



## BOARD OF DIRECTORS REGULAR MEETING

Thursday, April 18, 2024 at 5:00 pm  
William B. Cammin Clinic, 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. WELCOME NEW BOARD MEMBERS PATRICK CONLEY & PAMELA SCHUMACHER
4. RETIREMENT RESOLUTION FOR DENISE GROH
  - 6 4.1 Res# 2404001: Approve the resolution recognizing Denise Groh for 14 years of dedicated service and commitment – *See separate resolution on page 6*
- 7 5. RETIREMENT RESOLUTION FOR KAREN SIMON
  - 7 5.1 Res# 2404002: Approve the resolution recognizing Karen Simon for 24 years of dedicated service and commitment – *See separate resolution on page 7*
6. ELECTION OF OFFICERS

Appointments are for a term of 1 year

  - 6.1 Report from Nomination Committee – Crete, Committee Member
  - 6.2 Additional nominations from the floor and election of Board Chair
  - 6.3 Additional nominations from the floor and election of Board Vice Chair
  - 6.4 Additional nominations from the floor and election of Board Treasurer
  - 6.5 Additional nominations from the floor and election of Board Secretary
7. ELECTION OF NOMINATION COMMITTEE

Five (5) positions each for a term of 1 year

  - 7.1 Nominations from floor and elections for each of the five (5) positions  
Current members: J. Crete & R. Byrne
8. APPOINTMENTS OF STANDING COMMITTEES

Appointments are for a term of 1 year

8-9 Current Appointments: *Please see attached pages 8-9*



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9. APPOINTMENT OF PARLIAMENTARIAN  
Appointment is for a term of 1 year  
Current Parliamentarian: R. Pawlak
  
10. APPOINTMENT TO BAY COUNTY RETIREMENT BOARD OF TRUSTEES  
Appointment is for a term of 1 year  
Current BABH Representative: Vacant
  
11. REGULAR BOARD MEETING, 3/21/2024 – Distributed  
11.1 Motion on minutes as distributed
  
12. SPECIAL NOMINATION COMMITTEE, 3/26/2024 – Crete, Committee Member  
Motions forwarded to the full Board were addressed in item 5.1  
12.1 Motion on minutes as distributed
  
13. SPECIAL BOARD MEETING, 3/28/2024 – Distributed  
13.1 Motion on minutes as distributed
  
14. HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE, 4/1/2024 – Distributed – Pawlak, Ch  
5, 10-11 14.1 Res# 2404003: Approve the Cultural Competency & Diversity Plan – *See page 5 resolution sheet,  
pages 10-11 & plan attached to back of packet*  
14.2 Motion on minutes as distributed
  
15. RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE, 4/4/2024 – Distributed – McFarland, Ch/  
Mrozinski, V Ch  
No motions were forwarded to the full Board  
15.1 Motion on minutes as distributed



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- 16. FACILITIES & SAFETY COMMITTEE, 4/8/2024 – Distributed – Girard Ch Pro Tem  
No motions were forwarded to the full Board  
16.1 Motion on minutes as distributed
- 17. FINANCE COMMITTEE, 4/10/2024 – Distributed – Mrozinski, V Ch  
12-13 17.1 Motion to accept investment earnings balances for period ending March 31, 2024 – *See pages 12-13*  
5, 14 17.2 Res# 2404003: Approve the Finance April 2024 contract list – *See page 5 resolution sheet & page 14*  
17.3 Motion on minutes as distributed
- 18. PROGRAM COMMITTEE, 4/11/2024 – Distributed – Girard, Ch  
15 18.1 Consideration of motion to receive the Youth Mental Health First Aid Training information – *See page 15*  
18.2 Motion on minutes as distributed
- 19. AUDIT COMMITTEE, 4/16/2024 – Distributed – McFarland, Ch/Pawlak, V Ch  
5, 16-22 19.1 Res# 2404004: Accept financial statements – *See page 5 resolution sheet & pages 16-22*  
5, 23-26 19.2 Res# 2404005: Accept electronic fund transfers – *See page 5 resolution sheet & pages 23-26*  
5, 27 19.3 Res# 2404006: Approve disbursement & health care claims payments – *See page 5 resolution sheet & page 27*  
19.4 Motion on minutes as distributed
- 20. BOARD MEETING CONTRACT LIST, 4/18/2024  
28 20.1 Consideration of a motion to approve the Board meeting April 2024 contract list – *See page 28*
- 21. REPORT FROM ADMINISTRATION  
29-31 21.1 2024 Medicaid Rate Adjustments – *See pages 29-31*  
32-37 21.2 Conflict Free Access & Planning Advocacy – *See pages 32-37*  
21.3 Bay Valley/Union Home Transitions



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#### 22. UNFINISHED BUSINESS

22.1 None

#### 23. NEW BUSINESS

##### 23.1 Personnel & Compensation (P&C) Committee Meeting

The P&C Committee meeting has been scheduled for 5:00 pm on Tuesday, April 23, 2024 at the William B. Cammin Clinic

##### 23.2 May Meeting Schedule

38 All Board and Board Committee meetings will be held in Room 225 at the Behavioral Center, 201 Mulholland, Bay City, MI 48708 for the month of May, 2024 – *See page 38*

#### 24. ADJOURNMENT



**BOARD OF DIRECTORS  
REGULAR MEETING**

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

**RESOLUTIONS**

**Retirement Resolutions, April 18, 2024**

Res# 2404001: See separate resolution recognizing Denise Groh on page 6.

Res# 2404002: See separate resolution recognizing Karen Simon on page 7.

**Health Care Improvement & Compliance Committee, April 1, 2024**

Res# 2404003: Resolved by Bay Arenac Behavioral Health to approve the Cultural Competency & Diversity Plan.

**Finance Committee, April 10, 2024**

Res# 2404004: Resolved by Bay Arenac Behavioral Health to approve the Finance April 2024 contract list.

**Audit Committee, April 16, 2024**

Res# 2404005: Resolved by Bay Arenac Behavioral Health to approve the Financial Statements for period ending March 13, 2024.

Res# 2404006: Resolved by Bay Arenac Behavioral Health to approve the electronic fund transfer (EFTs) for period ending March 31, 2024.

Res# 2404007: Resolved by Bay Arenac Behavioral Health to approve the disbursements and health care payments from March 25, 2024 through April 19, 2024.



BEHAVIORAL HEALTH

**RESOLUTION**

Board of Directors  
Regular Meeting of April 18, 2024

WHEREAS, Denise Groh was employed with the Bay-Arenac Behavioral Health Authority in multiple roles first starting as a Secretary at the Arenac Center on November 13, 2009. In 2017 Denise Groh transferred to a Secretary at North Bay Center and in 2021 began serving as Medical Records Associate until her retirement on April 8, 2024; and

WHEREAS, the Board appreciates the energy, reliability, and organizational skills that Denise Groh demonstrated to the agency as evidenced by her important role in providing administrative support for the staff and consumers of Bay-Arenac Behavioral Health and the larger provider network in Bay and Arenac Counties, and

WHEREAS, the Board acknowledges Denise Groh's commitment to the organization through her reliability, concern for others, and her willingness to go above and beyond. It was evident that the support provided by Denise enhanced the services provided in order to improve the quality of life for the consumers and will further support the mission of Bay-Arenac Behavioral Health.

THEREFORE, BE IT RESOLVED that the Board of Directors of Bay-Arenac Behavioral Health Authority hereby presents this certificate in recognition of Denise Groh for 14 years of dedicated service and commitment.

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Richard Byrne, Chair

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Christopher Girard, Secretary

Behavioral Health Center, 201 Mulholland, Bay City, MI 48708



## RESOLUTION

Board of Directors  
Regular Meeting of April 18, 2024

WHEREAS, Karen Simon was employed with the Bay-Arenac Behavioral Health Authority as an Accounts Payable/Purchasing Assistant on March 20, 2000. In 2014 the position was restructured, and the title changed to Finance Assistant. Karen Simon has served in this role until her retirement on May 1, 2024; and

WHEREAS, the Board appreciates the dedication, competence, trustworthiness, and expertise that Karen Simon demonstrated to the agency as evidenced by her important role in ensuring timely and accurate processing of payables, proper authority for purchases, maintenance of administrative contracts, and development and evaluation of public requests for proposals of Bay-Arenac Behavioral Health, and

WHEREAS, the Board acknowledges Karen Simon's commitment to the organization through her consistency, attention to detail, and her willingness to go above and beyond. Karen has demonstrated exemplary customer service skills over the years and is well respected by her peers and management of the organization. Karen has enhanced systems and processes with her mastery computer skills to better support the Finance Department that further support the mission of Bay-Arenac Behavioral Health.

THEREFORE, BE IT RESOLVED that the Board of Directors of Bay-Arenac Behavioral Health Authority hereby presents this certificate in recognition of Karen Simon for 24 years of dedicated service and commitment.

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Richard Byrne, Chair

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Christopher Girard, Board Secretary

Behavioral Health Center, 201 Mulholland, Bay City, MI 48708

# Bay Arenac Behavioral Health Board of Directors Committee Assignments 2024-2025

<b>Recipient Rights Advisory Committee - 1st Thursday at 5 pm</b>
<b>9 Members; 7 Members Minimum Required by MHC</b>
P. McFarland, Chair
S. Mrozinski, Vice Chair
R. Bowers
K. Niemiec
J. Peters
L. Van Wert
R. Byrne, Ex Officio
Vacant
Vacant

<b>Facilities &amp; Safety Committee - 2nd Monday at 5 pm</b>
<b>7 Members</b>
J. Crete
C. Girard
S. Mrozinski
R. Pawlak
R. Byrne, Ex Officio
Vacant
Vacant

<b>Finance/Bylaws &amp; Policies Committee - Wednesday after the 1st Thursday at 5 pm</b>
<b>9 Members</b>
S. Mrozinski, Vice Chair
T. Banaszak
J. Crete
P. McFarland
R. Pawlak, Ex Officio
R. Byrne, Ex Officio
Vacant
Vacant
Vacant

<b>Program Committee - 2nd Thursday at 5 pm</b>
<b>7 Members</b>
C. Girard, Chair
S. Mrozinski
T. Reese
R. Byrne, Ex Officio
Vacant
Vacant
Vacant

<b>Nominations Committee - February/March Every Year &amp; As Needed</b>
<b>5 Members; Elected by full Board</b>
R. Byrne
J. Crete
Vacant
Vacant
Vacant

<b>Bay County Retirement Board of Trustees</b>
<b>1 BABH Representative Appointed by BABH Board Chair</b>
Vacant - BABH Rep

<b>Health Care Improvement &amp; Compliance Committee - 1st Monday at 5 pm</b>
<b>7 Members</b>
R. Pawlak, Chair
T. Banaszak
P. McFarland
R. Byrne, Ex Officio
Vacant
Vacant
Vacant

<b>Personnel &amp; Compensation Committee - Quarterly 4th Tuesday at 5 pm</b>
<b>7 Members</b>
J. Crete
K. Niemiec
R. Pawlak
T. Reese
R. Byrne, Ex Officio
Vacant
Vacant

<b>Audit Committee - Tuesday before the Board Meeting at 5 pm</b>
<b>7 Members</b>
P. McFarland, Chair
R. Pawlak, Ex Officio, Vice Chair
S. Mrozinski
R. Byrne, Ex Officio
Vacant
Vacant
Vacant

<b>BABH Board of Directors - 3rd Thursday at 5 pm</b>
<b>12 Members; 10 from Bay and 2 from Arenac</b>
R. Byrne, Chair
R. Pawlak, Treasurer
C. Girard, Secretary
T. Banaszak
P. Conley
J. Crete
P. McFarland
S. Mrozinski
K. Niemiec
T. Reese
P. Schumacher
Vacant

<b>Mid-State Health Network Regional Board - 1st Tuesday every other month</b>
<b>2 Representatives Appointed by BABH Board Chair</b>
Staggering Terms, Each for a 3 Year Period
R. Pawlak (3 year term; commencing 5/18/2023 & expiring 4/30/2025)
P. McFarland (3 year term; commencing 4/30/2023 & expiring 4/30/2026)

<b>MSHN SUD OPB - County Commission Appointments</b>
Bay County - J. Peters
Arenac County - R. Luce

**Parliamentarian: R. Pawlak**





# Board of Directors Committee Assignment Selection for 2024

Please rank any additional Board Committees you are interested in serving on using a numbering system with "1" being your first choice. If your schedule does not permit you to serve on a specific Committee please leave that Committee blank.

\_\_\_\_\_ Health Care Improvement & Compliance Committee - 1st Monday of each month

\_\_\_\_\_ Recipient Rights Advisory/Appeals Committee - 1st Thursday of each month

\_\_\_\_\_ Facilities & Safety Committee - 2nd Monday of each month

\_\_\_\_\_ Finance Committee - Wednesday after the 1st Thursday of each month

\_\_\_\_\_ Bylaws & Policies Committee - Immediately after Finance Committee

\_\_\_\_\_ Program Committee - 2nd Thursday of each month

\_\_\_\_\_ Audit Committee - Tuesday before the Board Meeting

\_\_\_\_\_ Personnel & Compensation Committee - 4th Tuesday on a quarterly basis

Board Member Name: \_\_\_\_\_

Date: \_\_\_\_\_

Are there any changes to your current Committee you would like made?

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The Cultural Competency and Diversity Plan ensures that BABHA has measured the degree of diversity in Arenac and Bay Counties and acted where needed to address any unique needs of the identified population groups.

Differences in cognitive or physical ability, culture, ethnicity, religion, economic status, gender identification, age, or sexual orientation which are unrecognized and unattended can directly impact clinical effectiveness. What appears to be resistance to treatment may be due to a lack of cultural competence within the treating provider organization or its clinical staff.

### Community Composition

- The overall population in both counties is slightly reducing each year.
- Older adult populations in the two counties continue to grow faster than other age groups.
- In Michigan, 7.1% of adults, over the age of 18, reported identifying as LGBTQ+. Suicide rates, homelessness and other behavioral health needs are much higher in this population. The Household Pulse Survey (US Census Bureau) reports that 38.2% of LGBTQ+ respondents experience depression for more than half the days in a week.
- Although the racial/ethnic background of most residents of Arenac and Bay Counties is white/Caucasian, BABHA serves hundreds of individuals of Black/ African American heritage, as well as Hispanic/ Latino peoples.
- The Hispanic population in Arenac and Bay Counties is steadily increasing. The BABHA personnel does not reflect this composition and is decreasing in representation for Hispanic populations.
- Since there is a strong tribal presence in Arenac County, BABHA added content regarding the Saganing Tribe.
- The data for languages other than English, spoken in the home is only updated every 5 years. The information in the Plan remains the same as reported in 2020 and 2021.

