plans were put in place for all clinical staff currently residing on the third floor of Mulholland (except for Emergency Services staff) to move to the Davidson Building in downtown Bay City. It was also decided that the AAM would close their Saginaw location and move their staff into the offices vacated by the clinical staff. These moves were accomplished by mid-June, 2010.

Due to deep general fund cuts by the State in fiscal years 2010 and 2011, all operations were reviewed for efficiency and quality, which led to the exploration of alternative sources of revenue. BABH joined with other CMHSP's in the AAM affiliation forming an association which would organize two different service organizations and a charitable entity to assist with generating funding for critically needed services for indigent populations; one of the service organizations, Crossroads was developed but ultimately closed in 2014. Tele-psychiatry services were added as a component of existing treatment programs after other means of providing timely and cost-efficient psychiatric services were explored. The Riverhaven Coordinating Agency (RCA) and the AAM aligned and integrated their managed care functions for increased efficiency including access, prevention, utilization and quality management, and contract management.

As the second decade of the new century began, a national and statewide focus on integration of physical and behavioral health emerged, in addition to emphasis on recovery and wellness. Of interest were individuals with chronic health conditions who also experience serious mental illness(es), as studies identified such populations were dying decades earlier than those without such co-morbid

health conditions. BABHA instituted the Health Integration Project at the Arenac Center site in Arenac County. Numerous wellness and health education classes were offered to consumers such as smoking cessation, nutrition, exercise classes, computer training to access health information, etc. In addition, wellness goal setting and support at Person Centered Planning meetings and home and telephone support from a Peer Support Specialist were also available through the Project.

Mr. Blackford departed BABHA in 2012 and was replaced by Christopher Pinter, Clinical Social Worker, who was promoted from the AAM Director role. BABHA remained a Community Mental Health Services Program and a Substance Abuse Coordinating Agency (d.b.a., Riverhaven Coordinating Agency) employing over 250 personnel. BABHA's designation as a Pre-Paid Inpatient Health Plan (d.b.a., Access Alliance of Michigan) ended 12/31/13. In 2014, BABHA became a CMHSP operating under a collaborative agreement within the Mid-State Health Network (MSHN), a 21-county region designated by the Michigan Department of Community Health as one of ten Pre-Paid Inpatient Health Plans for Medicaid specialty behavioral health services. Since that time BABHA has continued to perform numerous managed care functions on behalf of MSHN on a contractual basis, based upon its previous experience operating as the AAM.

In 2014 further transitions occurred in the region, as effective October 1, 2014 the Coordinating Agency network in Michigan was folded into the PIHP system by the MDCH. Thus, MSHN assumed responsibility for substance use disorder prevention and treatment services for all its 21 counties. To facilitate a seamless and expedited transition, MSHN issued a request for proposals to the CMHSP's in the region for selection of sub-regional entities to manage these services and BABHA was awarded a contract for 12 of the 21 counties, specifically Arenac, Bay, Clare, Gladwin, Huron, Isabella, Mecosta, Midland, Montcalm, Osceola, Shiawassee and Tuscola.

This sub regional arrangement for substance use disorder services lasted for approximately one year until all related administrative functions were consolidated at the MSHN central office in Lansing on October 1, 2015. BABHA retained some local prevention responsibilities for Arenac and Bay Counties and provided similar administrative supports to Huron and Tuscola CMHSPs via contract arrangement.

The Michigan Department of Human Services merged with MDCH into a consolidated structure in February 2015 to create the Michigan Department of Health and Human Services ("MDHHS"). In addition, the new MDHHS continued to initiate affirmative efforts to reduce historical funding inequality for mental health and substance use services, restored some CMHSP general funds and encouraged further integration of care between regional PIHPs and the Medicaid Health Plans. These actions served to strengthen the ability of BABHA to continue to effectively serve the most vulnerable persons in the community for the foreseeable future.

MDHHS presented final proposals for physical and behavioral health integration for Specialty Mental Health Services and Supports in 2017 based on extensive public stakeholder feedback. These recommendations and other legislative priorities have led to continued dialogue regarding the future roles of private Medicaid health plans and public CMHSPs in the management and delivery of public mental health services.

BABHA ended the last of its administrative service agreements with MSHN to provide selected PIHP managed care functions as of December 31, 2017, BABHA now performs only those managed care functions which are delegated to all CMHSP's in the region.

In 2020, BABHA faced significant challenges to service delivery when the COVID-19 virus spread throughout the world, infecting millions. Michigan was particularly hard hit, including Bay County. BABHA worked closely with local public health officials and by the end of March 2020 had transitioned

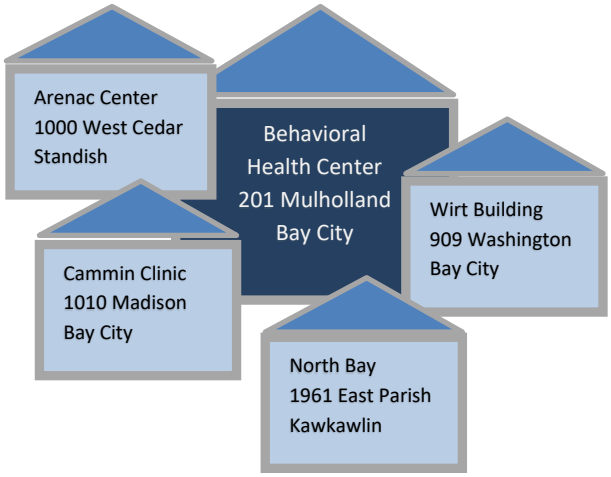
all but direct support staff and selected psychiatric clinic staff to virtual offices. On-site services at BABHA locations were reduced to only those services that could not be performed remotely. Audio and video telehealth options were expanded markedly by Medicaid and Medicare. Obtaining and rationing needed personal protective equipment (PPE) became critical to BABHA's ability to continue to operate. Staffing capacity de-stabilized as the virus spread through congregate settings such as specialized residential homes. BABHA sought and obtained a grant to establish an emergency shelter at its North Bay location should a congregate setting no longer have the ability to operate or a isolative non-inpatient care space be needed. As of the end of 2020, BABHA remained in a state of partial shutdown.

The BABHA Board authorized Strategic Leadership to initiate several actions between ~~in~~ 2021 and 2023~~2~~ to respond to the pandemic and protect the safety of our communities. These actions included extensive COVID screening and monitoring at service locations, enhanced infection control and PPE requirements, installation of improved air filtration mechanisms, establishment of emergency shelter protocols, use of remote/virtual technology for public meetings, financial stabilization payments and revised contract amendments to support vulnerable network providers, and enhanced compensation/retention payments to direct care staff. In addition, BABHA in partnership with Bay County Public Health was designated as a COVID-19 vaccination clinic by MDHHS and began providing the Moderna initial and booster vaccines to Bay and Arenac County residents in January 2021. BABHA prioritized persons in residential and individual housing arrangements that might be more vulnerable to community spread and/or have less access to primary care and included mobile clinics throughout both Bay and Arenac Counties. BABHA continued offering ~~will continue to offer~~ vaccination services to all consumers, employees, retirees, board members and members of the public through the end of the public health emergency in May 2023.

Statistics

BABHA operates out of five office locations (see Figure 1: BABHA Office Locations~~Figure 1: BABHA Office Locations~~~~Figure 1: BABHA Office Locations~~), with its main offices located in the Behavioral Health Center at 201 Mulholland in Bay City and additional administrative offices housed at the Wirt (United Way) building.

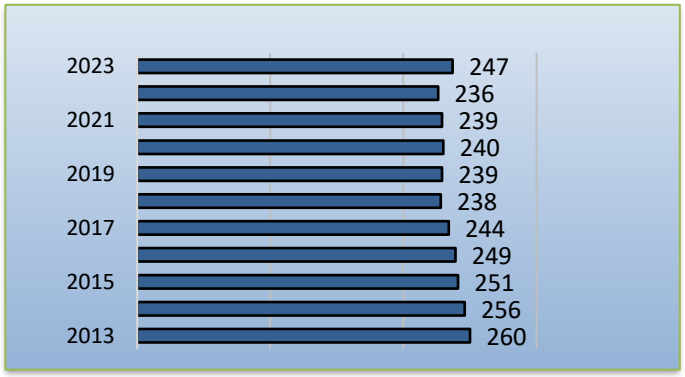
Figure 1: BABHA Office Locations



Clinics are operated at the Arenac Center in Standish and at the Madison and Mulholland locations. Community Living services are provided out of the North Bay location, as well as additional clinical services, such as case management and support coordination services. BABHA directly operates a licensed adult foster care home, which is certified as a specialized residential setting, and some related supported independent living arrangements.

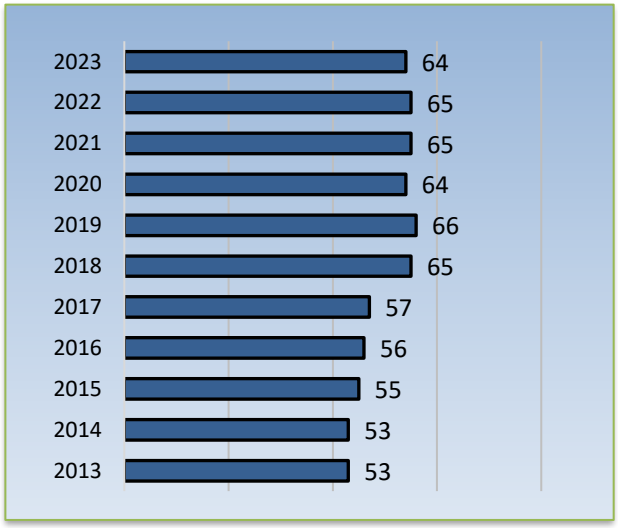
BABHA employs psychiatrists, nurses/practitioners, licensed social workers, professional counselors, psychologists, and other licensed professionals, as well as certified direct care staff, administrative support staff, human resource professionals, ~~accountants~~accountants, and other administrative professionals (See Figure 2: # of Employees~~Figure 2: # of Employees~~~~Figure 2: # of Employees~~).

Figure 2: # of Employees



~~The number of employees of BABHA declined for several years in response to BABHA transitioning away from being a pre-paid inpatient health plan (PIHP) and hiring limitations put in place by BABHA to keep expenses within available revenue limits once BABHA joined the Mid-State Health Network. The need to delay in market-based compensation adjustments was also a contributing factor. Employee compensation was revised by the BABHA Board of Directors in 2018 and again for fiscal year 2021, bringing BABHA closer to market average compensation~~. Post pandemic hiring for most positions has been difficult due to lack of applicants. It has been especially difficult to hire and maintain Licensed Social Workers, Nurses and Direct Care Workers. In 2023, there has been a slight increase in the number of employees to be able to meet the increase in the numbers of individuals served.

Figure 3: # of Contracted Clinical Service Providers



BABHA contracts with several licensed independent practitioners, organizational service providers, Applied Behavioral Analysis providers, adult foster care homes and psychiatric inpatient hospitals (See Figure 3: # of Contracted Clinical Service Providers~~Figure 3: # of Contracted Clinical Service Providers~~~~Figure 3: # of Contracted Clinical Service Providers~~). The number of providers increased around 2018 due to expansion of demand for Autism related services.