### Staff Employed

- BABHA will explore forums to recruit a more diverse group of employees focusing on Hispanic sources and utilize our efforts to increase, stabilize and maintain adequate staffing and representatives of our communities. (**Action Step 1**)

### Training

- BABHA continues to provide training related to implicit bias and other cultural considerations to improve staff competence in working with diverse backgrounds.

### Therapeutic Interactions/Clinical Services and Accommodations

- BABHA completed the review of websites and written materials to ensure that language describing ethnicities used preferred language. This Action Step from 2023 was completed and is operational.
- Latinx language and gender-neutral terminology has been incorporated into the language used in policy, procedure, documents, handouts, brochures, etc. This Action Step from 2023 was completed.
- BABHA Leadership has engaged with Great Lakes Bay Pride advocacy group and has a representative participating in meetings and obtained resource materials from the Executive Director.
- BABHA will schedule an Organizational Assessment to evaluate the level of welcoming to individuals who are LGBTQ+ and develop a workgroup to address any recommendations made by the Assessors. (**Action Step 2**)

### Military Background

- Due to the potentially traumatic nature of experiences that men and women serving in the military are exposed to, there can be a negative impact on their psychological and emotional wellbeing. The prevalence of suicidal ideation and behavioral health risks factors warrant attention by BABHA and it is important to build staff competency around this issue.

- BABHA will explore training options with a local organization with expertise in the needs of veteran’s population, as well as veteran/military cultural competence training. (Action Step 3)

#### Public Relations

- BABHA will continue to pursue Memorandums of Understandings with community organizations representing interests of diverse groups such as Hispanic/Latinx and Indigenous populations (Action Step 4).

**Bay-Arenac Behavioral Health Authority**  
**Estimated Cash and Investment Balances March 31, 2024**

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Balance March 1, 2024	6,272,931.45
Balance March 31, 2024	6,559,912.63
Average Daily Balance	5,296,007.99
Estimated Actual/Accrued Interest March 2024	19,492.20
Effective Rate of Interest Earning March 2024	4.42%
Estimated Actual/Accrued Interest Fiscal Year to Date	127,117.19
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	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Beg. Balance Operating Funds - Cash, Cash equivalents, Investments		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	7,733,635	3,167,316
Cash in		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	11,480,507	4,835,627	19,658,739
Cash out		(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)	(11,203,146)	(9,401,946)	(16,716,214)
Ending Balance Operating Fund		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	7,733,635	3,167,316	6,109,840
Investments													
Money Markets		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	7,733,635	3,167,316	6,109,840
	90.00												
	180.00												
	180.00												
	270.00												
	270.00												
Total Operating Cash, Cash equivalents, Invested		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	7,733,635	3,167,316	6,109,840
Average Rate of Return General Funds		2.14%	2.25%	2.41%	2.51%	2.60%	2.69%	3.82%	3.96%	4.01%	4.04%	4.05%	4.08%
		2.81%	3.01%	3.66%	3.46%	3.51%	3.71%	3.82%	4.09%	4.13%	4.11%	4.10%	4.24%
average		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	6,756,419	6,038,598	6,050,472

Cash Available - Other Restricted Funds

	Rate	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Beg. Balance-Other Restricted Funds - Cash, Cash equivalents, Investments		428,924	430,428	432,047	433,645	435,308	437,156	438,953	440,817	442,629	444,508	446,396	448,169
Cash in		1,504	1,619	1,598	1,663	1,849	1,797	1,864	1,812	1,880	1,888	1,773	1,903
Cash out													
Ending Balance Other Restricted Funds		430,428	432,047	433,645	435,308	437,156	438,953	440,817	442,629	444,508	446,396	448,169	450,072
Investments													
Money Market		430,428	432,047	433,645	435,308	437,156	438,953	440,817	442,629	444,508	446,396	448,169	450,072
	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												
	0.00%												
Total Other Restricted Funds		430,428	432,047	433,645	435,308	437,156	438,953	440,817	442,629	444,508	446,396	448,169	450,072
Average Rate of Return Other Restricted Funds		3.47%	3.58%	3.68%	3.76%	3.88%	3.97%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
		4.35%	4.35%	4.50%	4.50%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
average		426,252	426,976	427,717	428,476	429,285	430,073	440,817	441,723	442,651	443,587	444,504	445,432
Total - Bal excludes payroll related cash accounts		4,576,278	3,992,801	3,256,071	4,375,997	3,869,059	4,461,390	3,726,743	8,992,468	7,900,782	8,180,031	3,615,485	6,559,913
Total Average Rate of Return		2.17%	2.25%	2.34%	2.41%	2.51%	2.58%	4.04%	4.08%	4.20%	4.21%	4.17%	4.20%

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

		Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
<b>SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES</b>						
Clinical Services						
1	T	<b>T.R.A.C. Therapy Research Autism Center</b> Termination of the contract for ABA services	State rates eff. 10/1/22	\$0	Terminated eff. 5/13/24	Y N
2	M	<b>Arnold Center</b> Add CLS services to the contract	\$0	\$6.52/unit - Adults \$7.72/unit - Children	4/19/24 - 9/30/24	Y N
Admin/Other Services						
3	M	<b>Hospital Network Healthcare Services</b> Sharps pick up at Mulholland for ACT	N/A	\$65/quarter	5/1/24-MTM	Y N
4	N	<b>Intuitive Mind Training &amp; Consulting</b> DBT training, 2 days	N/A	\$3,500/day + expenses	5/30/24-5/31/24	Y N/A
<b>SECTION II. SERVICES PROVIDED BY THE BOARD (REVENUE CONTRACTS)</b>						
<b>SECTION III. STATE OF MICHIGAN GRANT CONTRACTS</b>						
5	N	<b>MDHHS Assisted Outpatient Treatment Foundation Strengthening Initiative</b> Grant for AOT	\$0	\$83,000	5/1/24 - 9/30/24	Y N
<b>SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL</b>						
6	N	<b>BIBERK Business Insurance</b> Professional liability insurance - Tami Trea	\$1,020	\$1,212	4/19/24-4/19/25	N/A N/A
7	S	<b>Community Mental Health Association of Michigan</b> - Walk a Mile Ralley - Traveling Art Show	\$420 \$120	Same	4/19/24-9/12/24	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:**

Link for those interested to pre-enroll:  
<https://forms.office.com/r/xiEpd270d3>

Date: Monday, May 20, 2024

Time: 8:30 AM- 4:30 PM

Location: BABH Staff Development Center, 1010 N. Madison Ave. , Bay City MI, 48708

Pre- Enrollment:

<https://forms.office.com/r/xiEpd270d3>



### WHY YOUTH MENTAL HEALTH FIRST AID?

Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance use challenges among children and adolescents ages 12-18.

**10.2%**  
of youth will be diagnosed with a substance use disorder in their lifetime.  
*Source: Youth Mental Health First Aid\*\**

**1 IN 5**  
teens and young adults lives with a mental health condition.  
*Source: National Alliance for Mental Illness\**

**50%**  
of all mental illnesses begin by age 14, and 75% by the mid-20s.  
*Source: Archives of General Psychiatry\*\*\**

### WHO SHOULD KNOW MENTAL HEALTH FIRST AID?

- Teachers.
- School Staff.
- Coaches.
- Camp Counselors.
- Youth Group Leaders.
- Parents.
- Adults who Work with Youth.

### WHAT MENTAL HEALTH FIRST AID COVERS

- Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD).
- Common signs and symptoms of substance use challenges.
- How to interact with a child or adolescent in crisis.
- How to connect the youth with help.
- Expanded content on trauma, substance use, self-care and the impact of social media and bullying.

### Learn how to respond with the Mental Health First Aid Action Plan (ALGEE):

- A**ssess for risk of suicide or harm.
- L**isten nonjudgmentally.
- G**ive reassurance and information.
- E**ncourage appropriate professional help.
- E**ncourage self-help and other support strategies.

**Bay-Arenac Behavioral Health  
Financial Statements  
For Period Ending 3/31/2024**

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

		<u>Mar 31, 2024</u>	<u>Sept 30, 2023</u>	
<b>1</b>	<b>ASSETS</b>			
<b>2</b>	<u>Current Assets</u>			
<b>3</b>	Cash and cash equivalents	\$5,085,827.09	\$3,022,671.86	
<b>4</b>	Consumer and insurance receivables	184,018.77	250,600.73	
<b>5</b>	Due from other governmental units	834,937.53	7,068,212.79	
<b>6</b>	Contract and other receivables	4,818,954.80	589,887.89	
<b>7</b>	Interest receivable	0.00	0.00	
<b>8</b>	Prepaid items	268,181.57	172,069.24	
<b>9</b>	<b>Total Current Assets</b>	<b>11,191,919.76</b>	<b>11,103,442.51</b>	(3+4+5+6+7+8)
<b>10</b>	<b>Noncurrent Assets</b>			
<b>11</b>	<u>Cash and cash Equivalents - restricted</u>			
<b>12</b>	Restricted for compensated absences	1,503,435.61	1,492,316.16	
<b>13</b>	Restricted temporarily - other	107,064.43	88,421.11	
<b>14</b>	<b>Cash and Cash Equivalents - restricted</b>	<b>1,610,500.04</b>	<b>1,580,737.27</b>	(12+13)
<b>15</b>	<u>Capital Assets</u>			
<b>16</b>	Capital assets - land	424,500.00	424,500.00	
<b>17</b>	Capital assets - depreciable, net	6,379,459.87	6,384,206.87	
<b>18</b>	Capital assets - construction in progress	-	-	
<b>19</b>	GASB 87 Right to Use Bldg	2,272,819.47	2,272,819.47	
<b>20</b>	Accumulated depreciation	(4,433,380.55)	(4,327,820.27)	
<b>21</b>	<b>Capital Asset, net</b>	<b>4,643,398.79</b>	<b>4,753,706.07</b>	(16+17+18+19+20)
<b>22</b>	<b>Total Noncurrent Assets</b>	<b>6,253,898.83</b>	<b>6,334,443.34</b>	(14+21)
<b>23</b>	<b>TOTAL ASSETS</b>	<b>17,445,818.59</b>	<b>17,437,885.85</b>	(9+22)
<b>24</b>	<b>LIABILITIES</b>			
<b>25</b>	<u>Current Liabilities</u>			
<b>26</b>	Accounts payable	0.00	3,748,831.73	
<b>27</b>	Accrued wages and payroll related liabilities	0.00	83,713.19	
<b>28</b>	Other accrued liabilities	4,280,992.29	569,539.06	
<b>29</b>	Due to other governmental units	250,750.00	250,747.00	
<b>30</b>	Deferred Revenue	2,503.73	2,503.73	
<b>31</b>	Current portion of long term debt	16,212.86	16,212.86	
<b>32</b>	Other current liabilities	-	-	
<b>33</b>	<b>Total Current Liabilities</b>	<b>4,550,458.88</b>	<b>4,671,547.57</b>	(26+27+28+29+30+31+32)
<b>34</b>	<u>Noncurrent Liabilities</u>			
<b>35</b>	Long term debt, net of current portion	238,831.47	246,873.29	
<b>36</b>	GASB 87 Noncurrent Lease Liability	1,699,121.29	1,699,121.29	
<b>37</b>	Compensated absences	1,513,398.81	1,462,345.88	
<b>38</b>	<b>Total Noncurrent Liabilities</b>	<b>3,451,351.57</b>	<b>3,408,340.46</b>	(35+36+37)
<b>39</b>	<b>TOTAL LIABILITIES</b>	<b>8,001,810.45</b>	<b>8,079,888.03</b>	(33+38)
<b>40</b>	<b>NET ASSETS</b>			
<b>41</b>	<u>Fund Balance</u>			
<b>42</b>	Restricted for capital purposes	3,966,653.00	3,966,653.00	
<b>43</b>	Unrestricted fund balance - PBIP	2,377,601.32	2,377,601.32	
<b>44</b>	Unrestricted fund balance	3,099,753.82	3,013,743.50	
<b>45</b>	<b>Total Net Assets</b>	<b>\$9,444,008.14</b>	<b>\$9,357,997.82</b>	(42+43+44) and (23-39)

Bay Arenac Behavioral Health  
For the Month Ending Mar 31, 2024  
Summary of All Units

Column Identifiers						
A	B	C	D	E (C-D)	F (C / D)	G
	Mar Actual	2024 YTD Actual	2024 YTD Budget	Variance	% to Budget	2024 Monthly Budget