Clinical service populations include:

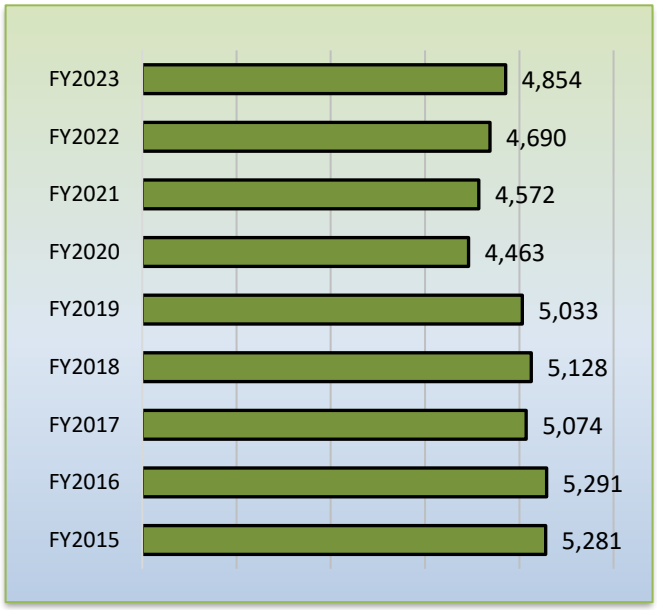
- Adults with mental illness
- Children with serious emotional disturbance
- Adults and children with intellectual and developmental disabilitie~~s~~s
- Individuals with co-occurring substance use disorders

Typically, over 5,000 residents of Arenac and Bay Counties are served each fiscal year (FY) by BABHA direct operated programs and contracted service providers (See Figure 4: Total # of Individuals Served~~Figure 4: Total # of Individuals Served~~~~Figure 4: Total # of Individuals Served~~).

The number of people served was significantly impacted by the international pandemic which began in the Spring of 2020 and continued through the Fall of 2021. Emergency public health related orders, the inability to deliver some types of services via tele-health, the illness of people served and/or BABHA personnel and contracted service providers, among other challenges reduced the number of people able to access services. Every year since the pandemic, the numbers of individuals served has steadily increased. The numbers of individuals served in 2023 are much closer to the 5,000 that have been served annually prior to the pandemic.

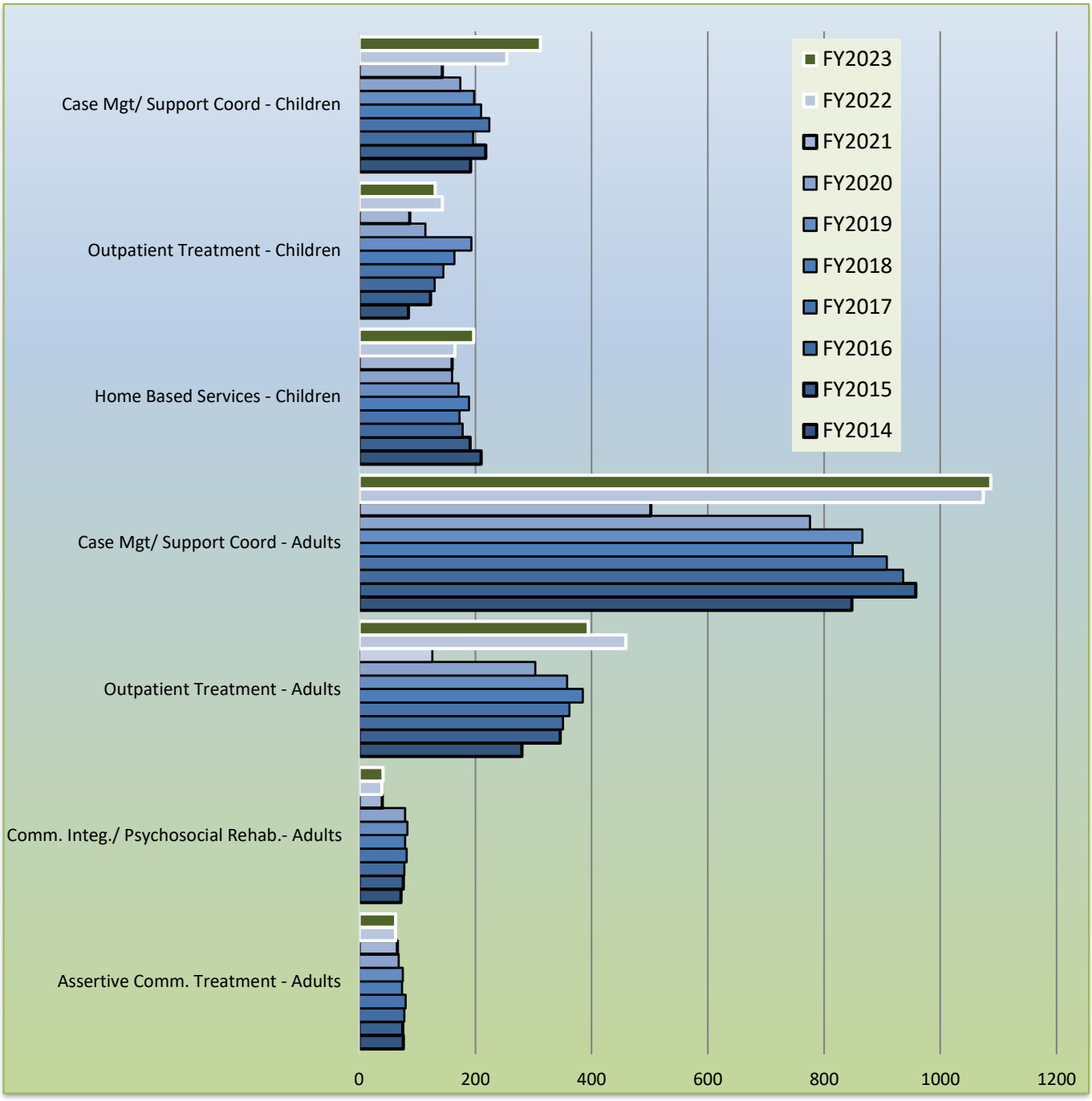
Services provided through the BABHA service provider network include clinical assessment, psychological testing, psychiatric evaluation, medication management, outpatient therapy, behavioral treatment, case management, support coordination, nursing, occupational therapy, speech/ language therapy, independent living support, residential living, vocational services, skill building services and psychiatric inpatient care, among others.

Figure 4: Total # of Individuals Served



BABHA is CARF accredited for specific clinical programs, as shown in Figure 5: Unduplicated Consumers Served per Accredited Program~~Figure 5: Unduplicated Consumers Served per Accredited Program~~~~Figure 5: Unduplicated Consumers Served per Accredited Program~~. The number of people served during the latter part of Fiscal Year 2020 and all of Fiscal Year 2021 was greatly impacted by the COVID-19 world-wide pandemic. Casemanagement Services has had significant increases in 2022 and 2023. Outpatient therapy services are slightly down due to the difficulty in hiring Licensed Social Workers. It is anticipated that January of 2024 will provide some relief when Licensed Professional Counselors will be able to bill Medicare.

Figure 5: Unduplicated Consumers Served per Accredited Program



Please note: there were several changes to the formula for identifying "sent" encounters between 2021 and 2022 in order to more accurately account for many service locations that had been excluded prior to COVID-19. The changes were designed to reflect the significant increase in telehealth services during public health emergencies and primarily impacted outpatient and case management services.

BABHA revenue and expense for community mental health services are shown in ~~Error! Reference source not found.~~ Figure 6. Expenses are closely managed to remain within regional Medicaid revenue levels in order for BABHA to operate within the resources provided local counties and regional and state payers.

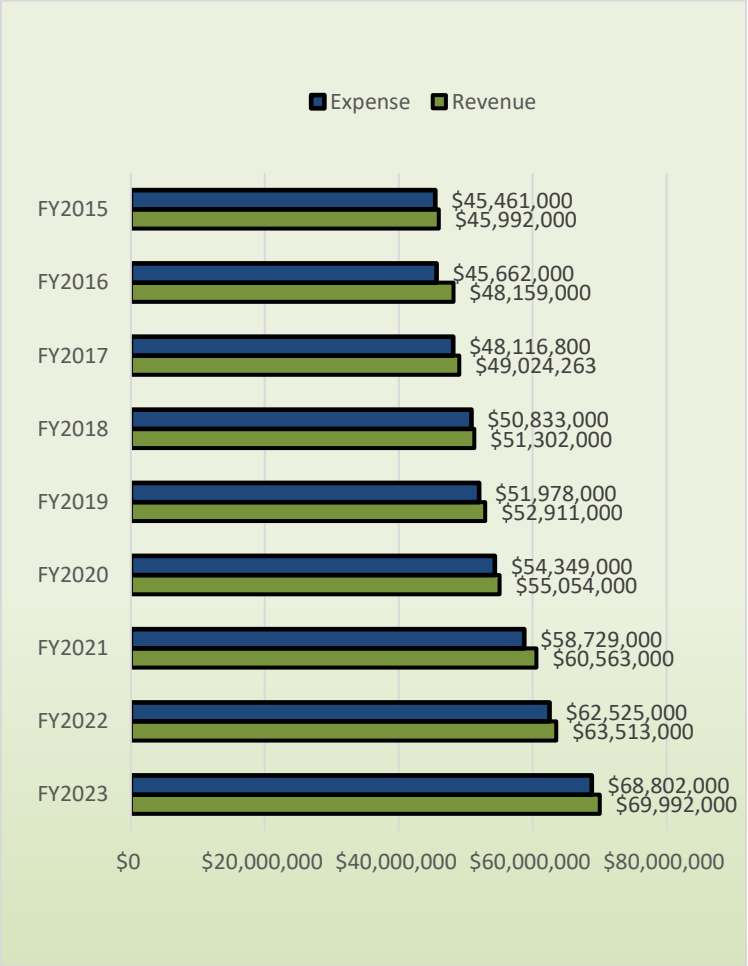


Figure 6: Revenue and Expenses

An Organizational Chart is included as Attachment One, which depicts the functions of BABHA at a summative level.

Strategic and Operational Relationships[5]

Bay-Arenac Behavioral Health operates within the context of its role as a component of the federally mandated and state certified public safety net and government funded health care delivery systems, as well a regional participant and collaborator, a county authority with a Board of Directors appointed by Arenac and Bay Counties, and a community partner for local human service agencies and health care providers. Functioning effectively in this rich mixture of often competing expectations necessitates close attention to communication and collaboration.

As a result, BABHA personnel are seated on numerous external groups, including work groups, councils and committees of the Michigan Department of Health and Human Services, Michigan Community Mental Health Association, Mid-State Health Network and regional and community collaboratives.

In addition, BABHA's internal operations require frequent gatherings of staff, contracted service providers and other stakeholders directly related to BABHA daily activities to transmit information, manage networks, improve operations and coordinate workflows.

Attachment Two of this document is a list of such Organizational Relationships for BABHA.

[5] CARF Standard Section I: Aspire to Excellence; C Strategic Planning; Standard 1i: Strategic planning considers the organizations relationships with external stakeholders

Organizational Concept Statement

Bay-Arenac Behavioral Health is in existence to ensure the delivery of a comprehensive array of health-related supports and services for people with developmental disabilities, mental illness, and/or substance use disorders that are inherently accountable to the persons and families in our community.

Mission Statement

It is the mission of Bay-Arenac Behavioral Health to improve health outcomes, to enhance quality of life and strengthen the community safety net for citizens of Arenac and Bay counties.

Values/Guiding Philosophies

All who are associated with carrying out the mission of Bay-Arenac Behavioral Health are governed by the highest ethical standards and the following values…

- Each person is unique and will be treated with **dignity** and will be respected regardless of ethnicity, religious preference, age, race, sex, sexual preference, gender identity and respected for their lived experience.
- We are committed to delivering services in a manner that is **responsive to urgent, emergent, and long term community** needs of our stakeholders.
- We seek to provide a **recovery**-focused and **trauma**-informed system of care.
- We believe that individual and community wellness is enhanced by the delivery of **integrated healthcare** services that are directed by and responsive to the person served.
- We are committed to promoting **independence, choice, control** and meaningful engagement with peers, family, friends, and community.
- We are committed to collaborating with our community partners to encourage **wellness**, to promote **prevention**, and to increase health literacy.

Core Strategies

1. Effectively manage behavioral health care services for persons with developmental disabilities, mental illness, severe emotional disturbance, and substance use disorders.
2. Delivery of integrated behavioral health care through a coordinated network of services.
3. Coordinate service delivery and collaborate in decision making with stakeholders to maximize responsiveness to community needs.
4. Operate in compliance with local, state and federal regulatory and/or contractual requirements.
5. Maximize administrative and clinical efficiency, including coordination of benefits, to minimize the cost of service and optimize revenues.
6. Ensure individual safety, service quality, and management accountability through use of evidence-based practices, measurement of outcomes and effective use of information.
7. Seek to maintain an organizational environment that promotes excellence and workforce competence and utilizes recruitment and retention strategies to remain competitive in the behavioral healthcare marketplace**.**
8. Apply principles of good customer service to all clinical, business and service relationships.

Environmental Scan and Breakthrough Initiatives

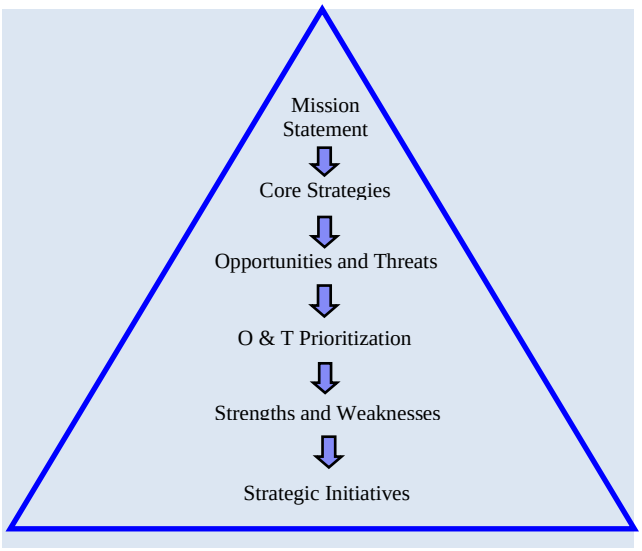
BABHA reviews what is occurring in the environment external to the organization and engages in an analysis and action planning process to ensure the organization continues to remain viable to achieve its mission. An ENVIRONMENTAL SCAN identifies OPPORTUNITIES AND THREATS in the environment that may impact the organization's ability to achieve its core strategies in the present or near future (1-2 years). The organization defines opportunities and threats as follows:

Opportunities:	Conditions external to the organization that the organization may want to take advantage of to facilitate achievement of core objectives
Threats:	Conditions external to the organization that may hinder achievement of core objectives if not decreased or eliminated

Organizational STRENGTHS AND WEAKNESSES are then assessed for the highest priority opportunities and threats. The organization defines these terms as follows:

Strengths:	Attributes of the organization that are expected to be helpful to the organization in taking advantage of an opportunity or fending off a threat
Weaknesses:	Attributes of the organization that may hinder the organization's ability to take advantage of an opportunity or fend off a threat

BREAKTHROUGH INITIATIVES, present short-term strategies (12-24 months) to address the highest priority environmental opportunities and threats, taking into consideration the organization's strengths and weaknesses. The strategies are specific with responsible parties, sub-tasks and due dates defined.



STRATEGIC INITIATIVES by their nature do not include operational activities and are transformative in nature. The focus is on opportunities and threats with the potential to impact achievement of core strategies. Top priority is given to mission critical strategic opportunities and threats, with secondary priority given to systems transformation. Not every opportunity or threat warrants action.

Most of the organization's activity will be operational, so it is important when reviewing this plan to not consider the resulting breakthrough initiatives as representative of the organization's total outputs. The following graphic illustrates this point.

Highest Priority	Mission Critical
⇩	Systems Transformation
Lowest Priority	Operational

A STRATEGIC INITIATIVE TIMELINE is defined to portray when the strategic initiatives will be targeted for completion and to represent potential sequential relationships or contingencies between initiatives. The timeline may also be used by the CEO to hold lead team members accountable for strategic action.

Environmental Scans, SWOT and Breakthrough Initiatives for 2022

BABH Agency Leadership Committee

Environmental Scan: ~~Organizational Response to Pandemic~~ Recommend: ~~Post Pandemic impact on our system? Budget initiative may cover some of the issues.~~

Lead Team Member(s): ~~Chris Pinter~~ ~~**Status:**~~ ~~Continue for 2023~~ Eliminate for 2024

~~**Impact on Ability to Accomplish Mission:**~~

- ~~COVID-19 pandemic is particularly dangerous to the health and safety of existing BABH service populations, i.e. aged, disabled with complex physical and mental health conditions~~
- ~~COVID-19 transmission risk is highly associated with in-person service contact requiring significant alterations in the delivery of nearly all CMHSP specialty mental health supports and services for an extended period~~

~~**Opportunities/Threats:**~~

~~Threats~~

- ~~COVID is a health risk to all consumers, families, and employees~~
- ~~Congregate living facilities, the most common setting for residential/CLS supports, are particularly conducive to community spread~~

~~Opportunities~~

- ~~CMHSPs can build stronger, more dynamic relationships with emergency response partners and Public Health departments~~
- ~~CMHSPs can provide significant leadership and advocacy to the community in the service of persons with disabilities and mental health conditions~~

~~**Strength/Weaknesses:**~~

~~Strengths~~

- ~~BABH has established positive safety net relationships in the Bay and Arenac communities, particularly with Bay and Arenac County Public Health Departments~~
- ~~MDHHS and BABH has provided significant amounts of financial and in-kind support to stabilize the provider network during the last 3 years~~
- ~~BABH has continued to improve its health care coordination efforts with primary care and downstream CMHSP provider systems and is preparing for the opportunity to pursue Certified Community Behavioral Health Clinic (CCBHC) status as the COVID pandemic winds down~~
- ~~MSHN Region continues to be well resourced to pursue provider stabilization, alternative service delivery methods, premium pay for direct care staff and personal protective equipment (PPE) in the near term.~~
- ~~BABH has operated an MDHHS designated COVID-19 vaccination clinic for consumers, staff and members of the community since January 2021~~
- ~~BABH has a proven track record of use of telehealth technology for services~~

~~Weaknesses~~

- ~~Extended duration of pandemic and workforce shortages have created unrelenting financial pressures on health care systems~~
- ~~Vaccination and booster rates are slowly improving but continue to impair collective attempts to reach COVID herd immunity in the US~~
- ~~Significant amounts of direct care staff turnover and loss of experience in the last 3 years~~
-

Breakthrough Initiatives:	**Resources:**
1. ~~Transition of premium pay arrangements for direct care staff in residential/CLS arrangements to permanent adjustments~~	~~MSHN, Board of Directors, Strategic Leadership Team~~
2. ~~Maintain an active and available PPE stockpile and reserves for deployment to residential/CLS providers~~	~~Marci Rozek, Sarah Van Paris, Eric Strode~~
3. ~~Systems transformation to increase telehealth options long term within federal, state and clinical guidelines (Also, in response to BABHA Consumer Councils request, explore continuation of~~	~~Health Care Integration Steering Committee, Jesse Bellinger, Strategic leadership Team~~

	~~telehealth options to provide consumers with choices between in-person and telehealth service delivery where feasible).~~	
4.	~~Implementation of post-COVID clinical and person-centered decision-making and ensuring its effective~~ Related to the telehealth ~~regulations?~~	~~Strategic Leadership Team, Agency Leadership Team, BABH Medical Director~~
5.	~~Continuation of COVID-19 vaccination clinic operations~~	~~Agency Leadership, BABH Medical Director, Sarah Van Paris~~
6.	~~Continuation of infection control/detection/mitigation strategies at BABH and provider sites~~	~~Eric Stroud, Sarah Van Paris, Agency Leadership~~

Health Care Improvement and Compliance Committee

Environmental Scan: **Integrated Health and Coordination of Care (Mental Health, Physical Health and Substance Use Disorders)**

Lead Team Member(s): Karen Amon~~Janis Pinter~~, Joelin Hahn, Amy Folsom, Sarah Van Paris, Jesse Bellinger

Status: Revised for 2024~~Revised for 2023~~

Impact on Ability to Accomplish Mission:

- Must be able to evolve with changing health care industry or may lose opportunity to continue mission
- Improved health status of consumers and reduced co-morbidities through stronger coordination with community partners
- Improved Health Status of consumers and effective management of co-morbidities through expansion of Advanced Health Serviced Nursing.

Opportunities/Threats:

Threats

- Accountable care initiatives based upon health performance indicators
  - PIHP Medicaid contract to include performance incentives
- PIHP/CMHSP and Health Plan contract requirements
  - Coordination of Care with primary care physician
  - Coordination of care with SUD providers
  - Incorporating results into the Individual Plan of Service
  - Basic health screening including vitals and blood glucose levels if not seen by primary care physician for more than 12 mos.
  - Basic annual health screening including percentage of members 18-64yo w/schizophrenia or schizoaffective disorder and cardiovascular disease, who

Strength/Weaknesses:

Strengths

- ~~New employee performance review health care integration competency assessment~~
- ~~New easy to use MDHHS sponsored guidance on use of state behavioral health coordination of care consent from Altarum~~Implemented the MDHHS Universal Consent Form 2023.
- Current access to nursing and psychiatrist support:
  - Psychiatric clinic – Outpatient services
  - Residential services include access to nursing as medically necessary)
  - ACT model includes access to nursing and psychiatry
  - Advanced Health Nursing Services
  - Triage by Medical Assistants (Madison Clinic and Arenac Center)
- Availability to BABHA of Medicaid claims data for non-behavioral health services, including the Mi Gateway access for medical staff and other selected staff MDHHS Care Connect 360 and Zenith Integrated Care Delivery Platform (ICDP) provided by MSHN, including Key Performance Indicators
- Consumer health literacy materials developed by BABHA
- ~~Addition of 1 FT RN with primary focus on Health Integration initiatives including Advanced Health Services and development and implementation of HCI curricula~~
- EHR that supports integrated health care:
  - DIRECT messaging (secure communication between healthcare provider EHR's)
  - Inbound and outbound Admission-Discharge-Transfer records (ADT's)

had an LDL-C test during the measurement year.

- ~~o~~
- MDHHS likely to add requiring sending of ACRS (i.e., consumer identifying information) files to Michigan Health Information Network Services (MiHIN)
- ~~o MDHHS likely to require CMHSP's to provide outbound Admission-Discharge-Transfer records (ADT's) or MiHIN~~

- ~~MSHN Key Performance Indicators (and Zenith Care Alert Reports – CMHSP's will be monitoring for progress in management of population health~~
- ~~Prescriber liability concerns regarding providing consultation for general practitioners prescribing psychotropics~~
- ~~Possible reactions from existing medical staff to the introduction of nursing case management role(s) and medical assistant-like support staff~~
- Poly-pharmacology– to include individuals who get psychotropic medication from external prescribers and CMH network prescribers and/or individuals on multiple medications and their needs cannot be met in community care once stabilized
- ~~Recent~~ On going epidemic of opiate and other addictions in the community
- CMHSP's still lack billing codes to support integrated health care, such as consultation codes
- Difficulty in maintaining fully staffed nursing services
- Community prescriber staffing shortages in the physical health care environment

Opportunities

- ~~Certified Community Behavioral Health Clinic (CCBHC)~~Behavioral Health Home Models emerging in Michigan
- ~~Potential for interface directly between Care Connect 360 and Phoenix~~
- Preventative or early intervention with youth before health
  - E-consent module compliant with MDHHS standardized behavioral health consent
  - ~~o~~ Patient portal for document sharing and e-signature capabilities implemented 2023
  - Lab ordering and interfaced test results (BABHA is active with Quest Labs, McLaren and Ascension-Standish labs)
- Psychiatric Clinic – currently fully staffed and meeting demand of referrals and follow ups. Wait times are less of a problem
- Automated patient appointment reminder system largely functional. Updated 2023 to rolling reminders and improved language to clarify destination site of virtual appointments
- Federal and state information resources to support integrated health care initiatives
- Improved coordination of care letter now electronic in 2023 allows BABH to receive more information from PHCP and other medical providers
- Using certified electronic health record with capability to transmit continuity of care documents, receive admission/ discharge/ transfer documents and direct message
- Already entered into an agreement with a health information exchange (GLHC, now part of MiHIN) for lab results interface
- BABH ~~gains access to~~Clinic Staff routine use of MiGateway ~~as pilot~~ with MiHIN for ADTs in addition to VIPR. ~~Will begin using at entry points of service.~~Being used by nursing staff at all states of treatment.
- MSHN Key Performance Indicators (and Zenith Care Alert Reports – CMHSP's will be monitoring for progress in management of population health
- Implementation of Medical Assistants in Bay and Arenac Counties to assist with triaging and rooming patients
- Helen Nickless Free Medical Clinic relationship – Helen Nickless staff provide screening for mental health symptoms/distress, Great Lakes Bay Health Center provides a psychiatric provider and mental health professional (therapist) from BABHA who then assesses for CMH level of care and referral if eligible. Helen Nickless staff assist individuals in applying for Medicaid.