Income Statement

1	<b>REVENUE</b>					
2	<b>Risk Contract Revenue</b>					
3	Medicaid Specialty Supports & Services	5,216,533.08	27,708,475.99	26,136,400.00	1,572,075.99	106%
4	Medicaid Autism	1,018,792.01	5,265,138.96	4,837,593.00	427,545.96	109%
5	State Genl Fund Priority Population	135,504.00	813,027.00	813,027.21	(0.20)	100%
6	GF Shared Savings Lapse	0.00	0.00	38,384.52	(38,384.52)	0%
7	<b>Total Risk Contract Revenue</b>	<b>6,370,829.09</b>	<b>33,786,641.95</b>	<b>31,825,404.73</b>	<b>1,961,237.23</b>	<b>106%</b>
8	<b>Program Service Revenue</b>					
9	Medicaid, CWP FFS	0.00	0.00	0.00	0.00	0%
10	Other Fee For Service	24,550.12	161,045.58	173,187.40	(12,141.82)	93%
11	<b>Total Program Service Revenue</b>	<b>24,550.12</b>	<b>161,045.58</b>	<b>173,187.40</b>	<b>(12,141.82)</b>	<b>93%</b>
12	<b>Other Revenue</b>					
13	Grants and Earned Contracts	114,331.34	795,137.73	922,618.48	(127,480.75)	86%
14	SSI Reimbursements, 1st/3rd Party	6,397.00	37,512.00	34,439.70	3,072.30	109%
15	County Appropriation	65,587.83	393,526.98	393,526.98	0.00	100%
16	Interest Income - Working Capital	19,981.10	130,269.49	57,456.25	72,813.25	227%
17	Other Local Income	850.29	6,027.67	235,316.79	(229,289.12)	3%
18	<b>Total Other Revenue</b>	<b>207,147.56</b>	<b>1,362,473.87</b>	<b>1,643,358.19</b>	<b>(280,884.32)</b>	<b>83%</b>
19	<b>TOTAL REVENUE</b>	<b>6,602,526.77</b>	<b>35,310,161.40</b>	<b>33,641,950.31</b>	<b>1,668,211.10</b>	<b>105%</b>
20	<b>EXPENSE</b>					
21	<b>SUPPORTS &amp; SERVICES</b>					
22	<b>Provider Claims</b>					
23	State Facility - Local portion	8,631.05	98,070.59	96,144.03	(1,926.57)	102%
24	Community Hospital	894,821.06	3,999,020.43	2,874,721.81	(1,124,298.63)	139%
25	Residential Services	1,243,296.54	7,574,562.19	7,584,679.10	10,116.90	100%
26	Community Supports	2,080,604.38	11,946,539.66	11,316,042.57	(630,497.09)	106%
27	<b>Total Provider Claims</b>	<b>4,227,353.03</b>	<b>23,618,192.87</b>	<b>21,871,587.50</b>	<b>(1,746,605.38)</b>	<b>108%</b>
28	<b>Operating Expenses</b>					
29	Salaries	1,239,450.56	7,149,812.49	7,331,509.37	181,696.88	98%
30	Fringe Benefits	386,794.91	2,335,110.38	2,383,603.54	48,493.16	98%
31	Consumer Related	1,548.01	21,820.69	24,451.52	2,630.83	89%
32	Program Operations	156,023.60	816,300.43	659,275.18	(157,025.25)	124%
33	Facility Cost	49,661.66	339,345.80	332,476.59	(6,869.21)	102%
34	Purchased Services	783.50	6,592.50	11,029.84	4,437.34	60%
35	Other Operating Expense	141,805.09	708,429.42	695,455.42	(12,974.01)	102%
36	Local Funds Contribution	17,906.00	107,436.00	107,436.00	0.00	100%
37	Interest Expense	684.22	4,151.42	4,360.75	209.33	95%
38	Depreciation	19,216.15	116,959.08	131,406.27	14,447.19	89%
39	<b>Total Operating Expenses</b>	<b>2,013,873.70</b>	<b>11,605,958.21</b>	<b>11,681,004.46</b>	<b>75,046.25</b>	<b>99%</b>
40	<b>TOTAL EXPENSES</b>	<b>6,241,226.73</b>	<b>35,224,151.08</b>	<b>33,552,591.96</b>	<b>(1,671,559.13)</b>	<b>105%</b>
41	<b>NET SURPLUS/(DEFICIT)</b>	<b>361,300.04</b>	<b>86,010.32</b>	<b>89,358.35</b>	<b>(3,348.03)</b>	<b>96%</b>
42	<b>Notes:</b>					
43	Medicaid Revenue includes an accrual for <b>additional</b> funds if a <b>shortage</b> exists/(reduction) of funds if a <b>surplus</b> exists from/(to) Mid-State Health Network as follows:					
44	Net Medicaid ( <b>shortage</b> ) to request from MSHN: (\$4,227,178.21)					
45	Medicaid ( <b>shortage</b> ): (\$618,248.94)					
46	Healthy Michigan ( <b>shortage</b> ): (\$1,138,609.13)					
47	Autism ( <b>shortage</b> ): (\$2,470,320.14)					
48						

**BAY-ARENAC BEHAVIORAL HEALTH  
RECONCILIATION OF FUND BALANCE  
AS OF MARCH 31, 2024**

	<b>TOTALS</b>
Fund Balance 09/30/2023	9,357,997.82
Net (loss)/income March 2024	86,010.32
Net Increase/(Decrease) Funds Restricted for Capital Purposes	-
Calculated Fund Balance 3/31/2024	9,444,008.14
Statement of Net Assets Fund Balance 3/31/2024	9,444,008.14
Difference	-

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**BAY-ARENAC BEHAVIORAL HEALTH  
RECONCILIATION OF UNRESTRICTED FUND BALANCE  
AS OF MARCH 31, 2024**

	<b><u>TOTALS</u></b>
Unrestricted Fund Balance 9/30/2023	5,391,344.82
Net (loss)/income March 2024	86,010.32
Increase/Decrease in net assets	-
Calculated Unrestricted Fund Balance 3/31/2024	5,477,355.14
Statement of Net Assets Unrestricted Fund Balance 03/31/2024	5,477,355.14
Difference	-

**Bay-Arenac Behavioral Health**  
**Fund Balance Summary**

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	Sept. 30, 2023 Unrestricted <u>Fund Balance</u>	Mar 31, 2024 Permanently <u>Restricted</u>	Mar 31, 2024 Temporarily <u>Restricted</u>	Mar 31, 2024 Unrestricted/ <u>Reserved</u>	Mar 31, 2024 Total <u>Fund Balance</u>
Unrestricted	3,013,744	-	-	3,099,754	3,099,754
Capital Purposes	844,325	-	-	844,325	844,325
Invested in Capital Assets	3,122,328	-	-	3,122,328	3,122,328
Performance Incentive Pool	<u>2,377,601</u>	-	-	<u>2,377,601</u>	<u>2,377,601</u>
Balances	9,357,998	-	-	9,444,008	9,444,008

**BAY-ARENAC BEHAVIORAL HEALTH  
Cash Flow**

	<u>Mar 24</u>	<u>Apr 24</u>	<u>May 24</u>	<u>Jun 24</u>	<u>Jul 24</u>	<u>Aug 24</u>	<u>Sep 24</u>	<u>Oct 24</u>	<u>Nov 24</u>	<u>Dec 24</u>	<u>Jan 25</u>	<u>Feb 25</u>	<u>Mar 25</u>
<b>Estimated Funds:</b>													
Beginning Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment	-	-	-	-	-	-	-	-	-	-	-	-	-
Additions/(Subtractions)	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Month End Inv. Balance</b>	-	-	-	-	-	-	-	-	-	-	-	-	-
Beginning Cash Balance	3,167,316	6,109,840	6,261,833	5,992,986	6,491,120	6,645,990	5,824,266	6,325,276	6,477,269	6,208,422	6,706,556	5,911,426	5,639,702
Total Medicaid	9,359,580	4,760,000	4,760,000	4,760,000	4,760,000	4,760,000	4,760,000	4,760,000	4,760,000	4,760,000	4,760,000	4,760,000	4,760,000
Total General Fund	135,504	135,505	135,505	135,504	135,505	135,505	135,504	135,505	135,505	135,504	135,505	135,505	135,504
Estimated Misc. Receipts	101,954	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	202,069	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	19,981	17,104	19,981	17,104	19,981	17,104	19,981	17,104	19,981	17,104	19,981	17,104	19,981
<b>Total Estimated Cash</b>	<b>12,986,404</b>	<b>11,167,208</b>	<b>11,322,078</b>	<b>11,166,495</b>	<b>11,551,365</b>	<b>11,703,358</b>	<b>11,000,651</b>	<b>11,382,644</b>	<b>11,537,514</b>	<b>11,381,930</b>	<b>11,766,801</b>	<b>10,968,794</b>	<b>10,816,087</b>
<b>Total Estimated Available Funds</b>	<b>12,986,404</b>	<b>11,167,208</b>	<b>11,322,078</b>	<b>11,166,495</b>	<b>11,551,365</b>	<b>11,703,358</b>	<b>11,000,651</b>	<b>11,382,644</b>	<b>11,537,514</b>	<b>11,381,930</b>	<b>11,766,801</b>	<b>10,968,794</b>	<b>10,816,087</b>
<b>Estimated Expenditures:</b>													
1st Payroll	535,921	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000
Special Pay	-	-	-	-	-	-	-	-	-	-	-	-	-
ETO Buyouts	-	-	-	-	-	-	-	-	-	-	-	-	-
2nd Payroll	529,246	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000
Board Per Diem	2,375	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	532,802	-	-	-	-	550,000	-	-	-	-	550,000	-	-
1st Friday Claims	550,516	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	1,066,437	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	781,276	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	1,342,421	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	792,869	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	740,669	-	400,000	-	-	400,000	-	-	400,000	-	400,000	-	-
Local FFP payment to DCH/MSHN	-	-	53,717	-	-	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	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Estimated Expenditures</b>	<b>6,876,564</b>	<b>4,905,375</b>	<b>5,329,092</b>	<b>4,675,375</b>	<b>4,905,375</b>	<b>5,879,092</b>	<b>4,675,375</b>	<b>4,905,375</b>	<b>5,329,092</b>	<b>4,675,375</b>	<b>5,855,375</b>	<b>5,329,092</b>	<b>4,675,375</b>
<b>Estimated Month End Cash Balance</b>	<b>6,109,840</b>	<b>6,261,833</b>	<b>5,992,986</b>	<b>6,491,120</b>	<b>6,645,990</b>	<b>5,824,266</b>	<b>6,325,276</b>	<b>6,477,269</b>	<b>6,208,422</b>	<b>6,706,556</b>	<b>5,911,426</b>	<b>5,639,702</b>	<b>6,140,712</b>

# Bay-Arenac Behavioral Health

## Cash Flow Forecasting For the Month of April

	<u>Bank Balance</u>	<u>Investment Balance</u>
<b>Estimated Cash Balance April 1, 2024</b>	<b>6,109,840</b>	-
Investment Purchased/Interest	-	-
Investments coming due during month	-	-
<b>Estimated Cash Balance April 30, 2024</b>	<b>6,109,840</b>	-
Estimated Cash Inflow:		
Medicaid Funds:	4,760,000	
General Fund Dollars:	135,505	
Board Receipts:	89,759	
Client Receipts:	55,000	
Funds from Investment:	-	
Interest:	17,104	
<b>Total Estimated Cash Inflow:</b>	<b>5,057,368</b>	
Estimated Cash Outflow:		
Payroll Dated: <b>04/12/24</b>	(550,000)	
Payroll Dated: <b>04/26/24</b>	(550,000)	
Board Per Diem Payroll: <b>04/19/24</b>	(3,343)	
Payroll Dated:	-	
Claims Disbursements: <b>04/05/24</b>	(500,000)	
Claims Disbursements: <b>04/12/24</b>	(920,000)	
Claims Disbursements: <b>04/19/24</b>	(975,000)	
A/P Disbursements: <b>04/19/24</b>	(800,000)	
Mortgage Payment: <b>04/22/24</b>	(2,032)	
Claims Disbursements: <b>04/26/24</b>	(575,000)	
Claims Disbursements:	-	
Local FFP Payment:	-	
Transfer to Reserve Acct:	-	
HRA transfer: <b>04/19/24</b>	(30,000)	
Transfer to MSHN:	-	
Transfer to State of MI	-	
Purchased Investment	-	
<b>Total Estimated Cash Outflow:</b>	<b>(4,905,375)</b>	
<b>Estimated Cash Balance on April 30, 2024</b>	<b>6,261,833</b>	-

**Bay Arenac Behavioral Health**  
**201 Mulholland, Bay City, MI 48708**  
**Electronic Funds Transfers including Cash Transfers/Wires/ACHs**  
**March 2024**

<u>Funds Paid from/ Transferred from:</u>	<u>Funds Paid to/ Transferred to:</u>	<u>Amount</u>	<u>Date of Payment</u>	<u>Description</u>	<u>Authorized By</u>
Flagstar Bank	Huntington Nat'l Bank	4,500.00	3/1/2024	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	5,000.00	3/1/2024	Transfer from General Account to H.S.A. Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	550,000.00	3/1/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	3,230,000.00	3/1/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	13,943.35	3/6/2024	Credit Card Payment	Marci Rozek
Flagstar Bank	Flagstar Bank	1,076,450.55	3/7/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	710,000.00	3/8/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	550,000.00	3/13/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	529,245.94	3/13/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	3,365.32	3/13/2024	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,349,207.96	3/14/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	1,700,000.00	3/15/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,393,645.48	3/21/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,373.69	3/22/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	430,000.00	3/22/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,031.96	3/22/2024	Transfer from General Acct for Mortgage payment	Marci Rozek
Flagstar Bank	Flagstar Bank	540,000.00	3/26/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	532,802.70	3/27/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	3,365.32	3/27/2024	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Flagstar Bank	875,282.02	3/27/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	3,215,000.00	3/29/2024	Transfer from General Account to MMKT Account	Marci Rozek