Weaknesses

- Inpatient and outpatient demand post-COVID exceeds current provider capacities.
- BABHA performance on MMBPI access indicators has declined
- Loss of staff competencies in motivational interviewing (including assessing stage of change), mindfulness and recovery- oriented systems of care; nurses not yet at desired level of competence
- Discomfort among some non-medical staff in addressing whole health issues
- Consumers not currently utilizing BABHA nursing and psychiatric support services, including some:
  - Children and families experiencing developmental disabilities or serious emotional disturbances (SED)
  - Consumers with MI and DD case management not living in residential settings nor receiving psychiatric services
  - Consumers using contracted primary service providers who do not have nursing staff
- Integrated health related competencies of staff are variable
- ~~Integrated health not addressed in new employee orientation or annual staff training~~

conditions become chronic – including but not limited to obesity
- ~~MSHN Performance Improvement (PI) Project re Diabetes Monitoring~~
- Community health care potential partners
  - Bay County Public Health - possible co-located health and wellness facility
  - Great Lakes Bay Health Centers (FQHC)Sterling Area Health Center
  - Recovery Pathways
  - Echo Project
- Potential to become a learning center for student nurses, nurse practitioners and physicians through partnership with local university medical schools as well as local high school co-op placements
- Educate medical staff to the introduction of nursing case management role(s)
- Availability of the option to utilize certified peer specialists to support integrated health efforts
- State health care initiatives
  - Beh. Health Home initiative
  - Duals Projects (MI-Health Link)

- Integrated health not adequately addressed or implemented with internal staff or with ~~in~~ contracted service provider contracts and scope of work
- Lack of understanding among community primary healthcare providers regarding behavioral health, including hospital emergency room staff
- Openness to collaboration often limited to primary healthcare providers on Medicaid Health Plan provider network panels
- Management of chronic health conditions is difficult, especially for people not in recovery or with unstable housing
- Multi-generational families with poor health management skills
- Lack of certified peer specialists ~~due to MDHHS restrictions on qualifications~~
- Lack of transportation for healthcare
- Existing Coordination of Care system with general practitioners is not as effective as it could be but improvement has been made with clinic-only letter and electronic coordination of care document for primary case holders
- Coordination of care with SUD providers is lacking
- ~~Privacy notice, consents, handbook, website and other consumer materials do not address sharing of health information via automated exchanges – Karen A. is this completed?~~
- Recent federal regulatory changes did not lessen the burden of protecting substance abuse treatment information
- Lack of awareness/understanding/use among other health care providers for DIRECT messaging, Admission-Discharge-Transfer records (ADT's), Continuity of Care Document (CCD's), etc.

Breakthrough Initiatives:	**Resources:**
1. Prepare for ~~CCHBC~~ Behavioral Health Home (BHH) integrated health readiness. a. Identify next steps specific to health care improvement and create a work plan that incorporates every department so that health integration becomes a natural part of clinical flow. ~~b. Reintroduce didactic educational groups "lunch and learns" hosted by nursing staff.~~ ~~c.~~b. Continue to expand Advanced Health Services. c. ~~Consult with Kalamazoo and other CCBHC experts~~ d. Explore Behavioral Health Home service provision.	Health Care Integration Steering Committee (HCISC)
2. Define Policy and procedures for external information exchange and/or messaging processes with other (i.e., non-BABH provider network) health care providers: a. Determine how expectations for how BABHA clinicians will interact with ADT feed and activate alerts specific to such expectations. b. Define expectation for routine use of MiGateway and VIPR. Nurses are using. Expand for other clinical staff c. Continue to offer to exchange data with local health providers who are able to exchange DIRECT messages. If yes, determine what BABH would like to send/receive and what entities would like to send/receive. Target entities that do not contribute to MiGateway. ~~c.~~d. Continue to use CC360 for care management, increase utilization to routine clinical workflow.	HCISC, ~~Theresa Adler, Brenda Beck~~Denise Groh ~~Karen A. Is this accurate?~~ Amy Folsom, Sarah Van Paris

~~3. Ensure clinical, medical and support staff have access to health care data:~~ ~~a. Continue to use CC360 for Home Help utilization information (used by CLS Committee); to assist with Access/ES contacts; for care management in conjunction with MSHN and health plans; to assist with psychiatric clinic coordination of care and consent management; and for root cause analysis.~~ ~~i. Increase utilization to routine clinical workflow by developing expectations for clinical teams.~~ ~~ii. Make available to internal and contracted staff common medical terminology and conditions where education is required upon hire and at least annually.~~ ~~b. Once e-consent is deployed in Phoenix (see initiative):~~ ~~i. Re-approach MiHIN about signing agreements~~ ~~ii.~~i. ~~Request PCE implement CC360 EHR interface~~	~~HCISC, Theresa Adler, Brenda Beck; Rachel Lemiesz, Chelli Harless~~
3. Expand BABHA same-day access, outpatient, and crisis residential service options. ~~4. Deploy PCE's e-consent module to comply with state req't and facilitate exchange of info for coordination of care~~	**Joelin Hahn, Stacy Krasinski, Amy Folsom** **~~Janis Pinter, Brenda Beck, Denise Groh~~**
4. Explore integrated behavioral health home models for ACT	Joelin Hahn, Karen Heinrich, Sarah VanParis
5. Implementation of health literacy training guidelines for staff and individuals served New employee performance review health care integration competency assessment ~~5.~~	Sarah VanParis, Jennifer ~~Laseski~~Lasceski

Finance Committee

Environmental Scan:	**Management of Internal Operations and Provider Network within BABHA Annual Budget**		
Lead Team Member:	Marci Rozek	**Status:**	~~Revised for 2023~~

Impact on Ability to Accomplish Mission:

- It is important to make strategic decisions while maintaining competitive business operations and a strong Provider Network in a manner that is consistent with organizational values
- As resources are impacted, service arrays, provider networks, staffing, and supporting infrastructure are also changed

Opportunities/Threats:

- ~~State-wide reallocation of General Fund appropriation through 2023~~
- Annual Performance Improvement Bonus Incentive Payment
- An increasing fund balance
- State and federal grant opportunities for integration and staff retention
- ~~Time frame and f~~Funding of mandated direct care wage increase through capitated rates~~out the pandemic~~
- ~~Threat to Network Provider financial stability when non-urgent/non-emergent services decline as State pandemic risk level rises~~

Strengths/Weaknesses:

- Board aware of budget status and supportive of investments in provider systems
- Zero-based budgeting not performed periodically
- Scale of MSHN region allows opportunity to

- ~~Costs associated with COVID-positive consumers requiring 24-hour services~~
- MSHN Network Provider Stabilization Plan developed to assist Providers with lost revenue and unusual expenditures during the pandemic has ended.
- MSHN Network Provider Crisis Staffing Plan developed to assist Providers with staff recruitment and retention efforts has ended and funding is no longer available. It is at each CMHSP discretion to approve such efforts within their annual subcontract budget.
- Threat to public services posed by financial integration strategies
- Autism funding not sufficient to meet volume of services provided
- Demand for outpatient and autism services greater than internal and external capacity
-
- Lack of services for people without Medicaid (source: community/ stakeholder needs assessment)
- ~~Demand for autism services greater than internal and external capacity~~
- Maintaining a stable Provider Network crucial. Staff recruitment and retention ~~increasingly becoming~~ still a concern even after~~during~~ the pandemic.
- Long term financial viability of residential contracts
- ~~Increase transfers to competitive employment from vocational services; Individual Placement and Support Evidence Based Model movement to~~ Evaluation/monitoring of outcomes based vocational contracts
- Vocational opportunities with Michigan Rehabilitation Services
- Expansion of Mobil Response Team to second shift with financial assistance from grant funds and MSHN
- Pervasiveness of need in some areas, such as SUD services in Arenac County
- Home and community-based waiver financial impact being monitored, anticipate rise in community living support services
- Potential for changes to or elimination of the Affordable Care Act and traditional Medicaid
- Post COVID labor market increasing all provider expenses.
- Lower cost crisis residential unit to divert higher cost inpatient hospitalizations
- Expansion of CCBHC site in the MSHN region consuming excess Medicaid funding/savings fund additional budget requests annually when MSHN's Medicaid savings and ISF allows
- Lack of accounting for current utilization trends affects the MDHHS rate setting process
- MSHN supportive of Provider Stabilization efforts within each CMHSP budget
- Efficient use of EHR.
- Large continuum of services still available
- Lack of consistent information to community – i.e., services available before a crisis arises
- Increasing~~Still high~~ inpatient hospital (utilization)
- High turn-over rate and over-time costs with Network Providers of direct care services
- MDHHS eligibility specialist and staff critical to monitoring Medicaid benefits
- MDHHS phasing out CMHSP local match drawdown commitments

Breakthrough Initiatives:	**Resources:**
1. Monitor Long Term (3-5 year) Financial Plan based on revenue trends	Chris Pinter;; Joelin Hahn; Heather Beson
2. Monitor Medicaid and General Fund expenses in every programmatic, personnel and financial consideration; continually monitor fiscal year revenue projections	"
3. Monitor financial stability of Network Providers; Monitor staff retention and impact of recent CLS and provider rate adjustments related to the DCW mandate	"
4. Monitor financial impact of Individual Placement and Support (IPS) Evidence Based Model, related vocational service, Outcome-Based Contracts and community living support services in response to home and community-based waiver.	"
5. Monitor health care reform; ~~Develop plan to sunset Healthy Michigan funding and its consumer base pending results of action taken on Affordable Care Act;~~ Prepare for possible changes to Medicaid funding	"
6. Manage revised productivity and compliance at individual service and staff level	"
7. Monitor utilization trends for inpatient care, outpatient services and autism services~~by population and service line for service areas which may be under funded~~ as compared to community demand (i.e., autism benefit (ABA services), availability of crisis residential	"

services, and expansion of outpatient services. ~~Inpatient Psychiatric stays and diversions, and community living support (CLS))~~

8. Evaluate the financial impact of MDHHS ABA reimbursement rates against the actual cost of related services
9. Continually monitor HMP and autism benefit costs not being fully covered by the benefit
10. Address any post-pandemic related cost/revenue challenges, including utilization trends and positioning services to survive financially in the changing environment.

Program Committee

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

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

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.
- ~~May provide opportunities for existing service providers to expand by providing this service~~
- ~~Developing a Monitoring System would decrease need for CLS in some arrangements~~.
- HCBS rules may require more community-based service provision increasing the need for more CLS; ~~North Bay has moved more toward this service model during pandemic~~
- 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 hast~~o~~ moved towards ~~more~~ community based CLS ~~versus centered based~~ services~~. COVID really forced Northbay to make this transition.~~

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.

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.

- 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.
- 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.
- 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 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.

Breakthrough Initiatives:	**Resources:**
1. Expand options for CLS services. a. Continue to expand Northbay CLS services to take on new referrals that contracted providers are not able to provide the services due to capacity issues, crisis situations, and to help provide immediate CLS supports until providers can secure staffing. ~~b. Continue to expand and implement Self-Determination options according to the Technical Requirements and monitor the changes with the budgets.~~ b. Continue to explore options to expand hiring for individuals in Self Determined arrangements. Look for opportunities for individuals to participate in Agency of Choice. ~~c.~~ c. Explore options to increase existing and new providers of children's and adult CLS services. d. Encourage external providers to participate in Statewide efforts to ~~Collaborate with external providers to~~ to explore options to address staffing crisis and maintain accountability. ~~d.~~e.	Self Determination Coordinator, Certified Peer Supports Broker, MI Adult Team, IDD Adult team, CLS Program Manager, Financial Department, Northbay Leadership, Children's Leadership
2. Assist providers and families with maintaining CLS staffing. a. Increase the network's ability to handle workforce challenges, crises, and people with challenging behaviors, crises, etc. by providing additional supports such as psychological services, Quality of Life Mentor services, Mobile Crisis Response Team, and other necessary support services. b. Explore starting team treatment meetings for CLS staff to participate in to learn more about how to support the individuals they serve. c. Advocate for Statewide efforts for Direct Care Worker wage increases and professional certification. d. Explore offering a training for Self-Determined families to help support them in being an employer. ~~2. Develop guidelines, parameters and monitoring systems to assure appropriate authorization and utilization of CLS services.~~ ~~a. Identify and develop monitoring processes including relying on data and reports to be able to review the utilization of CLS services~~	Self Determination Coordinator, Certified Peer Supports Broker, MI Adult Team, IDD Adult team, CLS Program Manager, Financial Department, Northbay Leadership, Horizon Home Leadership, Emergency Services, MI Adult Case Management Leadership Team, IDD Leadership Team, Fiscal Intermediaries ~~Residential Referral Committee, CLS Committee, IDD Leadership team, Arenac Leadership Team,;~~

	~~b. Implement and evaluate the changes to the CLS Assessment Tool to determine accurate determination of medical necessity in individuals.~~ ~~c. Continue to stay informed of the EVV that MDHHS will be implementing and assure BABHA compliance with the requirements.~~ ~~d. Continue to stay informed of the 1915(i) SPA and assure BABHA and provider network compliance with the requirements.~~ ~~e. Monitor and assure that IPOS reflect the use of CLS and documentation is complete, accurate and meets requirements.~~ ~~f.~~e. ~~Determine how to implement MDHHS's interpretation to not have ranges in services and to do that in a way that allows for PCP and Self Determination.~~	~~contracted provider network, MI Adult Case Management Leadership Team, Vocational Providers, Residential and CLS Providers, Fiscal Intermediaries~~
3.	~~At the request of the BABHA Consumer Councils, consider creating opportunities for consumers to "connect with others for classes, support groups and even just socialization via zoom".~~	~~To be determined~~

Environmental Scan: **Stabilization and Long-Term Viability of Residential System**

Lead Team Member: Heather Beson, Melanie Corrion, Sarah Van Paris **Status:** Revise for 2023~~4~~

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
- ~~COVID-19 has brought the staffing crisis to the forefront and~~ 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 ~~moving toward more~~ community based CLS services. ~~and during COVID providing CLS in people's homes and assisting at Horizon Home.~~
- Higher wages may increase quality
- ~~Availability of electronic monitoring technologies~~
- More individuals living arrangements may be developed

Threats

- 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.

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.
- ~~Strong collaboration with providers during the COVID-19 pandemic.~~
- 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

- 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
- ~~COVID related illnesses with residents and staff.~~
- ~~COVID related severe staffing shortages.~~
- 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.

Breakthrough Initiatives:	**Resources:**
1. Continue to advocate, prioritize and support appropriate financial adjustments to stabilize the residential services and advocate at all levels for improving the Direct Care workforce. a. Consolidate traditional specialized residential bed capacity to reduce system vacancies. b. Explore development of more direct operated living arrangements to be able to provide adequate services for individuals with higher behavioral needs. ~~1.~~	SLT, Financial Department, Board of Directors, , Horizon Home Leadership, North Bay Leadership, IDD Team Leadership, Residential Liaison
2. Support staff's ability to perform effectively and to ensure residents' needs are met. ~~2.~~ a. Increase the residential provider network's ability to handle workforce challenges, crises, and people with challenging behaviors, crises, etc. by providing additional supports such as psychological services, Quality of Life Mentor services, debrief counseling and other necessary support services. ~~3. Consolidate traditional specialized residential bed capacity to reduce system vacancies.~~ ~~4. Explore the possibility of providing supportive services for the DCW's such as, debriefing, counseling, etc.~~ ~~5. Explore options to shorten the time from hire to being able to work on the floor, different training options, alternative staffing categories, etc.~~ ~~6. Explore development of more direct operated living arrangements to be able to provide adequate services for individuals with higher behavioral needs.~~	Staff Development, Quality of Life Mentor, Specialized Residential and CLS Providers, Clinical Leadership, IDD Team/MI Adult Team, Horizon Home Leadership, North Bay Leadership, -Behavior Treatment Committee, Residential Nursing Staff, BI Department and Quality Assurance Team
~~7.~~	
~~8.~~ b. Increase the development of individual crisis plans to direct residential staff on appropriate responses to crisis situations.	Clinical Leadership Team

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

Lead Team Member: Joelin Hahn, Heather Friebe **Status:** ~~Revised for 2023~~

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:	**Strengths/Weaknesses:**
• ~~Lack of~~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	• BABHA Access and ES staff continue to provide SUD screening, referring and coordination to Arenac, Bay, Huron and Tuscola Counties • Standish The Well~~ness~~ Outreach~~Center~~, ~~Sterling Area FQHC~~Recovery Pathways, Ten16, and Peer 360 ~~and Great Lakes FQHC~~ 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 • ~~Lack of~~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 ~~County~~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

Breakthrough Initiatives:	**Resources:**
1. Increase treatment and/or referral activities for adolescents and adults identified with co-occurring SUD conditions	Joelin Hahn, Stacy Krasinski, Emergency & Access Services (EAS), Child/Family programs.
2. Assist Aenac County in establishment of a ~~specialty~~Recovery court and c~~C~~ontinue~~d to support the~~ expansion of SUD service in the area~~Arenac County~~.	Joelin Hahn, , Heather Friebe, Arenac County Commission, Chief Judge, Sheriff, Prosecutor ~~Medical Staff~~, Recovery Pathways, , Arenac Drug and Alcohol Containment Task Force (ADAC), TheWell~~lness Center~~, ~~Great Lakes FQHC~~, Sterling Area FQHC and MSHN~~, County Commission~~.
3. Increase coordination of care and increase the ability to navigate smoothly between mental health and substance use disorder treatment providers.	Joelin Hahn, PNOQMC, ~~Recovery Committee, Child/Family Population Committee~~BCPN, ADACT, local MSHN SUD provider network.
4. Increase co-occurring capability within provider network.	Joelin Hahn, Heather Friebe, PNOQMC, Training Department.

Environmental Scan: **Evidence-Based and Best Practices in Clinical Service Delivery**

Lead Team Member: Joelin Hahn, Heather Friebe, ~~Kathy Palmer~~ Allison Gruehn, Nicole Sweet **Status:** ~~Revised for 2023~~

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)
- 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.

Strengths/Weaknesses:

Strengths:

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

Breakthrough Initiatives:	**Resources:**
Trauma Informed Services: 1. Implement the three-year organizational Assessment for Trauma and develop the Improvement Plan based on the results of the Assessment. 2. Incorporate recommendations from the Compassion Satisfaction Initiative (CSI) team to reduce vicarious trauma/secondary traumatic stress. - continue 3. Evaluate capacity and need for EBP to treat trauma in all populations. - continue 4. Identify and Implement Trauma Treatment Groups (Seeking Safety, TREM, Helping Women Recover, etc.) – have made some progress; continue	J. Hahn, Staff Development;; PNOQMC, Contract Provider Agencies; Compassion Satisfaction Initiative (CSI)/Kathy Palmer; Wellness Committee, TF-CBT Initiative/ Emily Young, MDHHS Trauma Initiative to address Secondary Traumatic Stress, Quality Assurance/Sarah Holsinger, Arenac Center Outpatient Therapists/Pam VanWormer
Clinical Effectiveness and Expanding Evidenced Based Practices	

1.	Implement a LOCUS training plan to include ongoing activities to strengthen model fidelity throughout the provider network serving adults with a Serious Mental illness (SMI). Evaluate implementation and capacity of existing Evidence Based Practices. Evaluate existing system structures to determine if the agency has created a system that supports ongoing successful implementation of existing EBP	J. Hahn, Kaytie Brooks, Staff Development, BABA internal LOCUS trainers.
2.	~~Identify gaps in clinical services and determine the need and identify any EBP/Best Practice to address the identified need.~~Focus on co-occurring SED/IDD training for the Childrens Department.	~~SLT, Clinical Leadership, BI Department, Population Committees and Provider Network Operations Quality Improvement Committee, Heath Care Practices Committee.~~Emily Young, Kelli Maciag, Kaytie Brooks, Joelin Hahn
3.	Develop and implement Peer Support Services programs to include Peer Support Specialist, Parent Support Partners, and Youth Peer Support.	J. Hahn, ~~K. Palmer,~~A. Folsom, SLT
4.	Assess and increase staff competence in the following areas: Motivational Interviewing, Transtheoretical Model (Stages of Change), -Dialectical behavior therapy (DBT) basic skills, Co-occurring BH/SUD treatment, Child Parent Interaction, Fetal Alcohol Syndrome Disorder (FASD), Child Parent Psychotherapy (CPP), and Integrated Care competencies. ~~.~~	SLT, Clinical Leadership, ~~Population Committees,~~Staff Development, Health Care Practices Committee, Provider Network Operations Quality Improvement Committee, MDHHS resources such as www.improvingMIpractices website and MiFAST teams.
5.	Develop outcomes monitoring processes to assure and measure fidelity to EBP', including participating in the MiFAST reviews for existing EBP's; completing the MiFAST for the LOCUS. MiFAST for LOCUS will be conducted in FY2041~~.~~.	MDHHS Practice Improvement Committee, MDHHS MiFAST Review Teams, SLT, Clinical Leadership, Population Committees, Provider Network Operations Quality Improvement Committee, Vocational Providers
6.	Implement ~~Apply~~ for MDHHS approval for an Infant and Early Childhood Mental Health Consultation grant.	Pam VanWormer, Kelli Maciag
~~6.~~7.	Improve, ensure and monitor that the amount, scope and duration outlined in the Individual Plan of Service is met.	Clinical Leadership, Primary Providers, Population Committees, Provider Network Operations Quality Improvement Committee, BI Department.

Environmental Scan: **Community and Employee Engagement**

Lead Team Member: Chris Pinter, Amy Folsom, Melissa Prusi, Stacy Krasinski, Jennifer Lasceski **Status:** ~~Revise for 2023~~

Impact on Ability to Accomplish Mission:

- A lack of awareness of BABH mission and services and how the public may access them
- Lack of understanding of behavioral health conditions and the impact on special populations in the community is negatively impacting access to care and coordination of services
- Lack of understanding for employees concerning strategic and resource decisions

Opportunities/Threats:

Opportunities:

- Information is welcomed when it is made available.
- Availability of several media outlets to get information out (Facebook, agency website, paper educational materials, social media venues, program to program sharing of information, Linked In, Twitter).