**Total Withdrawals: 16,716,214.29**

*Marci Rozek (enl)*

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**  
**March 2024**

<u>Funds Paid from:</u>	<u>EFT #</u>	<u>Funds Paid to:</u>	<u>Amount</u>	<u>Date of Pmt</u>	<u>Authorized By</u>
Flagstar Bank	E5250	HOPE NETWORK BEHAVIORAL HEALTH	85.17	3/1/2024	Marci Rozek
Flagstar Bank	E5251	BEACON SPECIALIZED LIVING SVS	714.00	3/1/2024	Marci Rozek
Flagstar Bank	E5252	Bay Human Services, Inc.	1,993.60	3/1/2024	Marci Rozek
Flagstar Bank	E5253	DISABILITY NETWORK	15,042.60	3/1/2024	Marci Rozek
Flagstar Bank	E5254	SAMARITAS	7,185.04	3/1/2024	Marci Rozek
Flagstar Bank	E5255	HEALTHSOURCE	33,858.00	3/1/2024	Marci Rozek
Flagstar Bank	E5256	FOREST VIEW HOSPITAL	58,162.50	3/1/2024	Marci Rozek
Flagstar Bank	E5257	CEDAR CREEK HOSPITAL	6,328.50	3/1/2024	Marci Rozek
Flagstar Bank	E5258	PHC OF MICHIGAN - HARBOR OAKS	8,300.00	3/1/2024	Marci Rozek
Flagstar Bank	E5259	MPA GROUP NFP, Ltd.	27,178.25	3/1/2024	Marci Rozek
Flagstar Bank	E5260	LIST PSYCHOLOGICAL SERVICES	1,183.42	3/1/2024	Marci Rozek
Flagstar Bank	E5261	SAGINAW PSYCHOLOGICAL SERVICES	29,756.88	3/1/2024	Marci Rozek
Flagstar Bank	E5262	PARAMOUNT REHABILITATION	12,211.44	3/1/2024	Marci Rozek
Flagstar Bank	E5263	DO-ALL, INC.	7,011.32	3/1/2024	Marci Rozek
Flagstar Bank	E5264	Nutrition for Wellness	999.20	3/1/2024	Marci Rozek
Flagstar Bank	E5265	WILSON, STUART T. CPA, P.C.	81,990.85	3/1/2024	Marci Rozek
Flagstar Bank	E5266	AUTISM SYSTEMS LLC	4,670.77	3/1/2024	Marci Rozek
Flagstar Bank	E5267	CENTRIA HEALTHCARE LLC	13,232.06	3/1/2024	Marci Rozek
Flagstar Bank	E5268	Flourish Services, LLL	14,741.08	3/1/2024	Marci Rozek
Flagstar Bank	E5269	Spectrum Autism Center	15,142.76	3/1/2024	Marci Rozek
Flagstar Bank	E5270	ENCOMPASS THERAPY CENTER LLC	77,836.13	3/1/2024	Marci Rozek
Flagstar Bank	E5271	Acorn Health of Michigan	1,005.38	3/1/2024	Marci Rozek
Flagstar Bank	E5272	MERCY PLUS HEALTHCARE SERVICES LLC	40,568.21	3/1/2024	Marci Rozek
Flagstar Bank	E5273	Yeo & Yeo Technology	157.50	3/1/2024	Marci Rozek
Flagstar Bank	E5274	AUGRES CARE CENTER, INC	3,594.26	3/1/2024	Marci Rozek
Flagstar Bank	E5275	HAVENWYCK HOSPITAL	37,970.10	3/8/2024	Marci Rozek
Flagstar Bank	E5276	BEACON SPECIALIZED LIVING SVS	17,432.19	3/8/2024	Marci Rozek
Flagstar Bank	E5277	Fitzhugh House, LLC	10,720.92	3/8/2024	Marci Rozek
Flagstar Bank	E5278	Bay Human Services, Inc.	196,451.16	3/8/2024	Marci Rozek
Flagstar Bank	E5279	MICHIGAN COMMUNITY SERVICES IN	42,921.55	3/8/2024	Marci Rozek
Flagstar Bank	E5280	CENTRAL STATE COMM. SERVICES	39,734.06	3/8/2024	Marci Rozek
Flagstar Bank	E5281	SUPERIOR CARE OF MICHIGAN LLC	7,957.60	3/8/2024	Marci Rozek
Flagstar Bank	E5282	Closer to Home, LLC	17,916.20	3/8/2024	Marci Rozek
Flagstar Bank	E5283	HEALTHSOURCE	34,884.00	3/8/2024	Marci Rozek
Flagstar Bank	E5284	MPA GROUP NFP, Ltd.	37,578.03	3/8/2024	Marci Rozek
Flagstar Bank	E5285	LIST PSYCHOLOGICAL SERVICES	3,708.48	3/8/2024	Marci Rozek
Flagstar Bank	E5286	SAGINAW PSYCHOLOGICAL SERVICES	28,251.46	3/8/2024	Marci Rozek
Flagstar Bank	E5287	PARAMOUNT REHABILITATION	16,385.29	3/8/2024	Marci Rozek
Flagstar Bank	E5288	ARENAC OPPORTUNITIES, INC	7,961.25	3/8/2024	Marci Rozek
Flagstar Bank	E5289	DO-ALL, INC.	8,131.69	3/8/2024	Marci Rozek
Flagstar Bank	E5290	New Dimensions	6,743.27	3/8/2024	Marci Rozek
Flagstar Bank	E5291	TOUCHSTONE SERVICES, INC	13,534.56	3/8/2024	Marci Rozek
Flagstar Bank	E5292	Nutrition for Wellness	610.00	3/8/2024	Marci Rozek
Flagstar Bank	E5293	WILSON, STUART T. CPA, P.C.	85,038.83	3/8/2024	Marci Rozek
Flagstar Bank	E5294	AUTISM SYSTEMS LLC	2,451.96	3/8/2024	Marci Rozek
Flagstar Bank	E5295	CENTRIA HEALTHCARE LLC	16,900.92	3/8/2024	Marci Rozek
Flagstar Bank	E5296	GAME CHANGER PEDIATRIC THERAPY	139,572.95	3/8/2024	Marci Rozek
Flagstar Bank	E5297	Spectrum Autism Center	11,415.16	3/8/2024	Marci Rozek
Flagstar Bank	E5298	ENCOMPASS THERAPY CENTER LLC	78,126.57	3/8/2024	Marci Rozek
Flagstar Bank	E5299	Acorn Health of Michigan	841.80	3/8/2024	Marci Rozek
Flagstar Bank	E5300	MERCY PLUS HEALTHCARE SERVICES LLC	21,408.27	3/8/2024	Marci Rozek
Flagstar Bank	E5301	STATE OF MICHIGAN DEPT OF COMM HEALTH A	9,421.05	3/8/2024	Marci Rozek
Flagstar Bank	E5302	DO-ALL, INC.	44,828.98	3/8/2024	Marci Rozek
Flagstar Bank	E5303	HOPE NETWORK BEHAVIORAL HEALTH	51,285.13	3/15/2024	Marci Rozek
Flagstar Bank	E5304	Hope Network Southeast	80,712.46	3/15/2024	Marci Rozek
Flagstar Bank	E5305	BEACON SPECIALIZED LIVING SVS	138.00	3/15/2024	Marci Rozek
Flagstar Bank	E5306	Bay Human Services, Inc.	225,210.36	3/15/2024	Marci Rozek
Flagstar Bank	E5307	MICHIGAN COMMUNITY SERVICES IN	306,819.78	3/15/2024	Marci Rozek
Flagstar Bank	E5308	VALLEY RESIDENTIAL SERVICES	80,673.53	3/15/2024	Marci Rozek
Flagstar Bank	E5309	LIBERTY LIVING, INC.	64,891.95	3/15/2024	Marci Rozek
Flagstar Bank	E5310	HEALTHSOURCE	15,390.00	3/15/2024	Marci Rozek
Flagstar Bank	E5311	FOREST VIEW HOSPITAL	28,552.50	3/15/2024	Marci Rozek
Flagstar Bank	E5312	PHC OF MICHIGAN - HARBOR OAKS	14,110.00	3/15/2024	Marci Rozek
Flagstar Bank	E5313	MPA GROUP NFP, Ltd.	31,131.34	3/15/2024	Marci Rozek
Flagstar Bank	E5314	LIST PSYCHOLOGICAL SERVICES Page 24 of 38	3,671.02	3/15/2024	Marci Rozek
Flagstar Bank	E5315	SAGINAW PSYCHOLOGICAL SERVICES	27,580.75	3/15/2024	Marci Rozek



Flagstar Bank	E5316	PARAMOUNT REHABILITATION	16,980.56	3/15/2024	Marci Rozek
Flagstar Bank	E5317	DO-ALL, INC.	8,148.49	3/15/2024	Marci Rozek
Flagstar Bank	E5318	New Dimensions	4,816.85	3/15/2024	Marci Rozek
Flagstar Bank	E5319	TOUCHSTONE SERVICES, INC	1,560.00	3/15/2024	Marci Rozek
Flagstar Bank	E5320	WILSON, STUART T. CPA, P.C.	90,292.04	3/15/2024	Marci Rozek
Flagstar Bank	E5321	AUTISM SYSTEMS LLC	524.00	3/15/2024	Marci Rozek
Flagstar Bank	E5322	CENTRIA HEALTHCARE LLC	11,234.12	3/15/2024	Marci Rozek
Flagstar Bank	E5323	PERSONAL ASSISTANCE OPTIONS INC	82,706.20	3/15/2024	Marci Rozek
Flagstar Bank	E5324	Flourish Services, LLL	6,376.92	3/15/2024	Marci Rozek
Flagstar Bank	E5325	Spectrum Autism Center	19,368.02	3/15/2024	Marci Rozek
Flagstar Bank	E5326	ENCOMPASS THERAPY CENTER LLC	72,457.34	3/15/2024	Marci Rozek
Flagstar Bank	E5327	Acorn Health of Michigan	745.98	3/15/2024	Marci Rozek
Flagstar Bank	E5328	MERCY PLUS HEALTHCARE SERVICES LLC	17,554.51	3/15/2024	Marci Rozek
Flagstar Bank	E5329	SAGINAW PSYCHOLOGICAL SERVICES	341.00	3/22/2024	Marci Rozek
Flagstar Bank	E5330	A2Z CLEANING & RESTORATION INC.	5,178.00	3/22/2024	Marci Rozek
Flagstar Bank	E5331	ARQUETTE, LORI	281.26	3/22/2024	Marci Rozek
Flagstar Bank	E5332	Badour Heating & Cooling	695.00	3/22/2024	Marci Rozek
Flagstar Bank	E5333	Banaszak, Tim	42.58	3/22/2024	Marci Rozek
Flagstar Bank	E5334	Berkobien, Nicholas	63.65	3/22/2024	Marci Rozek
Flagstar Bank	E5335	BICKEL, MEREDITH	237.85	3/22/2024	Marci Rozek
Flagstar Bank	E5336	BYRNE, RICHARD	263.97	3/22/2024	Marci Rozek
Flagstar Bank	E5337	Calm.com, Inc.	5,460.00	3/22/2024	Marci Rozek
Flagstar Bank	E5338	COOK, BRIANNA	41.92	3/22/2024	Marci Rozek
Flagstar Bank	E5339	Crete, Jerome T	47.16	3/22/2024	Marci Rozek
Flagstar Bank	E5340	Deshano, Jennifer	174.87	3/22/2024	Marci Rozek
Flagstar Bank	E5341	FLEX ADMINISTRATORS INC	1,118.75	3/22/2024	Marci Rozek
Flagstar Bank	E5342	FRIEBE, HEATHER	103.85	3/22/2024	Marci Rozek
Flagstar Bank	E5343	Gleeson, Chrystal	720.92	3/22/2024	Marci Rozek
Flagstar Bank	E5344	GUERTIN, SUSAN	294.02	3/22/2024	Marci Rozek
Flagstar Bank	E5345	HARLESS, MICHELLA	195.64	3/22/2024	Marci Rozek
Flagstar Bank	E5346	HECHT, KERENSA	296.14	3/22/2024	Marci Rozek
Flagstar Bank	E5347	HEWTTY, MARIA	140.83	3/22/2024	Marci Rozek
Flagstar Bank	E5348	HOSPITAL PSYCHIATRY PLLC	42,000.00	3/22/2024	Marci Rozek
Flagstar Bank	E5349	Huerta, Justin	135.41	3/22/2024	Marci Rozek
Flagstar Bank	E5350	Iris Telehealth Medical Group, PA	66,096.00	3/22/2024	Marci Rozek
Flagstar Bank	E5351	KING COMMUNICATIONS	220.80	3/22/2024	Marci Rozek
Flagstar Bank	E5352	KOIN, STACEY E.	277.38	3/22/2024	Marci Rozek
Flagstar Bank	E5353	KRASINSKI, STACY	237.55	3/22/2024	Marci Rozek
Flagstar Bank	E5354	Lagalo, Lori	273.49	3/22/2024	Marci Rozek
Flagstar Bank	E5355	MCFARLAND, PATRICK J.	35.37	3/22/2024	Marci Rozek
Flagstar Bank	E5356	MOVVA, USHA	15,550.00	3/22/2024	Marci Rozek
Flagstar Bank	E5357	Mulvaney, Sarah	76.18	3/22/2024	Marci Rozek
Flagstar Bank	E5358	National Business Furniture	296.98	3/22/2024	Marci Rozek
Flagstar Bank	E5359	NETSOURCE ONE, INC.	37,714.74	3/22/2024	Marci Rozek
Flagstar Bank	E5360	NIX, HEATHER	130.65	3/22/2024	Marci Rozek
Flagstar Bank	E5361	Nixon, Heidi	108.34	3/22/2024	Marci Rozek
Flagstar Bank	E5362	PETER CHANG ENTERPRISES, INC.	46,570.51	3/22/2024	Marci Rozek
Flagstar Bank	E5363	Professional Insurance Consultants	250.00	3/22/2024	Marci Rozek
Flagstar Bank	E5364	PRO-SCAPE, INC.	400.00	3/22/2024	Marci Rozek
Flagstar Bank	E5365	Rechsteiner, Elise	13.20	3/22/2024	Marci Rozek
Flagstar Bank	E5366	Reese, Marie	13.76	3/22/2024	Marci Rozek
Flagstar Bank	E5367	RICKER, AMY	179.56	3/22/2024	Marci Rozek
Flagstar Bank	E5368	Rooker, Stephani	191.62	3/22/2024	Marci Rozek
Flagstar Bank	E5369	Royer, Kaitlyn	218.76	3/22/2024	Marci Rozek
Flagstar Bank	E5370	SHRED EXPERTS LLC	296.00	3/22/2024	Marci Rozek
Flagstar Bank	E5371	Staples	5,782.42	3/22/2024	Marci Rozek
Flagstar Bank	E5372	Strode, Eric	29.87	3/22/2024	Marci Rozek
Flagstar Bank	E5373	Tenney, Ben	261.30	3/22/2024	Marci Rozek
Flagstar Bank	E5374	Thomas, Linda	109.81	3/22/2024	Marci Rozek
Flagstar Bank	E5375	Trout, Amber	905.17	3/22/2024	Marci Rozek
Flagstar Bank	E5376	UNITED WAY OF BAY COUNTY/RENT	2,125.00	3/22/2024	Marci Rozek
Flagstar Bank	E5377	VanWert, Laurie	99.17	3/22/2024	Marci Rozek
Flagstar Bank	E5378	VASCONCELOS, FLAVIA	381.36	3/22/2024	Marci Rozek
Flagstar Bank	E5379	VOGEL, HOLLI	328.16	3/22/2024	Marci Rozek
Flagstar Bank	E5380	V.O.I.C.E., INC.	854.27	3/22/2024	Marci Rozek
Flagstar Bank	E5381	Weber, Ciera	120.94	3/22/2024	Marci Rozek
Flagstar Bank	E5382	Wilczynski, Tonia	70.35	3/22/2024	Marci Rozek
Flagstar Bank	E5383	HAVENWYCK HOSPITAL	38,874.15	3/22/2024	Marci Rozek
Flagstar Bank	E5384	Bay Human Services, Inc.	87,088.10	3/22/2024	Marci Rozek
Flagstar Bank	E5385	MICHIGAN COMMUNITY SERVICES IN	1,597.12	3/22/2024	Marci Rozek
Flagstar Bank	E5386	CENTRAL STATE COMM. SERVICES	44.90	3/22/2024	Marci Rozek
Flagstar Bank	E5387	VALLEY RESIDENTIAL SERVICES	1,182.15	3/22/2024	Marci Rozek
Flagstar Bank	E5388	DISABILITY NETWORK	16,124.08	3/22/2024	Marci Rozek
Flagstar Bank	E5389	HEALTHSOURCE	22,572.00	3/22/2024	Marci Rozek
Flagstar Bank	E5390	MPA GROUP NFP, Ltd.	43,404.12	3/22/2024	Marci Rozek