Strengths/Weaknesses:

Strengths:

- Establishment of dedicated school liaison position
- Mental Health First Aid Training program
- Motivational Interviewing Training program
- QPR Question Persuade Refer Suicide Prevention Training Program
- Two CIT Crisis Intervention Team trainers on staff

- Community Events (Saginaw Spirit has MH night, Bay County Prevention Network, Great Start Collaborative-Winter Family Fun Fest, A Night Out, Yellow Ribbon events, Recovery Community events).
- People we serve have support systems with resources
- NPR Delta College advertising or Behavioral Health awareness
- Local library systems offer community education series keeping BABH leaflets there or provide education to their staff
- Area Colleges & Social work department organizations (speaking engagements)
- Local association or Groups in our community including PFLAG, Great Lakes Bay Mental Health Consortium ~~that are untapped (Kiwanis Club, Lions Club, Chamber of Commerce, etc.)~~
- Improve relationships with local colleges and area high schools for recruiting and training for real-world experiences. Offer and advertise BABH~~A~~ as a learning-based site for social work, nursing, medical assistants, physicians, and high school students who are interested in this field.
- BABH to be a presence at area job fairs for recruitment as well as exposure to services.
- Improved communication with employees

Threats:

- Lack of understanding and stigma fosters failure to access needed care, potentially leading to avoidable negative clinical outcomes
- Community Partners practice in their own vacuum; not realizing the resources available to people who meet criteria for CMH level of care~~.~~
- Lack of knowledge about what kinds of information community partners need—what is helpful and what is not~~.~~
- ~~COVID has increased the isolation between both communities and community partners~~
- Missed opportunities to impact those who need services~~.~~
- Failure to engage employees in crucial agency decisions
- BABH Staff who participate in community meetings/events
- Established relationships exist
- BABH Staff are willing to participate at community events even on weekends when supported by agency.
- BABH does have an existing FB page and website.
- BABH has a large, contracted provider network that is and can be used to disseminate information.
- Establishment of mobile response team with Bay Couty First responders~~Behavioral Health does have a presence with local courts and law enforcement like never before~~.
- Network providers report improved timeliness and input/collaboration of BABH decision-making processes
- Established agency leadership processes
- Comprehensive employee survey process

Weaknesses:

- Schools do not fully understand BABH services
- General community lacks understanding of mental illness, substance use disorders and developmental challenges
- Community Partners do not understand mild to moderate vs SMI.
- Employees of BABH are not fully aware of what others are doing or involved in.
- Lack of public relations staff to oversee efforts or create sustainability.
- Many BABH staff participate in community meetings and BABH does not track who participates or where resources are shared.
- ~~Behavioral Health does not have a consistent presence in all school buildings.~~
- Lack of community support to our partners with their initiatives.
- Inconsistent Team Meeting agendas or communication requirements

Breakthrough Initiatives:	**Resources:**
1. Continue to work with Community partners (law enforcement, courts, MDHHS, schools, medical facilities, etc.) to increase understanding, reduce stigma and promote trauma informed communities	C. Pinter, J. Hahn, H. Friebe, S. Krasinski, M. Prusi, A. Folsom, Bay County Prevention Network, Arenac Drug and Alcohol Containment task Force, Arenac and Bay County Sheriffs, McLaren MHU and Emergency Department, Ascension Health Hospital, Recovery Pathways, Sacred Heart, Great Lakes Bay Southside and Westside FQHC, Sterling Area Health Center, Bay County Public Health Department ~~Clinic~~
2. Re-instate a process for keeping behavioral health literature in community partner lobbies and available to the public.	C. Pinter, A. Folsom, M. Prusi, BABHA Leadership. Helen Nickless F~~f~~ree Medical Clinic, Good Samaritan Rescue Mission, Opportunity Center, Arenac Community Center, Bay Area Women's Center, Bay Arenac ISD, CAN Council, MI Works in Standish and Bay City, Great Lakes Bay,

	McLaren, Recovery Pathways, Sacred Heart, DOT Caring Center, 1016 House, Catholic Family Services
3. Maintain efforts to actively include service providers in prompt communication and opportunities for collaboration	Agency Leadership, Heather BesonKaren Amon, Joelin Hahn, Sarah Holsinger, Amy Folsom
4. Create a shared site for informative educational series to share on social media.	C. Pinter, J. Lasceski, J. Bellinger, Staff Development, Help Desk
5. Expand Stepping Up Initiative to address safety net and treatment issues for youth and juveniles into Arenac County.	J. Hahn, H. Friebe, P. Van Wormer, Arenac County Probate Judge, Arenac County Prosecutor's Office, Arenac County DHHS, Arenac County Sheriff, Arenac County ISD, Arenac County Commission
~~6. Consider establishment of a Community Partnership Committee to address increasing a presence in schools and community partner events.~~	~~C. Pinter, A. Folsom, M. Prusi, Leadership.~~
~~7. Develop Memorandums of Understanding (MOU) agreements with all community partners.~~	~~C. Pinter, J. Hahn, Leadership~~
~~8.~~6. Establishment of agency-wide team meeting expectations, agendas, and Leadership reporting	C. Pinter, S.McRae, Leadership

Personnel and Compensation Committee

Environmental Scan: **Recruitment and Retention**

Lead Team Member: Jennifer Lasceski **Status:** ~~Revised for 2023~~

Impact on Ability to Accomplish Mission:

- Inability to recruit qualified staff – Masters and bachelors level clinician shortage across the state; shortage of direct care staff across the state
- Staff dissatisfaction with compensation
- Staff turnover negatively impacts service delivery
- Scheduled increases in minimum wage
- Uncertain state/federal funding to sustain increases
- Shortage of qualified candidates in this geographic area and statewide impacts efforts to fill long term vacancies

Opportunities/Threats:

- Increased staff morale
- Improved competitive edge in recruitment
- Improve quality of job applicants
- Positive effect on employee retention
- Financial impact may affect sustainability
- Perceived inequality of implementation (not all positions may be positively impacted)
- Use of non-traditional incentives (signing and referral bonuses)

Strengths/Weaknesses:

- Market-based compensation structure in place
- Total compensation is competitive for a number of positions as adjusted in 2018, 2020, 2021, and 2022
- Agency benefits and training opportunities exceed many area employers
- Agency continues to be guarded due to the uncertainty of adequate funding
- Ability to maintain competitive compensation levels is impacted by current economic environment
- Competing priorities for limited budget
- Competing industries offering -higher pay and bonuses with reduced risk and responsibility

Breakthrough Initiatives:	**Resources:**
1. Strategies to attract and retain qualified LBSW and MSW candidates. - continue	~~Karen Amon~~Heather Beson, Joelin Hahn

2.	Strategy to attract and retain qualified and invested direct care staff – maintain continuous posting practices	Justeen Blair, ~~Karen Amon~~Heather Beson
3.	Financial impact of additional potential compensation adjustments (salary and/or benefits) for the organization – consider adding compensation review on an annual basis to the Board By-Laws	M. Rozek; SLT

Environmental Scan: **Development of Workforce**

Lead Team Member: Jennifer Lasceski **Status:** ~~Revised for 2023~~

Impact on Ability to Accomplish Mission:

- Time involved in replacing key staff
- Loss of institutional knowledge, history & experience
- Continued need for ongoing leadership training & documented succession plans
- Advance staff skills to ensure continuing organizational viability
- Increase internal educational opportunities to reduce budget impact
- Improve competencies and health literacy of BABH staff
- Continue to reduce stigma

Opportunities/Threats:

- Lack of provisions for back-up/coverage (i.e., cross-training)
- Need department buy-in and commitment to succession planning process
- Planned departures provide lead time to groom successors
- Need to expand staff training on SUD, recovery, trauma and cultural competence
- Continued training support for non-clinical staff related to mental health conditions, customer service, CPI, etc.
- Need for leadership orientation and continued learning
- Increased turnover may lead to gaps in service
- Increase opportunities to engage stakeholders and relay organizational messaging
- Competing training opportunities
- Limited financial resources

Strengths/Weaknesses:

- Training capacity is stretched, if unexpected absence we lack back-up
- Increased communication (SLT): All staff meetings; all-Leadership meetings; regular SLT updates on intranet site
- More robust succession planning policy and procedure implemented
- Continue to identify potential internal talent
- Staff development plan (w/in annual performance evaluations) to identify leadership potential & development activities
- Encourage team building and other employee engagement activities
- Increased demands on staff
- Knowledgeable staff as subject matter experts
- Dedicated training facilities
- Many training opportunities made available via Zoom and other technology
- Short notice of training affects ability of Staff Development Center to obtain CEUs
- Breadth of staff competencies in SUD treatment and prevention is not as broad as needed
- Staff turnover has decreased since 2018 and a more competitive wage structure.

Breakthrough Initiatives:		**Resources:**
1.	Increase cross-departmental understanding through increased exposure during orientation/training, all-staff events, etc., including job shadowing and document – continue to utilize alternate methods to present training; look at use of alternative training programs for direct care post pandemic	Agency Leadership
2.	Increase consistency in the application of standards by supervisory staff	Agency Leadership
3.	Continue to increase SUD competency of BABHA clinical programs through training and expanding the number of certified/licensed staff; modify job descriptions as warranted	Heather Beson; Joelin Hahn; Agency Leadership
4.	Develop/promote staff training on common MH diagnosis in order to increase staff competency in providing education to persons served. Suggestions from the Employee Survey regarding specific training topics will be forwarded to Staff Development for consideration.	Agency Leadership

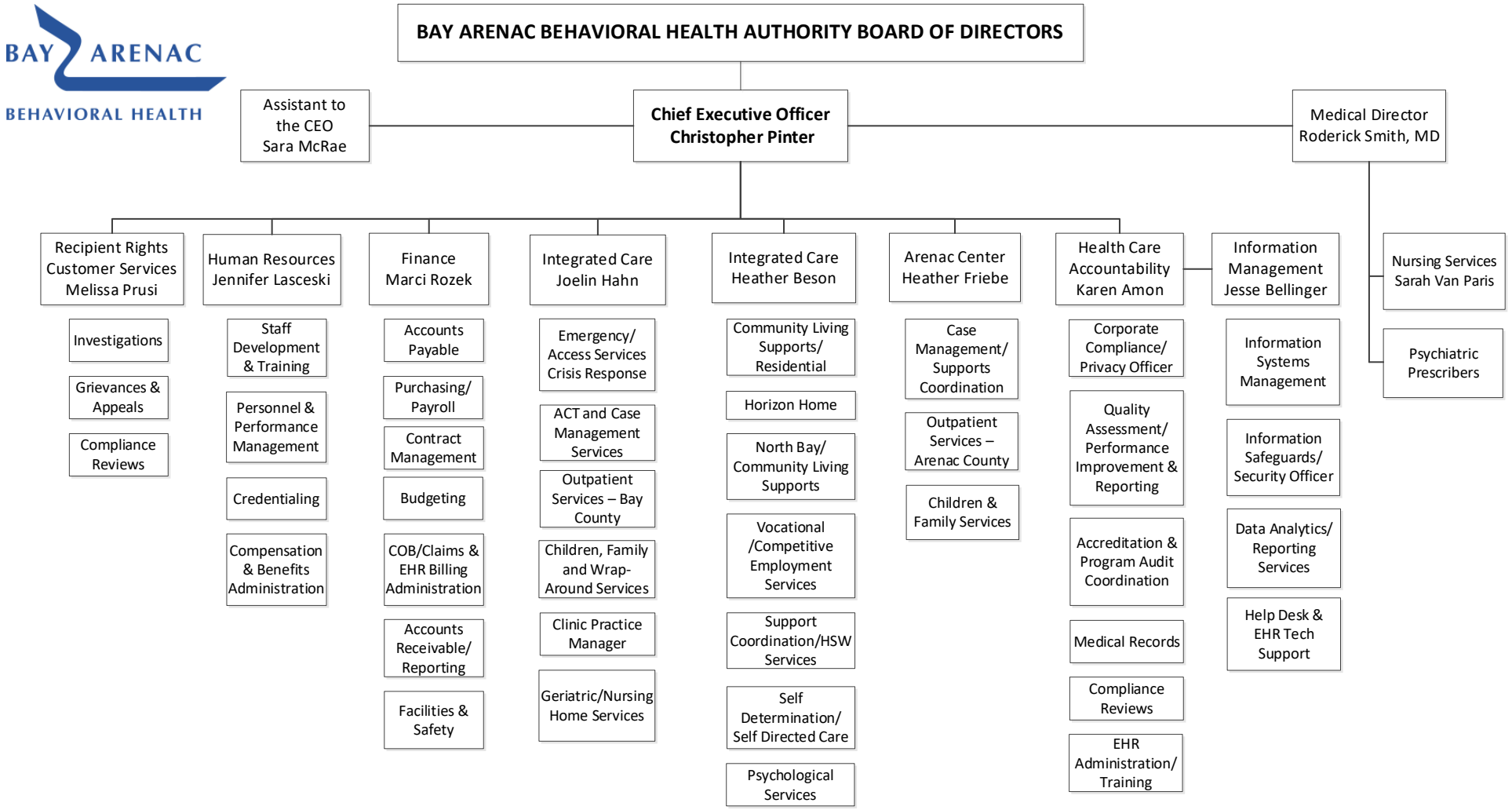
5.	Formally outline the role for case management in an integrated healthcare environment and educate staff	Sara VanParis; Karen Amon
6.	Continue to support residential staffing for BABHA's direct operated home and apartment settings through training and redeployment during the pandemic and beyond	Justeen Blair; Nicole Sweet; Melissa Spellerberg
7.	Continue initiatives that support agency efforts relative to recovery-based care, trauma informed services, co-occurring services and fostering a culture of gentleness.	Heather Beson, Nicole Sweet
8.	Investigate CEU process for other disciplines such as nurses, psychologists, etc.	Kaytie Brooks
9.	Provide leadership training related to employment practices at monthly all-leadership meetings. Provide leadership and/or management training to Agency management staff.	HR Director
10.	Continue to fully develop succession planning, health care competencies, and supervisory competencies into the performance management process	Agency Leadership