Flagstar Bank	E5391	LIST PSYCHOLOGICAL SERVICES	2,070.95	3/22/2024	Marci Rozek
Flagstar Bank	E5392	SAGINAW PSYCHOLOGICAL SERVICES	26,223.44	3/22/2024	Marci Rozek
Flagstar Bank	E5393	PARAMOUNT REHABILITATION	18,772.45	3/22/2024	Marci Rozek
Flagstar Bank	E5394	DO-ALL, INC.	9,577.63	3/22/2024	Marci Rozek
Flagstar Bank	E5395	TOUCHSTONE SERVICES, INC	8,580.00	3/22/2024	Marci Rozek
Flagstar Bank	E5396	Nutrition for Wellness	790.20	3/22/2024	Marci Rozek
Flagstar Bank	E5397	WILSON, STUART T. CPA, P.C.	85,560.88	3/22/2024	Marci Rozek
Flagstar Bank	E5398	CAREBUILDERS AT HOME, LLC	29,281.84	3/22/2024	Marci Rozek
Flagstar Bank	E5399	AUTISM SYSTEMS LLC	4,522.53	3/22/2024	Marci Rozek
Flagstar Bank	E5400	CENTRIA HEALTHCARE LLC	13,566.98	3/22/2024	Marci Rozek
Flagstar Bank	E5401	GAME CHANGER PEDIATRIC THERAPY	144,794.77	3/22/2024	Marci Rozek
Flagstar Bank	E5402	Spectrum Autism Center	11,383.08	3/22/2024	Marci Rozek
Flagstar Bank	E5403	Acorn Health of Michigan	566.65	3/22/2024	Marci Rozek
Flagstar Bank	E5404	MERCY PLUS HEALTHCARE SERVICES LLC	16,226.93	3/22/2024	Marci Rozek
Flagstar Bank	E5405	HAVENWYCK HOSPITAL	21,697.20	3/28/2024	Marci Rozek
Flagstar Bank	E5406	BEACON SPECIALIZED LIVING SVS	96.00	3/28/2024	Marci Rozek
Flagstar Bank	E5407	Fitzhugh House, LLC	11,486.70	3/28/2024	Marci Rozek
Flagstar Bank	E5408	Bay Human Services, Inc.	168.30	3/28/2024	Marci Rozek
Flagstar Bank	E5409	MICHIGAN COMMUNITY SERVICES IN	69,332.15	3/28/2024	Marci Rozek
Flagstar Bank	E5410	LIBERTY LIVING, INC.	68,863.85	3/28/2024	Marci Rozek
Flagstar Bank	E5411	SAMARITAS	3,944.60	3/28/2024	Marci Rozek
Flagstar Bank	E5412	CEDAR CREEK HOSPITAL	16,876.00	3/28/2024	Marci Rozek
Flagstar Bank	E5413	PHC OF MICHIGAN - HARBOR OAKS	9,130.00	3/28/2024	Marci Rozek
Flagstar Bank	E5414	MPA GROUP NFP, Ltd.	22,639.12	3/28/2024	Marci Rozek
Flagstar Bank	E5415	LIST PSYCHOLOGICAL SERVICES	2,623.77	3/28/2024	Marci Rozek
Flagstar Bank	E5416	SAGINAW PSYCHOLOGICAL SERVICES	36,816.59	3/28/2024	Marci Rozek
Flagstar Bank	E5417	PARAMOUNT REHABILITATION	18,969.12	3/28/2024	Marci Rozek
Flagstar Bank	E5418	ARENAC OPPORTUNITIES, INC	11,305.96	3/28/2024	Marci Rozek
Flagstar Bank	E5419	DO-ALL, INC.	9,823.68	3/28/2024	Marci Rozek
Flagstar Bank	E5420	New Dimensions	14,669.57	3/28/2024	Marci Rozek
Flagstar Bank	E5421	TOUCHSTONE SERVICES, INC	9,266.40	3/28/2024	Marci Rozek
Flagstar Bank	E5422	Winningham, Linda Jo	1,701.00	3/28/2024	Marci Rozek
Flagstar Bank	E5423	Nutrition for Wellness	943.20	3/28/2024	Marci Rozek
Flagstar Bank	E5424	WILSON, STUART T. CPA, P.C.	85,281.07	3/28/2024	Marci Rozek
Flagstar Bank	E5425	AUTISM SYSTEMS LLC	30.00	3/28/2024	Marci Rozek
Flagstar Bank	E5426	CENTRIA HEALTHCARE LLC	15,317.89	3/28/2024	Marci Rozek
Flagstar Bank	E5427	Flourish Services, LLL	12,305.43	3/28/2024	Marci Rozek
Flagstar Bank	E5428	GAME CHANGER PEDIATRIC THERAPY	148,503.41	3/28/2024	Marci Rozek
Flagstar Bank	E5429	Spectrum Autism Center	9,442.92	3/28/2024	Marci Rozek
Flagstar Bank	E5430	ENCOMPASS THERAPY CENTER LLC	38,982.71	3/28/2024	Marci Rozek
Flagstar Bank	E5431	Acorn Health of Michigan	168.36	3/28/2024	Marci Rozek
Flagstar Bank	E5432	MERCY PLUS HEALTHCARE SERVICES LLC	19,056.42	3/28/2024	Marci Rozek

Total Withdrawals:

4,145,076.97

*Marci Rozek (em)*

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

April 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

**4/19/24 Checks Sequence: #99451-99543, ACH E5487-E5538**

Employee travel, conference	\$	9,953.26
Purchase Order Invoices	\$	5,786.89
Invoices for Routine Maintenance, services, purchase requisition invoices	\$	173,918.99
Recurring invoices, utilities, phone, leases	\$	363,943.23

**SUBTOTAL - Monthly Batch** \$ 553,602.37

**ITEMS FOR REVIEW:**

**EFT transfer - Credit Card 4/05/2024** \$ 16,807.48

**Weekly Special Checks:**

03/28/2024 Checks 99419-99422	\$	2,889.27
04/03/2024 Electronic Pmt E5454	\$	237.55
04/05/2024 Checks 99431-99434	\$	18,788.96
04/12/2024 Checks 99443-99448	\$	14,492.81

**SUBTOTAL - Special Checks** \$ 36,408.59

**Health Care payments**

03/22/2024 Checks 99406-99413, ACH Pmts E5383-E5404	\$	792,869.07
03/28/2024 Checks 99414-99418, ACH Pmts E5405-E5432	\$	740,669.05
04/05/2024 Checks 99426-99430, ACH Pmts E5434-E5453	\$	489,147.50
04/12/2024 Checks 99435-99442, ACH Pmts E5455-E5486	\$	1,628,448.05

**SUBTOTAL - Health Care Payments** \$ 3,651,133.67

**TOTAL DISBURSEMENTS** \$ 4,257,952.11

Prepared by:

*Karl White*

Reviewed by:

*Ellen Lesniak*

**Bay-Arenac Behavioral Health**  
**Board of Directors Meeting**  
**Summary of Proposed Contracts (Not Approved at Finance Committee Meeting)**  
**4/18/2024**

			Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Low/Mod/High)
<b>SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL</b>							
1	M	<b>Accident Fund</b> Audited workers comp	\$99,340	\$115,517	1/1/23-1/1/24	Y	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:**

## Sara McRae

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**Subject:** FW: Celebrating a victory; Medicaid rates to Michigan's public mental health system to rise April 1  
**Attachments:** SFY 2024 Rate Amendment Slides - act dis 3-21-24 (002).pdf

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**From:** Monique Francis <[MFrancis@cmham.org](mailto:MFrancis@cmham.org)>  
**Sent:** Monday, April 1, 2024 8:18 AM  
**To:** Monique Francis <[MFrancis@cmham.org](mailto:MFrancis@cmham.org)>  
**Cc:** Robert Sheehan <[rsheehan@cmham.org](mailto:rsheehan@cmham.org)>; Alan Bolter <[ABolter@cmham.org](mailto:ABolter@cmham.org)>  
**Subject:** Celebrating a victory; Medicaid rates to Michigan's public mental health system to rise April 1

**WARNING:** This message has originated from an **External Source**, please use caution when opening attachments or clicking links.

To: CEOs of CMHs, PIHPs, and Provider Alliance members  
CC: CMHA Officers; Members of the CMHA Board of Directors and Steering Committee; CMH & PIHP Board Chairpersons  
From: Robert Sheehan, CEO, CMH Association of Michigan  
Re: Celebrating a victory

BACKGROUND: As you may remember late in 2023 and early 2024, CMHA was in regular phone and email dialogue with MDHHS leadership regarding the growing concerns over the Medicaid revenue losses that our system was experiencing, in the current fiscal year, and the need to close that gap. As a result of these dialogue, MDHHS leadership agreed to meet with CMHA. CMHA invited the CEOs of the CMHSPs and PIHPs to join CMHA in this meeting. Several CEOs and a number of CFOs joined this meeting. This meeting was not intended to debate whether a revenue gap exists. Rather the intent was to determine, jointly, the steps that will be taken once the size of the revenue gap is determined.

During that meeting, in January 2024, the CMHA delegation that while the state's PIHPs were in the process of completing the development of a clearer picture of that revenue decline, which will be shared with MDHHS once completed, CMHA and its members wanted to ensure that MDHHS leadership was aware of the relative size and cause of the Medicaid funding gap. The CMHA delegation, using the analysis of Bruce Bridges, CMHA Fiscal Analyst, and the analysis of enrollment anomalies, provided by CMHA member organizations, highlighted two causes of the Medicaid revenue losses:

- For months, our members have seen greater than expected enrollment declines in DAB, TANF, and HMP enrollees without offsetting expenses. The former is unexpected. The latter is not, in that this pattern of Medicaid expenses remaining while enrollment drops is common for specialty health plans and provider systems. During periods in which overall Medicaid enrollment declines, the bulk of persons served by those specialty systems (in this case, the state's public mental health system) retain their Medicaid eligibility and continue to receive services through these systems.
- The state's PIHPs and CMSHPs are seeing unusual re-enrollment patterns. As examples, they have seen Hab Waiver beneficiaries being moved out of Hab Waiver status and DAB enrollees being moved out to family planning only status. While these may be temporary "holding place" enrollment changes while the Department places these persons in the appropriate Medicaid category, our concern is heightened by the similarity of these re-enrollment patterns to those that we saw, several years ago, when DAB beneficiaries were re-enrolled as HMP enrollees given the far simpler enrollment process involved in the latter.

Parallel to this MDHHS-focused advocacy, Alan Bolter held a series of discussions with a number of key legislators around this issue, underscoring the need for increased Medicaid rates in FY 24 and 25, using the advocacy points, above, as the foundation for those discussions.

RESULT OF ADVOCACY AND ANALYSIS: This meeting was far more successful than we had hoped. Rather than simply setting the stage for action, while awaiting the development of the estimates of Medicaid revenue loss by the state's PIHPs, MDHHS and Milliman used the information that CMHA provided them – especially Bruce Bridges' enrollment and financial analysis - to conduct their own analysis of the enrollment decline and the related loss of Medicaid funding to our system. We want to take a moment to underscore the central role that Bruce Bridges' enrollment and financial projections in sparking the MDHHS and Milliman analysis.

The analysis by MDHHS and Milliman, of the impact of the enrollment decline that was deeper and steeper than Milliman had originally projected, resulted in findings much akin to those of CMHA and Bruce Bridges. That analysis will result in a considerable rate increase to our system, starting in April 2024. The slides that outline the thinking behind this rate increase and the resulting revenue change to the state's public mental health system are attached.

That rate increase will provide **\$116 million in Medicaid dollars to the state's public mental health system than is contained in the current rates**, as noted below – a page drawn from the attached slides (far right row, number third from the bottom). These new Medicaid revenues are very close to the \$117 million Medicaid gap projected by the PIHPs.

These increased rates are retroactive to October 1, 2023, with the revenues that should have been received from October 2023 through March 2024 being added to the April through September 2024 payments (see the graphic below – a page excerpted from the attached slides).

Note that CMHA's Fiscal Analyst, Bruce Bridges, and the state's PIHPs are examining the impact of these increased rates on the revenue picture for the state's public mental health system. While we await that analysis, we thought it key to inform all of you of this news - the implementation, by MDHHS, of this sizeable April rate increase - and to pause to celebrate this advocacy victory.

CELEBRATION AND ACCOLADES: This email has several purposes:

First, to celebrate a successful and dramatic advocacy effort. It is key that we take the time to celebrate a win of this magnitude, when many thought that this effort had little chance of succeeding.

Secondly, CMHA wants to thank all of you who provided information, from the field, and guidance on this front. It is our collective effort that makes initiatives, such as this advocacy initiative, successful. Bravo.

Finally, we want to take a moment to underscore the central role that Bruce Bridges and his enrollment and financial projections played in sparking the MDHHS and Milliman analysis. Bruce has provided in-depth, accurate, and timely analysis for CMHA and its members for years. The members of CMHA's Contract and Financial Issues Committee (CFI) know of his work. His analysis has been core to many of our advocacy efforts. We want to take this opportunity to applaud Bruce's work on this effort – being one of the earliest to see the disenrollment trend and its impact on the financial stability of our system. Bravo.

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## SFY 2024 DCW, Trend, & Enrollment Amendment Rate Change

RATE CELL	PROJECTED EXPOSURE	ORIGINAL SFY 2024 CAPITATION RATE (EXCLUDING HRA)	SFY 2024 AMENDED CAPITATION RATE (EXCLUDING HRA)	CAPITATION RATE PERCENT CHANGE	EFFECTIVE APRIL 2024 TO SEPTEMBER 2024 RATES
DAB – Enrolled	2,783,400	\$ 374.63	\$ 386.01	3.0%	\$ 398.05
DAB – Unenrolled	3,320,800	369.84	380.27	2.8%	391.27
HMP – Enrolled	7,582,600	44.62	46.62	4.5%	49.08
HMP – Unenrolled	2,076,600	35.39	36.97	4.5%	38.97
TANF – Enrolled	12,812,500	37.08	38.74	4.5%	40.59
TANF – Unenrolled	2,934,600	23.18	24.15	4.2%	25.22
HSW	88,100	7,044.50	7,128.12	1.2%	7,211.82
CWP	6,500	3,304.46	3,316.80	0.4%	3,329.14
<u>SED</u>	6,300	1,962.26	1,964.28	0.1%	1,966.30
<b>Total</b>	<b>31,510,500</b>	<b>\$ 123.13</b>	<b>\$ 126.82</b>	<b>3.0%</b>	<b>\$ 130.86</b>



# An Alternative to MDHHS's Approach to Meeting Federal Conflict Free Standards: One that ensures access and minimizes complexity



The Michigan Department of Health and Human Services (MDHHS) recently proposed new requirements for individuals seeking mental health services through the public mental health system. While the new requirements would comply more directly with federal Conflict-Free Access and Planning (CFA&P) guidelines, they would create access challenges for those seeking care, service delays and additional costs to providers.

## What is Conflict-Free Access and Planning?

Public mental health providers receive payment through capitation payments. **Capitation payments** are fixed monthly allocation provided to a medical provider through a state or private health plan – simply put, the more people enrolled means more overall financial support being allocated to the mental health services. **These payments are paid monthly to providers for each member enrolled in the health care plan no matter how many times the member utilizes services.** Increased enrollment in the Medicaid system throughout the public health emergency boosted budgets allowing for increased services and better mental health support throughout the state.

### Michigan's Current CMH-based Model

Allows a 1-stop shop for people to do an assessment, planning, case management and receive services



### Approach Proposed by MDHHS

Requires you to go to one "provider" for assessment, planning, and case management, and another "provider" to receive services. If you change your service plan, you must go back to the planning "provider."





## DISADVANTAGES OF MDHHS' PROPOSED APPROACH



Delays  
service  
delivery



Increases  
costs



Increases  
administrative  
burden



Adds confusion  
and barriers for  
people served

## CMHA's Recommendations

### CFA&P rule does not apply to Michigan's Public Mental Health System

1. CMHSPs are governmental bodies prohibited from profit-taking.
  - There is no risk of revenues being generated for CMHSPs due to the structure of risk-based prepaid capitation.
2. The federal government has already granted Michigan an exception to HCBS regulations because of our unique public mental health structure:
  - CMS approval of Michigan's 1915(i) State plan amendment indicates that CMS agreed with Michigan that the premise for the CFA&P exception (that "the State demonstrates that the only willing and qualified agent to perform independent assessments and develop person centered service plans in a geographic area also provides HCBS") was met. **This appears reasonable, given that the State Mental Health Code and its implementing regulations require that the person-centered care planning process be completed by the "responsible mental health agency," indicating the CMHSP.** It appears to be an integral component of Michigan's community mental health structure that local government-based CMHSPs bear the primary responsibility for HCBS, including development of the care plan.

## Recommendations to Ensure Compliance with Federal Requirements

- Apply the conflict mitigation firewall structure that is contained in Michigan's 1915i State Plan Amendment.- a plan already approved by CMS
- Develop certain firewalls between the person-centered planning process and eligibility determination.
- Ensure robust monitoring and processes to ensure the person served can choose their case manager and supports coordinator employed by a CMHSP or PIHP or can choose an independent case manager or supports coordinator.
- Provide accessible, frequent, and readily available information to persons served regarding the planning process and service delivery.



The Community Mental Health Association of Michigan is the state association representing Michigan's public Community Mental Health (CMH) centers, the public Prepaid Inpatient Health Plans (PIHP – public health plans formed and governed by CMH centers) and the private providers within the CMH and PIHP provider networks.

FOR MORE INFORMATION, PLEASE VISIT [CMHA.ORG](http://CMHA.ORG) OR CALL 517-347-6848.



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**PUBLIC COMMENTS REGARDING PROPOSED POLICY 2153-BH  
1915i Conflict of Interest requirements 42 CFR § 441.730(b)(5)  
Submitted by Christopher Pinter**

**Summary**

Michigan has been in the process of converting many Medicaid services previously covered under the 1915(b) waiver authority to the 1915i state plan amendment. This requires states to provide assurance that necessary safeguards have been taken to protect the health and welfare of the enrollees in State plan home and community based services (HCBS) by provision of adequate standards for all types of providers. States must define qualifications for providers of HCBS, and for those persons who conduct the independent evaluation of eligibility for State plan HCBS and independent assessment of need, and who are involved with developing the person-centered service plan.

- The final requirements refer to persons or entities responsible for the independent evaluation, independent assessment, and the person-centered service plan as “agents” to distinguish them from “providers” of HCBS. *Requires that “agent” functions be open to “any willing provider”.*
- The standards imply that assessment and person-centered service plan development should not be performed by providers of the services prescribed. This does not preclude the inclusion of input from other individuals with expertise in the provision of long-term services and supports, or the delivery of acute care medical services, as long as an “independent agent” retains the final responsibility for the evaluation, assessment, and person-centered service plan functions.

**Larger Context**

Michigan has operated a Medicaid specialty mental health service and supports 1915(b) and (c) waiver since 1999. The foundation of these waivers is the continuation of the state and county partnership for community mental health services programs (CMHSPs) originally established in 1963 to promote deinstitutionalization of persons otherwise segregated in state psychiatric hospitals or centers. The state mental health authority, i.e., Michigan Department of Health and Human Services (MDHHS), has gradually transitioned many Medicaid agent and provider responsibilities to the CMHSPs during the last several decades. These transitions often coincided with significant changes in federal and state health care policy including movement to full local management in the 1980s, Medicaid managed care in the 1990s and regional pre-paid inpatient health plans (PIHPs) in the 2000s. However, the foundation has always been the shared state and county obligations to provide a mental health safety net for its most vulnerable citizens, many of whom are eligible for Medicaid due to their disability.

**Role of CMHSPs**

CMHSPs have been the instrument deployed by counties to meet their safety net obligations under the Michigan Mental Health Code, first as departments within the overall county organization and subsequently as separate governmental entities under state law. CMHSPs are mandated to provide a comprehensive array of mental health services to the residents in their geographic catchment area, regardless of their ability to pay. The services required under MCL 330.1206 include, but are not limited to, crisis stabilization and response including a 24-hour, 7-day per week, crisis emergency service; Identification, assessment, and diagnosis to determine the specific needs of the recipient and to develop an individual plan of services; Planning, linking, coordinating, follow-up, and monitoring to assist the recipient in gaining access to services; and Specialized mental health recipient training, treatment, and support, including therapeutic clinical interactions, socialization and adaptive skill and coping skill training, health and rehabilitative services, and pre-vocational and vocational services.

These requirements clarify that CMHSPs in Michigan have been designed to serve both as an “agent” (i.e. *Identification, assessment, and diagnosis to determine the specific needs of the recipient and to develop an individual plan of services*) and a “provider” function (Specialized mental health recipient training, treatment, and support, including *therapeutic clinical interactions, socialization and adaptive skill and coping skill training, health and rehabilitative services*) in the delivery of services. This has remained constant throughout various changes in mental health policy due to the CMHSPs exclusive public role as the safety net provider for its service area and designation as a “Comprehensive Services and Support Network” (CSSN) for Medicaid. In fact, strong beneficiary, advocate, and public support for this exclusive role has been the foundation of subsequent waiver accommodations related to sole-source procurement, regional PIHPs and maintaining a behavioral health carve-out for Medicaid services.

### **Existing Conflict of Interest Protections**

CMHSPs as governmental organizations with statutorily-defined obligations have conflict of interest protections inherent to its public nature. These include regularly scheduled meetings open to public inspection and participation, transparent annual needs assessment and budgetary processes that are subject to public review and modification, appointment/removal of board members and CMHSP dissolution authority vested in the county board of commissioners and downstream accountability to the community via local constituent democratic processes including elections, petition, initiative, and recall. These protections have been augmented over time with mandatory consumer representation on board governance, a guaranteed recipient rights appeal & grievance system, expansion of Medicaid enrollee rights, establishment of independent person-centered planning facilitation requirements, and broadening availability of consumer self-determination/self-directed options. This is a complex set of requirements that goes far beyond those inherent to other 1915i HCBS providers and serves as a check to balance provider self-interest.

### **1915i Requirements**

As mentioned earlier, states are required to provide assurance that necessary safeguards have been taken to protect the health and welfare of the enrollees in State plan HCBS by provision of adequate standards for all types of providers. States must define qualifications for providers of HCBS, and for those persons who conduct the independent evaluation of eligibility for State plan HCBS and independent assessment of need, and who are involved with developing the person-centered service plan. These qualifications include conflict of interest standards and training in assessment of individuals whose physical or mental condition may trigger a need for HCBS and supports, and an ongoing knowledge of current best practices to improve health and quality of life outcomes.

The minimum conflict of interest standards require that the agent is not a relative of the individual or responsible for the individual’s finances or health-related decisions, nor may an agent hold a financial interest in any of the entities that provide care. These requirements are sound and reasonable.

### **1915i Agent v. Provider Responsibilities**

In the final rules discussions for 42 CFR § 441.730(b)(5), it was noted that federal experience with HCBS waivers indicated that assessment and person-centered service plan development should not be performed by providers of the services prescribed. This separation of “agent” vs. “provider” roles for HCBS was an extension of the conflict of interest provisions noted above. However, it was also noted that in some circumstances there are acceptable reasons for a single provider of service that performs all of those functions, all administrative safeguards should consider the unique characteristics and

individual needs of each state and include conflict free protections that address the development of the plan and choice of providers with an emphasis on individual preferences.

As a result, states can allow providers of State plan HCBS, or those who have an interest in or are employed by a provider of State plan HCBS, to be the entity responsible for the assessment and person-centered service plan functions, if the state demonstrates that they are the only “willing and qualified” agent to perform these two functions in a geographic area. This is analogous to the existing designation of CMHSPs as the Medicaid CSSN for a defined geographic subdivision. In addition, the state must devise conflict of interest protections including separation of agent and provider functions within provider entities including “firewall” policies separating staff that perform assessments and develop person-centered service plans from those that provide any of the services in the plan; and meaningful and accessible procedures for individuals and representatives to appeal to the state.

### **Implications for Michigan**

As previously noted, CMHSPs by design occupy a central role on the state and county partnership for safety net mental health services. This is reflected not only in state law but also in subsequent Medicaid state plan and waiver designs under both fee for service and managed care requirements. These include the existing sole-source procurement plans and behavioral health carve-outs underlying the combined 1115, 1915(c) and 1915(i) arrangements for specialty mental health services and supports. These elements bond the comprehensive public mental health safety net role for all Michigan residents including Medicaid beneficiaries, to county based CMHSPs and ensure a 24/7 local crisis response throughout the state.

A strict application of the 1915i requirement would prohibit CMHSPs from serving in the "agent" role (i.e., independent evaluation of eligibility for State plan HCBS, independent assessment of need, and person-centered service plan development) for ANY consumer also receiving HCBS directly from the CMHSPs. However, this implication ignores the fact that CMHSPs in Michigan as public, non-profit organizations have always held both agent and provider responsibilities for Medicaid beneficiaries and that this combination is a central component in the specialty mental health safety net design in both the state plan and waiver documents.

CMHSPs hold the agent role for eligibility, assessment and service planning but were always expected to outsource provider responsibilities to the maximum extent allowable by market competition. In larger geographic areas such as Wayne, Oakland, and Kent Counties, this has often been the case. However, rural counties such as Huron, Tuscola and Arenac most often do not have multiple provider options, at least to the degree of ensuring a comprehensive service network. As a result, CMHSPs have served as the agent and provider roles not by choice or financial interest, *but due to their obligations to fill gaps in their safety net jurisdiction*. CMHSPs do not have the option available to non-safety net organizations to defer until another provider is “willing”. In many cases, this is the sole reason that CMHSPs provide certain HCBS as defined in the 1115i requirements. In contrast, most other agents for HCBS do not have these kinds of public obligations to their community, regardless of their level of independence from the provider systems.

It is also important to note that Michigan has been providing a comprehensive array of HCBS long before establishment of the 1915i state plan option. The state’s previous 1915(b) and (c) waiver designs expanded certain HCBS far beyond traditional Medicaid programs. This permitted CMHSPs to offer a

wide variety of alternative mental health services to support individuals remaining in their home and community. This often included an integrated agent and provider role. This was successful because the CMHSPs are public agencies inherently subject to local democratic processes ultimately rendering almost any financial or resource decision subject to public review and audit. In addition, these protections have been augmented over time and experience with expanded recipient and Medicaid enrollee rights systems, establishment of independent person-centered planning facilitation requirements, and enhanced self-determination/self-directed options. These elements have mitigated against any agent and/or provider financial conflicts of interest.

### **Recommendation**

It is important that the role of CMHSPs in the 1915i services align with the other waivers that make up the comprehensive Medicaid Mental Health Specialty Supports and Services program. Michigan had robust HCBS prior to the addition of the 1915i requirements and these were mitigated by the unique CSSN design in existing waivers. This recognition is symmetrical with the federal intent to consider the unique experiences of each individual state design. The roles of the sovereign county governments in the CMHSP system ensures that mental health policy decision is reflective of the broadest continuum of stakeholders at the federal, state, and local levels and mitigates against provider self-interest.

Making a hard distinction between CMHSP agent and provider roles specific to the 1915i will only increase the administrative burden on existing CMHSP provider systems without improving access to services, particularly in rural areas. An independent “agent” cannot accommodate the lack of available providers, regardless of the level of consumer need. In these cases, CMHSP safety net systems have a legal and ethical obligation in Michigan to fill that role, often regardless of the individual financial consequences. The larger context of CMHSP service and budget obligations mitigate against any short term gains or losses in the individual HCBS assessment, planning and delivery process.