Bay-Arenac Behavioral Health

2024~~3~~ Strategic Plan

Attachments

Attachment One: Organizational Chart



Revised: 12/19/2022

Organizational Relationships

External

MDHHS

- MDHHS National Core Indicators Work Group – Sarah Holsinger
- Parent Management Training Oregon Model MDHHS Steering Committee – Amy Anderson
- MDHHS Children's Administration Meeting – ~~Noreen Kulhanek~~, Kelli Maciag
- Michigan Motivational Interviewing Team – Karen Amon
- MDHHS Peer Liaison Meeting – ~~Kathy Palmer~~
- MDHHS Recharging Supported Employment – Nicole Sweet
- MDHHS Medical Clearance Work Group – Stacy Krasinski
- Fair Hearings Officers – Kim Cereske
- MDHHS ORR Directors Group – Melissa Prusi
- Practice Improvement Steering Committee – J. Hahn
- MDHHS Transition to Community – Melanie Corrion
- MDHHS Medical Directors Advisory Committee – Dr. Smith
- MDHHS Public Relations Committee – Heather Beson~~vacant~~
- MDHHS Contract and Finance Issue Committee – Marci Rozek
- MDHHS Conflict-Free Access and Planning-Karen Amon, Heather Beson

State Association

- MDHHS/CMHA Capitation/Cost Allocation Work Group – Chris Pinter
- CMHA Legislative and Policy Committee-Chris Pinter
- Chief Information Officer (CIO) Forum – Jesse Bellinger
- CMHA Customer Services Work Group-Melissa Prusi; Kim Cereske

Regional (Mid-State Health Network – MSHN)

- Councils/ Committees
  - MSHN Operations Council – Chris Pinter
  - MSHN Finance Council – Marci Rozek
  - MSHN Quality Improvement Council-Sarah Holsinger; Karen Amon
  - MSHN Corporate Compliance – Karen Amon; ~~Janis Pinter~~
  - MSHN IT Council – Jesse Bellinger
  - MSHN Customer Service Committee – Kim Cereske
  - MSHN Utilization Management Committee – Joelin Hahn
  - MSHN Provider Network Committee – Marci Rozek, Stephanie Gunsell
  - MSHN Clinical Leadership – Joelin Hahn; Heather Beson, Karen Amon~~Heather Friebe~~
  - MSHN Medical Directors – Dr. Smith
- Work Groups/Teams
  - MSHN Regional Autism Monitoring – Sarah Holsinger, Melissa Deuel
  - MSHN HSW Coordinators-Melanie Corrion; Jackie Kish
  - MSHN HCBS Coordinators –Melanie Corrion; Jackie Kish
  - MSHN 1915(i) Lead Staff- Melanie Corrion; Jackie Kish

- MSHN Autism Work Group – Amanda Johnson; Emily Young
- MSHN Data Analytics –Lisa Nagel; Sarah Holsinger
- MSHN Care Management Ad Hoc Committee – Amy Folsom
- MSHN Inpatient Reciprocity – Melissa Prusi; Sarah Holsinger
- MSHN Behavioral Treatment (data) Review Committee – Heather Beson, Flavia Vasconcelos, Casey Binkley~~Karen Amon~~
- MSHN Recipient Rights – Melissa Prusi
- MSHN Training Coordinators Work Group – Jennifer Lasceski; Kaytee Brooks
- MSHN East Recovery Oriented System of Care (ROSC) – Joelin Hahn

Regional/State CMHSP Professionals:

- Occupational Therapy Area Quarterly Group Meeting - Meredith Bickel
- Michigan Nursing Forum Meetings – ~~Maria J~~., Sara Van Paris, Amy Folsom, Nicole Konwinski

Community/County

General

- Bay County Services Partners for Homelessness – Allison Gruehn
- Bay Human Services Collaborative Council - Joelin Hahn
- Arenac Multi-Purpose Collaborative Body – Heather Friebe
- Human Trafficking Multi-Disciplinary Team (Arenac County) – Heather Friebe
- Vulnerable Adult Committee (Arenac) – Monica Baniel
- Project Echo – No one assigned
- Enhanced Mental Health Provider Access: Heather Beson
-

Child and Family

- ~~Community Violence Response Taskforce – Stacy Krasinski~~
- Bay-Arenac Great Start Collaborative ~~–~~ ~~vacant~~ Amanda Johnson (when resumes)
- Bay Community Collaborative Service Partners –Sue Guertin
- Arenac County Child Protection Council – Pam VanWormer
- Preschool Partnership Advisory Council – Kelli Maciag
- Child Death Review Team (Bay County) – Kelli Maciag
- Child Death Review Team (Arenac County) – Heather Friebe
- ACE's & Trauma Informed Care Committee – Emily Young, Brad Parker
- Youth and Family Connect (Systems of Care for Children) - Stacy Krasinski, ~~Emily Young~~, Amanda Johnson, Ashley Aho, Shannon Leyton
- DHHS Partnership (Bay) – Noreen Kulhanek; Stacy Krasinski
- DHHS Trauma – ~~Heather Friebe;~~ Pam VanWormer
- ~~School Justice Partnership Team – Joelin Hahn; Heather Friebe~~
- ISD Mental Health Meeting – Pam VanWormer; ~~Noreen Kulhanek; Kelli Maciag~~ Emily Gerhardt and Brad Parker.
- Great Lakes Bay PFLAG-J. Schultz
-

Crisis Response and Prevention

- Bay Arenac Suicide Prevention Coalition – Stacy Krasinski~~; Ann Nephew~~Jill Schultz, Heather Friebe

Educational/Vocational

- Seamless Transitions Committee (w ISD)–; Melanie Corrion; Monica Baniel
- ~~ISD START – still meeting?~~
- Bay Arenac ISD Youth and Vocational Committee: Nicole Sweet, Melanie Corrion

Law Enforcement and the Courts

- Community Corrections Board (511 Board- Bay County) – ~~Stacy Krasinski;~~ Joelin Hahn
- Stepping Up (Bay County) – Joelin Hahn; Stacy Krasinski; Amy Folsom
- Bay County Adult SUD Treatment Court – vacant
- Adolescent Treatment Court – Jane Bollinger; Kelli Maciag
- Family Treatment Court – ~~Kathy Palmer~~ Jill Schultz

Service to Senior Adults

- Adult Services Collaborative – Melanie Corrion; Melissa Prusi

Substance Use Disorders/Co-Occurring Disorders

- Arenac County Alcohol and Drug Containment Taskforce (ADACT) – Heather Friebe; Nicholas Berkobien
- Bay County Prevention Network – Joelin Hahn
- Families Against Narcotics – Joelin Hahn
- Northern Michigan Opioid Response Consortium– Heather Friebe

Internal

Councils/Committees (and facilitator/chair)

- SLT and All Leadership – Chris Pinter; Rotation Schedule
- Arenac Consumer Council – Kim Cereske
- Bay Consumer Council – Kim Cereske
- Medical Staff Meeting – Dr. Roderick Smith; Sara Van Paris; Amy Folsom
- Healthcare Practices Committee – Dr. Roderick Smith; Sarah Van Paris; Amy Folsom
- Health Care Integration Steering Committee – Amy Folsom; ~~Janis Pinter~~ Joelin Hahn
- Behavior Treatment Plan Review Committee – Heather Beson
- Safety Committee – Eric Strode
- Corporate Compliance Committee – Karen Amon
- Ethics Committee – Melissa Prusi
- Autism Provider Meeting – Amanda Johnson
- Residential/CLS Provider Meeting – Heather Beson; Melanie Corrion
- Vocational Provider Meeting – Heather Beson; Nicole Sweet
- Primary Network Operations and Quality Management Committee (PNOQMC) – Joelin Hahn; Sarah Holsinger
- Residential/CLS Crisis Response Team (Ad Hoc) –; Nicole Sweet; Melanie Corrion
- CLS Committee- Nicole Sweet
- Residential Referral Committee- Rachel Lemiesz; Melanie Corrion
- Staff Population Ad Hoc Work Groups- (meetings called as determined at PNOQMC)
    - Quality of Life Ad Hoc Work Group – Melanie Corrion
    - Children's Ad Hoc Work Group – Noreen Kulhanek
    - Recovery Ad Hoc Work Group ~~– Kathy Palmer~~ Allison Gruehn
- EHR Management Team – ~~Janis Pinter~~ Karen Amon
- Data Governance Committee – Jesse Bellinger

Attachment Three: Leadership Dashboard Indicators by Committee of the Board of Directors

Board Committee	**Indicator (including unit of measure)**	**Numerator**	**Denominator**
Health Care Improvement & Compliance Committee	Status and Nature of Fraud and Abuse Investigations by Quarter – Direct Operated Programs	# of investigations: not-substantiated; substantiated regarding documentation issues, credentialing issues or potential fraud/abuse; or in-process (for direct operated programs)	Open and closed fraud/abuse investigations as of the last date of the quarter
Health Care Improvement & Compliance Committee	Status & Nature of Fraud/Abuse Investigations by Quarter - Contracted Service Providers	# of investigations: not-substantiated; substantiated regarding documentation issues, credentialing issues or potential fraud/abuse; or in-process (for contracted service providers)	Open and closed fraud/abuse investigations as of the last date of the quarter
Health Care Improvement & Compliance Committee	Status & Nature of Privacy/Security Investigations by Quarter - Direct Operated Programs	# of investigations: not-substantiated; substantiated with and without breach notice required; or in process (for direct operated programs)	Open and closed privacy/security investigations as of the last date of the quarter
Health Care Improvement & Compliance Committee	Status & Nature of Privacy/Security Investigations by Quarter - Contracted Service Providers	# of investigations: not-substantiated; substantiated with and without breach notice required; or in process (for contracted service providers)	Open and closed privacy/security investigations as of the last date of the quarter
Health Care Improvement & Compliance Committee	% Audited Services w/ Proper Doc for Encounters Billed (BABHA Direct, Contracted Secondary & Tertiary) Per Quarter	Total billable encounters without appropriate documentation	Total billable encounters
Health Care Improvement & Compliance Committee	% Audited Services w/ Proper Doc for Encounters Billed (BABHA Direct) Per Quarter	Direct # of services billed without appropriate documentation	BABHA Direct # of encounters billed that were reviewed
Health Care Improvement & Compliance Committee	% Audited Services w/ Proper Doc for Encounters Billed (Secondary - MPA, LPS, SPS) Per Quarter	Secondary (MPA, LPS, SPS) # of services billed without appropriate documentation	Secondary (MPA, LPS, SPS) # of encounters billed that were reviewed
Health Care Improvement & Compliance Committee	% Audited Services w/ Proper Doc for Encounters Billed (Tertiary - Specialized Residential, Vocational) Per Quarter	Tertiary (Specialized Residential, Vocational) # of services billed without appropriate documentation	Tertiary (Specialized Residential, Vocational) #of encounters billed that were reviewed
Health Care Improvement & Compliance Committee	% Of Consumers Diagnosed w/ Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes	# Of those that have had a diabetes screening (glucose or A1c(HbA1c)) in the measurement period	# Of Adult (18-64) Medicaid consumers with a diagnosis of Schizophrenia or Bipolar actively receiving services who are prescribed at least one atypical antipsychotic medication.
Health Care Improvement & Compliance Committee	% Of Consumers Diagnosed w/ Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes	# Of those that have had an HbA1c and LDL-C test in the measurement period	# Of Adult (18-64) Medicaid consumers with a diagnosis of Schizophrenia who have been diagnosed with diabetes
Health Care Improvement & Compliance Committee	Reported Medication Related Occurrences for BABHA Per Quarter	# Of medication errors; # of omissions (Not LOA); # of other occurrences; # of LOA Omissions	Total # of medication occurrences