As an alternative, MDHHS needs to recognize that the exclusive CSSN role and obligations in existing Medicaid waiver documents has already established the CMHSPs as the only “willing and qualified” agent to perform these two functions in a specific geographic area. The qualified standard needs to acknowledge the exclusive CSSN responsibilities in their defined service areas that distinguishes them from other agents and providers including the requirements under MCL 330.1206. Only the CMHSPs are obligated to make these services available to county residents regardless of ability to pay and have a legal obligation to fill both roles to protect the health and safety of the consumers.

The independence of these functions can be guaranteed at the CMHSP level as follows:

- Ensuring that assessment and person-centered planning development is performed at the CMHSP primary care level such as case management or outpatient services with a distinct organizational structure separate from the direct HCBS provider function
- Ensure that all consumers under consideration for services have the option to use independent facilitation or self-directed service arrangements to also mitigate potential conflicts
- Consider potential conflict of interest allegations to be subject to the consumer choice protections in the MDHHS Recipient Rights system.

The PIHPs **may** also provide an eligibility oversight function on behalf of the state and serve as an alternative mechanism for meaningful appeal by individual consumers and families. This preserves the current balance between inherent agent and provider roles at the CMHSP but adds additional remedial options to meet the intent of the 1915i requirements.

# May 2024

# BABH Board of Directors

May 2024

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June 2024

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



# CULTURAL COMPETENCY AND DIVERSITY PLAN

2024

## APPROVALS

~~Strategic Leadership Team:~~

~~Board of Directors:~~ Strategic Leadership Team: 3/19/24

Board of Directors:

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## Statement of Purpose

As an organization, Bay-Arenac Behavioral Health Authority (BABHA) acknowledges and values diversity from the perspective that every individual has his/her own cultural background/ ethnicity which contributes to the life of the community and serves to support the Agency's mission. It is the intent and purpose of BABHA to offer effective and accessible behavioral health services to all persons living in Bay and Arenac Counties by staff who demonstrate cultural competence, recognize diversity, and recognize the need for accommodations for service delivery when necessary. Furthermore, BABHA understands and supports the need to recruit and maintain staff, in leadership, management, direct service, and support service positions, who reflect the cultural backgrounds and diversity of the communities served.

BABHA recognizes the scope of diversity including, but not necessarily limited to culture, age, cognitive state, physical functioning, spiritual beliefs, economic status, gender identity/expression, ethnicity, language, or sexual orientation, all of which contribute to an individual's uniqueness<sup>1</sup>. In addition, the Agency's geographical areas encompass both rural and urban settings.

BABHA is committed to understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures. As part of this commitment BABHA recognizes the importance of addressing the implicit biases of the organization and its personnel, to continue to move the organization forward with recognizing and respecting diversity.

BABHA complies with all applicable federal and state laws and regulations to promote the delivery of services in a competent manner to all enrollees, including those with limited English proficiency, diverse cultural and ethnic backgrounds, and special communication needs.

The BABHA Cultural Competency and Diversity Plan is reviewed by senior leadership and consumer advisory groups at least annually and updated as necessary.<sup>2</sup> The plan is reviewed by the Health Care Improvement and Compliance Committee of the Board of Directors and approved by the full Board on an annual basis.

## Definitions

**Accommodations:** Internal or external resources used to provide individuals meaningful access to services at no cost to them. Examples include, but are not limited to voice interpreters, augmentative communication specialists, interpreter/translation services, etc.

**Brochure:** Booklets providing easy to read information regarding behavioral conditions or treatments.

**Cultural Competence:** Cultural competence is defined as a set of congruent behaviors, attitudes, beliefs, practices and procedures that come together in a system, agency, or among professionals, to enable that system, agency, or those professionals to work effectively in cross-cultural situations. The word culture implies the integrated patterns of human behavior that include thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic,

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<sup>1</sup> Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY20, section 4.5 (Cultural Competence)

<sup>2</sup> CARF Standards, Section 1.A. Leadership; standard 5.c&d.

religious, or social groups. The word competence implies having the capacity to function within the context of culturally integrated patterns of human behavior defined by the group.

Diversity: Diversity is defined as differences due to cognitive or physical ability, culture, ethnicity, religion, economic status, gender, age, or sexual orientation.

Gender Expression: External appearance of one's gender identity, usually expressed through behavior, clothing, hair style or voice, which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine<sup>3</sup>.

Gender Identity: One's innermost concept of self as male, female, a blend of both or neither; how individuals perceive themselves and what they call themselves. Gender identity may be the same or different than a gender assigned at birth<sup>4</sup>.

Implicit Bias: Implicit biases are unconscious associations, beliefs, and/or attitudes that affect our actions, decisions and understanding.

Large Print: Per 42CFR438.10, standard font on print materials must be no smaller than 12-point font.

Limited English Proficiency (LEP): The inability to speak, read, write, or understand English at a level that permits effective interaction with health care providers.

Taglines: Standardized statements providing information about how to access translation services, presented in various languages; used with non-English speaking or LEP individuals to help them request appropriate translation assistance.

## Population Diversity and Culture

### Community Composition

The US Census Bureau Annual Population Estimates and the 20230 Demographic Profile<sup>5</sup> data for Arenac and Bay Counties provides the following profile of the more than 110,000 people living in the coverage area for BABHA. The Census Bureau no longer publishes updated population estimates for all counties each year, which is impacting the availability of data updates for Arenac County. The data in this plan reflects the most current statistics available from the Census Bureau.

#### Population Size and Age<sup>6</sup>

The downward trend in total population continues, as does the rise in median age, suggesting the populations in Arenac and Bay counties continue to decrease and are becoming older.

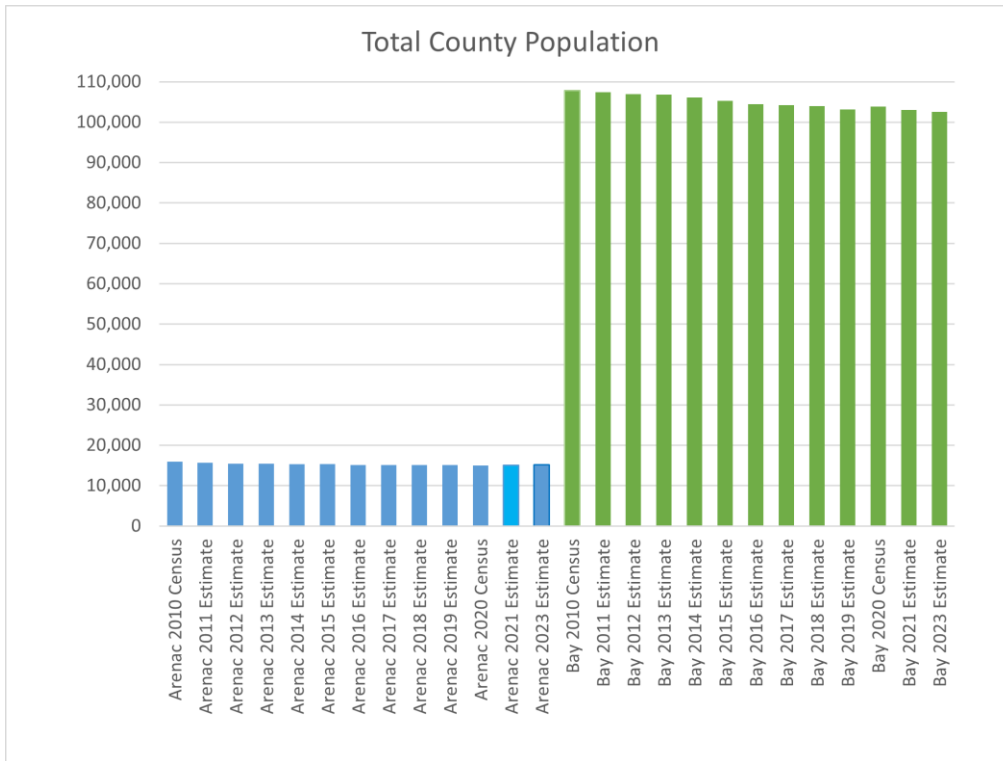
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<sup>3</sup> Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff; National LGBT Health Education Center

<sup>4</sup> Ibid.

<sup>5</sup> US Census Bureau: Quick Facts: Population Estimates; and American Community Survey: Annual Population Estimates

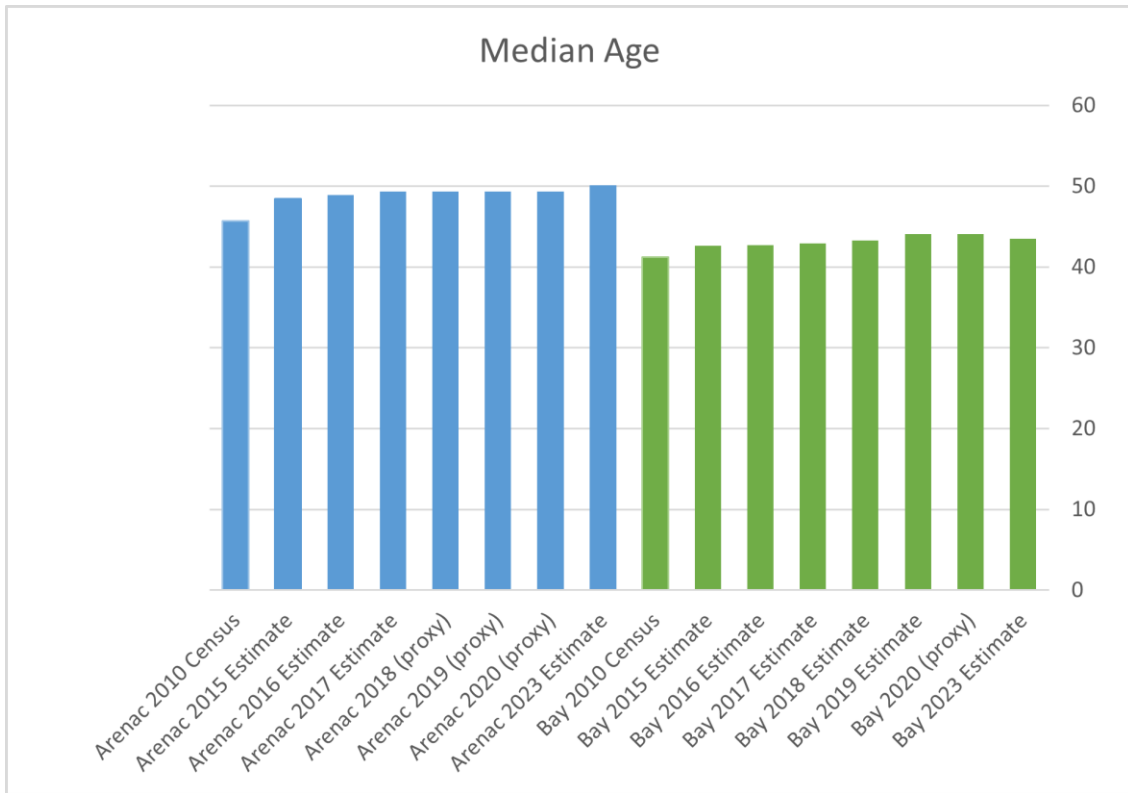
<sup>6</sup> CARF Standards, Section 1.A. Leadership; standard 5.b(2)



A World Health Organization article from [October 20, 2023](#) ~~December of 2017~~ states [that by 2030, one in six people in the World will be aged 60 years or over](#). ~~A~~ approximately 145% of adults over age 60 have a mental health condition, and older adults who have ~~physical health conditions have~~ higher rates of depression [and anxiety disorders](#). [The Global Health Estimates 2019 shows that globally, around a quarter of deaths from suicide \(27.2%\) are among people aged 60 or over](#).<sup>7</sup> The rate of suicide among older men is greater than the rate for older women.<sup>8</sup> So cultural sensitivity and competency with older individuals is important to minimize barriers to treatment for people whose risk of poor health outcomes may be higher than other age groups.

<sup>7</sup> World Health Organization/Fact Sheets/Mental Health of Older Adults/[2012 October -December 2023](#)~~17~~

<sup>8</sup> SAMHSA/Administration on Aging: Issue Brief 11: [Older Americans Behavioral Health: Reaching Diverse Older Adult Populations and Engaging Them in Prevention Services and Early Interventions](#)

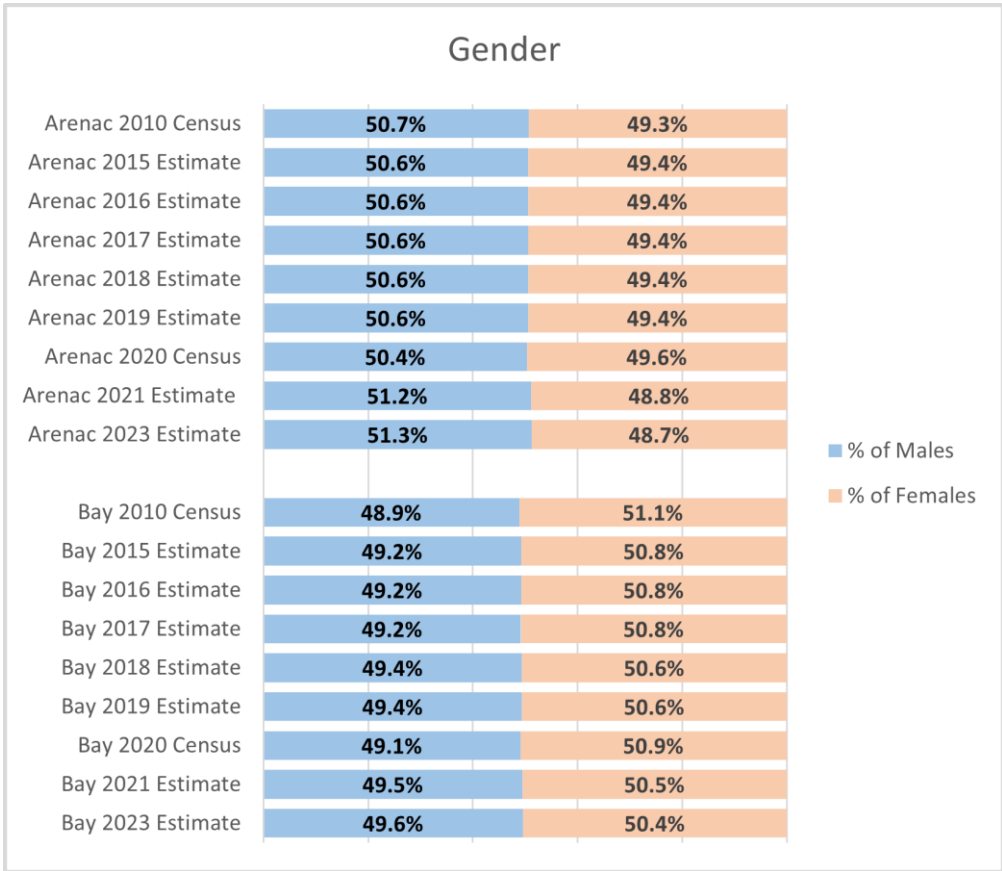


Gender Identification, Expression and Identity<sup>9</sup>

Nominal change in the reported gender mix of the two counties has been noted.<sup>10</sup> Arenac County continues to have slightly more male than female residents, with the reverse in Bay County.