Board Committee	**Indicator (including unit of measure)**	**Numerator**	**Denominator**
Health Care Improvement & Compliance Committee	Reported Infections (Spec. Resid. & Day Program Staff) Per Quarter	# Of reported infection in Residential/DP (frequency count)	
Health Care Improvement & Compliance Committee	Count of Reportable and Non-Reportable Adverse Events Per Quarter.	# of sentinel events (as defined by CARF/MDHHS); # of critical events (injuries-harm to self or others, med errors, suicide, non-suicide death, arrests)	
Health Care Improvement & Compliance Committee	Count of Reportable Risk Behavior Treatment Events Per Quarter	# of 911 Calls made by staff; # of Emergency Physical Interventions	
Health Care Improvement & Compliance Committee	% Adults w/MI Served by BABHA Indicating "General Satisfaction" w/Services on Survey	# of MI Adults CSM/ACT/OPT whose average response was less than or equal to 2.5 for domain	# of MI Adults CSM/ACT/OPT who had valid responses to this domain
Health Care Improvement & Compliance Committee	% Children w/ SED Served by BABHA Indicating "Appropriate/Quality" Services, i.e., General Satisfaction on Survey	# of MI Children CSM/HBS/OPT whose average response was greater than or equal to 3.5 the for domain. Excludes contract providers	# of MI Children CSM/HBS/OPT who had valid responses to this domain. Excludes contract providers
Health Care Improvement & Compliance Committee	Average Annual Provider Site Review Performance Scores		
Health Care Improvement & Compliance Committee	Critical Information Systems Outages per month (network, desktop, and phone issues)	VDI-Frequency count in minutes Phoenix-Frequency Count in Minutes Phone System Outages in Minutes	
Health Care Improvement & Compliance Committee	Critical Information Systems Outages per month (network, desktop, and phone issues)	Wide Area Network(WAN)Outages in Minutes: Identify if affects phone specific to building	AT&T, Charter, Tel-Net .
Health Care Improvement & Compliance Committee	Critical Information Systems Outages per month (network, desktop, and phone issues)	Local Area Network (LAN) Outages in Minutes: Identify if affects phone specific to building	Arenac, Madison, Mulholland, North Bay, Wirt
Health Care Improvement & Compliance Committee	Percent of Storage Space Used	Amount of GB used each quarter.(G Drive, P Drive, Email, SQL 1, SQL 2)	Total amount of GB available.(G Drive, P Drive, Email, SQL 1, SQL 2)
Program Committee	Children receiving Trauma Focused CBT or Parent Management Training demonstrating improvement	# Children in TF-CBT, PMTO or PTC Showing >20 Point Improvement on CAFAS Score AND % of children in TF-CBT, PMTO or PTC Showing >20 Point Improvement on CAFAS Score	Total # of Children in TF-CBT, PMTO or PTC with an Initial Assessment and a Discharge Assessment in the CAFAS System
Program Committee	Children receiving OPT, HBS, CSM demonstrating improvement	# Children in OPT, HBS and CSM Showing >20 Point Improvement on CAFAS Score AND % of Children in OPT, HBS and CSM Showing >20 Point Improvement on CAFAS Score	Total # of Children in OPT, HBS and CSM with an Initial Assessment and additional Assessment in the CAFAS System
Program Committee	Children showing improvement in severe impairments at their most recent assessment.	# Children who did not have any severe impairments at the most recent CAFAS assessment. AND % of Children who did not have any severe impairments at the most recent CAFAS assessment.	Total # of Children assessed

Board Committee	**Indicator (including unit of measure)**	**Numerator**	**Denominator**
Program Committee	Average score for adults with mental illness on Recovery Assessment Scale: Personal Recovery, Clinical Recovery, Social Recovery; Uncategorized Questions	Average score (across domain questions) in the domain; excludes blanks/refused	Total # of total respondents of the Recovery Assessment Scale; excludes blanks/refused
Program Committee	Percentage of People w/ Behavior Treatment Plans Utilizing Restrictive/Intrusive Techniques	# Of consumers who have a Behavior Treatment Plan with Restrictive and Intrusive Interventions, per quarter	# Of consumers served, per quarter
Program Committee	Incident Reports by category for Residential Homes, CLS - Deaths-Suicide/Non-Suicide, Emergency Medical Treatment, Hospitalization, Law Enforcement, Health & Safety, Medication Incident, Challenging Behavior	# Of Incident Reports by Category Suicide Non-Suicide Emergency Medical Treatment Hospitalization Law Enforcement	Total incident reports submitted by the residential homes.
Program Committee	Penetration Rate for Medicaid, Healthy Michigan		
Program Committee	Service Penetration Rate Proxy Measures	Frequency count of persons served (i.e., unduplicated # of people with sent encounters) per month	MSHN Eligibles Paid file (includes Total of DAB, HMP and TANF for Arenac and Bay Counties)
Program Committee	State Facility Days Per Month	Frequency Count	
Program Committee	Community Inpatient Days Per Fund Source	# of community inpatient days per month for adults per fund source: General Fund; Medicaid State Plan; Healthy Michigan Plan; # of community inpatient days per month for children per fund source: General Fund; Medicaid State Plan; Healthy Michigan Plan	
Program Committee	People Served, By Population and Age	Frequency count per disability designation per quarter: # of Adults w SMI; # of Children w SED; # Adults w IDD/SMI; # of Children w IDD/SMI; # of Adults w IDD; # of Children w IDD; # Not Evaluated/Reported; # w SUD Diagnosis	
Program Committee	% of Pre-Admission Screening Dispositions By Type for Adults/Children	# of mental health diversions, substance use diversions, partial hospitalizations, intensive crisis stabilization service referrals, inpatient admissions, crisis residential placements, withdrew/declined to finish, and other	Total pre-admission screenings completed
Program Committee	Adults/Children Who Received Emergency Services	# of adults and children who received a crisis intervention that was billable (i.e., 'sent'), per quarter; # of adults and children who received a crisis intervention that was non-billable (i.e., not 'sent'), per quarter; # of adults who received partial hospitalizations, in total and per provider, per quarter; # of adults and children who received crisis residential stays, in total and per provider, per quarter; # of children who received crisis stabilization/mobile crisis response services, in total and per provider,	

Board Committee	Indicator (including unit of measure)	Numerator	Denominator
		per quarter; # of adults and children who received psychotherapy for crisis, in total and per provider, per quarter	
Program Committee	Adults Who Received Core Services	# of Adults who received ACT per quarter # of Adults who received CSM/SC, in total and per provider, per quarter # of Adults who received Outpatient Therapy, in total and per provider, per quarter	
Program Committee	Adults Who Received CLS Day Activity Services	Total # of Adults who received CLS services through North Bay, per quarter	
Program Committee	Adults Attending Clubhouse	Total # of Adults who received Psychosocial Rehabilitation Services through Touchstone Services, per quarter	
Program Committee	Adults Who Received Services in Vocational Settings	# of Adults who received CLS 15 Minute (H2015; place of service code 99) through a vocational provider, in total and per provider, per quarter; # of Adults who received Skill Building services, in total and per provider, per qtr; # of Adults who received Supported Employment services, in total and per provider, per quarter # of Adults who received IPS (Individual Placement Services), in total and per provider, per quarter	
Program Committee	Adults and Children Who Received Community Living Supports	# of Adults who received CLS Per Diems (H2016) in a specialized residential setting, in total and per provider, per quarter; # of Adults who received CLS Per Diems (H0043; place of service code 12) in unlicensed independent living or their own home, in total and per provider, per qtr; # of Adults who received CLS 15 Minute (H2015; place of service code 12) in-home supports, in total and per provider, per quarter; # of Children who received CLS Per Diems (H2016) in a foster care home or a CCI, in total and per provider, per quarter; # of Children who received CLS Per Diems (H0043; place of service code 12) in their own home, per quarter; # of Children who received CLS 15 Minute (H2015; place of service code 12) in-home supports, per quarter	
Program Committee	Children Who Received Core Services	# of Children who received Homebased services, per quarter; # of Children who received CSM/SC, in total and per provider, per quarter; # of Children who received Outpatient Therapy, in total and per provider, per qtr; # of Children who received Autism Services, in total and per provider, per quarter	
Recipient Rights Advisory Committee	Substantiated BABH Abuse & Neglect Complaints Per Quarter	# of Substantiated Complaints	# of complaints
Recipient Rights Advisory Committee	Recipient Rights Appeals	# of Investigations upheld	# of Appeals (those that meet the criteria to be appealed)
Recipient Rights Advisory Committee	Medicaid Grievance Decisions in Favor of CMHSP vs. Beneficiary Per Quarter	# of Decisions if Favor of CMHSP # of Decisions in Favor the Beneficiary	# of Medicaid Grievances filed

Board Committee	**Indicator (including unit of measure)**	**Numerator**	**Denominator**
Recipient Rights Advisory Committee	Medicaid/GF Appeal Decisions in Favor of CMHSP vs Beneficiary Per Quarter	# of Decisions in Favor of CMHSP # of Decisions in Favor of Beneficiary # Resolved, not wholly in favor of Beneficiary or CMHSP	# Medicaid/GF Appeals
Recipient Rights Advisory Committee	Medicaid Fair Hearing Decisions in Favor of CMHSP vs Beneficiary Per Quarter	# of Decisions if Favor of CMHSP # of Decisions in Favor the Beneficiary	# of Medicaid Hearing Decisions
Personnel & Compensation Committee	New Positions Added Per Quarter		
Personnel & Compensation Committee	New Hires Per Quarter		
Personnel & Compensation Committee	Voluntary Terminations Per Quarter		
Personnel & Compensation Committee	Percent of employees attending training sessions on site (at SDC outside of NEO, RR Fair and Fall/Spring on-line training cycles)	# of employees who have attended trainings on site that are not part of the mandatory identified training for employees	# of employees employed on the last day of the reporting period
Personnel & Compensation Committee	Non BABHA Staff attending BABHA sponsored trainings	Non BABHA Staff attending BABHA sponsored trainings	
Facilities & Safety Committee	Employee Accidents/ Illnesses/Injuries Per 100 Employees; By Reporting Status; Per Quarter	# of reportable incidents (employee accidents/ employee; illness/ employee injuries) per MIOSHA standards; # of non-reportable incidents (employee accidents/ employee illness/employee injuries) that are not reportable to MIOSHA; # of employees at the end of the reporting period	
Facilities & Safety Committee	Facility Site Review Compliance	# of Sites Compliant (that do not need corrective action)	# of Sites Reviewed
Finance/By-Laws & Policies	Revenue Versus Funds Expended by Fund Source Per Quarter in Thousands (fund sources include GF, Medicaid, Healthy MI, and MI Child, Children's Waiver) Reported for each quarter formulas must calculate accumulative	GF Revenue Medicaid Revenue Healthy Michigan Revenue MI Child Revenue (d/c)FY16 Children's Waiver Revenue(d/c)FY16	GF Expense Medicaid Expense Healthy Michigan Expense MI Child Expense(d/c)FY16 Children's Waiver Expense(d/c)FY16
Finance/By-Laws & Policies	Number of days of operations ratio (unrestricted fund balance/total daily expenditures) (Determine target days/threshold)	Unrestricted fund balance	Total daily expenditures