<sup>9</sup> CARF Standards, Section 1.A. Leadership; standard 5.b(3) & (4).

<sup>10</sup> US Census Bureau; American Fact Finder: American Community Survey (ACS): Demographic and Housing Estimates



Beginning in July 2021, the US Census Bureau included questions regarding sexual orientation and gender identity (SOGI) on its Household Pulse Survey (HPS). According to the HPS, 8.0% of the respondents reported identifying as lesbian, gay, bisexual, and/or transgender and 4.2% reported in the “other” category. In Michigan, 7.1% adults over age 18 reported the identified as lesbian, gay, bisexual, or transgendered. The HPS reports that a larger share (38.2%) of LGBT respondents than non-LGBT respondents (16.1%) experienced depression for more than half of the days in the week. A higher share (21.3%) of LGBT respondents than non-LGBT respondents were Hispanic.<sup>11</sup> The US Census does not have data available at this time regarding the population’s reported lesbian, gay, bi-sexual, transgendered, queer and/or questioning (LGBTQ+) status. A 2013 Report on LGBTQ+ Inclusion Under Michigan Law from the MI Department of Civil Rights indicates approximately 3.5% of the US population identifies as LGBTQ+. If the entirety of LGBTQ+ populations are included, this figure may be slightly higher. Applied to the 2020 population estimates for Arenac and Bay counties, potentially 4,160 people or more in BABHA’s catchment area may identify as LGBTQ+.

Providing Inclusive Services and Care for LGBTQ+ People: A Guide for Health Care Staff published by the National LGBT Health Education Center reports that people who identify as LGBTQ+ are more likely to experience health issues due to the stigma and discrimination they experience including in health care settings. The Guide points to the following health disparities for people identifying as LGBTQ+:

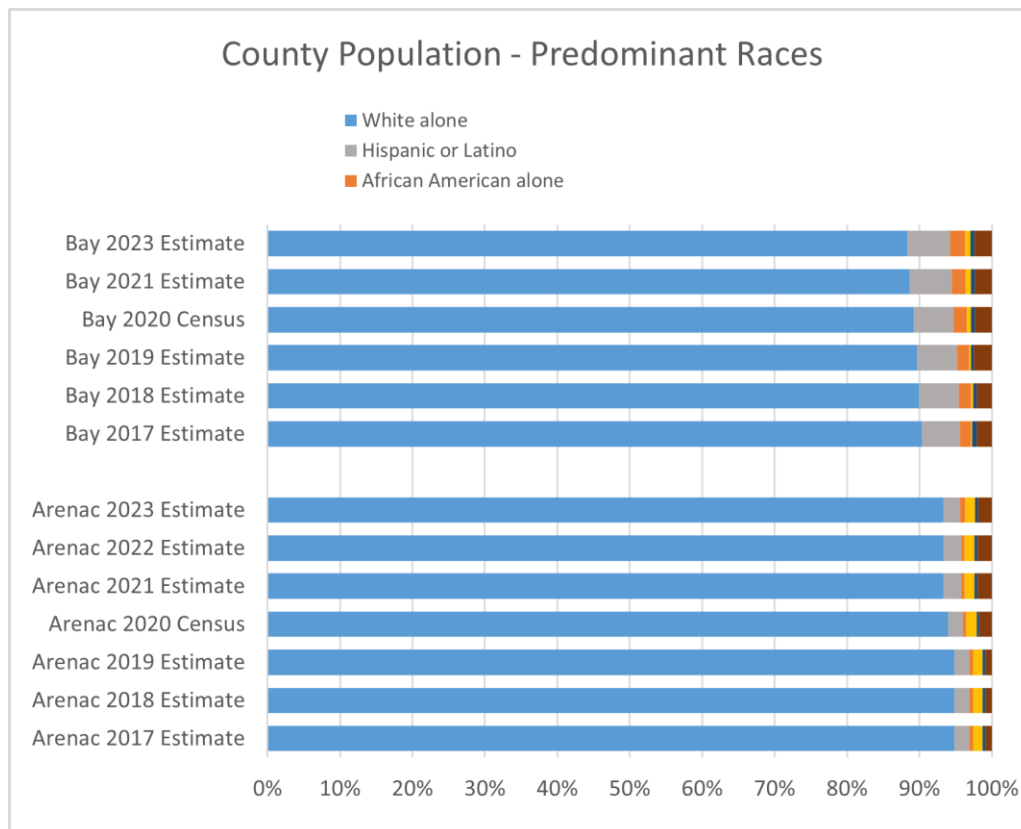
- LGBTQ+ youth are 2 to 3 times more likely to attempt suicide, and are more likely to be homeless (it is estimated that between 20% and 40% of all homeless youth are LGBTQ+);

<sup>11</sup> Census Bureau; Household Pulse Survey; July 2021

- LGBT[Q+] people are much more likely to smoke than others; they also have higher rates of alcohol use, other drug use, depression, and anxiety;
- Transgender individuals experience a high prevalence of HIV and STDs, victimization, and suicide; and
- Elderly LGBT[Q+] individuals face additional barriers to health care because of isolation, diminished family supports, and reduced availability of social services.

#### Race/Ethnicity<sup>12</sup>

The racial backgrounds of residents of Arenac and Bay Counties continue to be primarily white/Caucasian, with a notable presence of people of Hispanic/Latinx origin, or who are Black and of African American descent. It appears more people in BABHA’s catchment area are reporting a mixed racial background. This trend may not increase the need for interpretative services, but sensitivity to the increasing diversity of racial heritage among local populations is important to include in annual cultural competence training for BABHA staff, particularly regarding people of Hispanic/Latinx origin and who are black with African American ethnicities.



#### Board of Directors and Personnel<sup>13</sup>

##### Board of Directors—Chris

The BABHA Board of Directors includes two representatives from Arenac County and ten from Bay County, based upon the relative population size of the counties. This is a 5-1 proportion which is slightly higher than the 7-1 population ratio between the counties based on the 2020 US Census. Six board members are primary consumers (i.e., individuals who

<sup>12</sup> CARF Standards, Section 1.A. Leadership; standard 5.b(1)

<sup>13</sup> CARF Standards, Section 1.A. Leadership; standard, 5.a(2&3).

use BABHA or similar services) or family members of primary consumers (i.e., secondary consumers). [The board currently has one vacancy.](#)

White	Non-White	Female	Male	Primary or Secondary Consumer	Non-Consumer
100%	0%	<a href="#">3319%</a>	<a href="#">6681%</a>	<a href="#">5063%</a>	<a href="#">5037%</a>

Executive Leadership [Chris](#)

Organizational leadership at the Chief/ Director Level includes the Chief Executive Officer; Chief Financial Officer; Director of Human Resources; Director of Healthcare Accountability; [threewo](#) Directors of Integrated Care; and the Medical Director.

White	Non-White	Female	Male
<a href="#">876%</a>	<a href="#">134%</a>	<a href="#">751%</a>	<a href="#">259%</a>

Employees Bay-Arenac Behavioral Health Authority (BABHA) is an equal employment opportunity employer. It is the policy of BABHA to recruit and select the best-qualified persons for employment. Recruitment and selection is conducted in such a manner to ensure open competition, provide equal employment opportunity, and to prohibit discrimination because of religion, race, color, national origin, age, sex, sexual orientation, gender identity, height, weight, marital or familial status, mental or physical disability or genetic information, or such other classifications protected by law or regulatory/accrediting bodies. BABHA gives preference to qualified eligible veterans in the filling of vacant positions, in accordance with the requirements of Michigan and Federal law.

BABHA seeks to encourage diversity in background and expertise among its staff and external providers to offer those who receive services with meaningful options to assist with their recovery. However, BABHA hiring practices adhere to state and federal requirements for maintaining neutrality regarding race, sex and other protected classifications. Public employers in Michigan, which includes BABHA, are precluded from establishing quotas to meet representational requirements for employees.<sup>14</sup>

Attached to this Plan Bay-Arenac Behavioral Health Authority’s Equal Employment Opportunity (EEO)-1 Report for calendar year 20232 showing the demographic mix of individuals employed by BABHA.

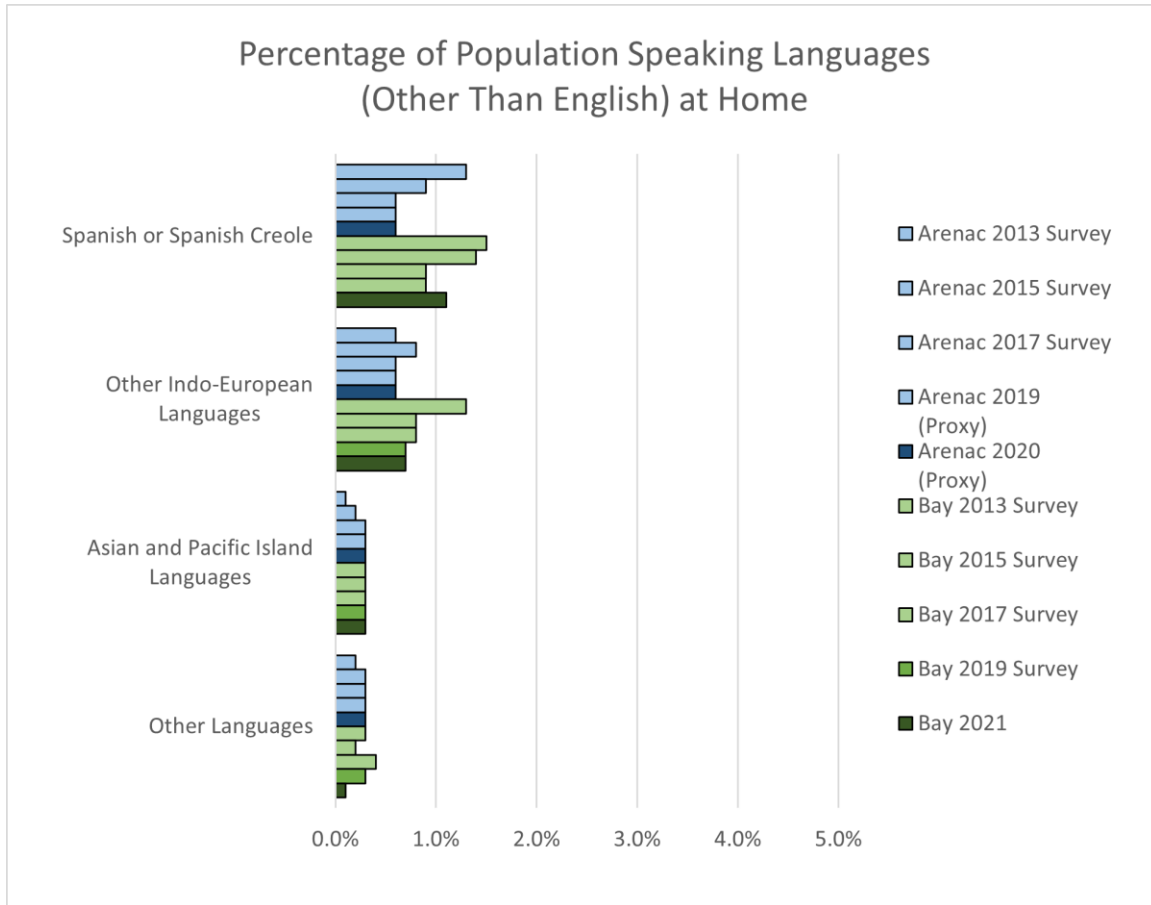
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<sup>14</sup> Michigan Constitution (Art. I, Sec. 26 Affirmative action programs.) indicates public employers may not utilize quotas or preferences in public employment; Title VII of the Civil Rights Act and the Equal Protection Clause of the 14<sup>th</sup> Amendment makes it unlawful for an employer (1) “to fail or refuse to hire or to discharge” any individual, or otherwise to racially discriminate against any individual “with respect to his compensation, terms, conditions, or privileges of employment,” or (2) “to limit, segregate, or classify,” on grounds of race, “any employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee . . .” 42 U.S.C. § 2000e-2(a). Courts have applied a strict scrutiny standard to invalidate non-remedial quotas, employment preferences, and other policies that require employers to take race into account in individualized employment actions. *Wygant v. Jackson Bd. of Ed.*, 476 U.S. 267 (1986).

## Service Population

### Population of Areas Served by Language<sup>15</sup>

The United States Census shows the following Languages Spoken at Home population estimates for Arenac and Bay Counties.<sup>16</sup> Less than 2% of the populations of Arenac and Bay Counties speak a language other than English. (Please note the US Census Bureau does not update this statistic every year for counties under a certain population size. Where data is not available for a given the most recent data published is carried forward as a proxy for the missing year.) The survey for 2022 and 2023 has not been completed/updated on the US Census, so the data for 2021 is the most updated.



### Comparison of Community, Personnel and Persons Served<sup>17</sup>

The ethnicity of persons served in Arenac and Bay Counties continues to be primarily white, which aligns with population statistics. The primary non-white ethnicities reported by people served by BABHA are of Hispanic/Latinx Origin, African American or Black, and Other Race. However, individuals reporting Asian ethnicities and membership in indigenous peoples are increasingly represented over time.

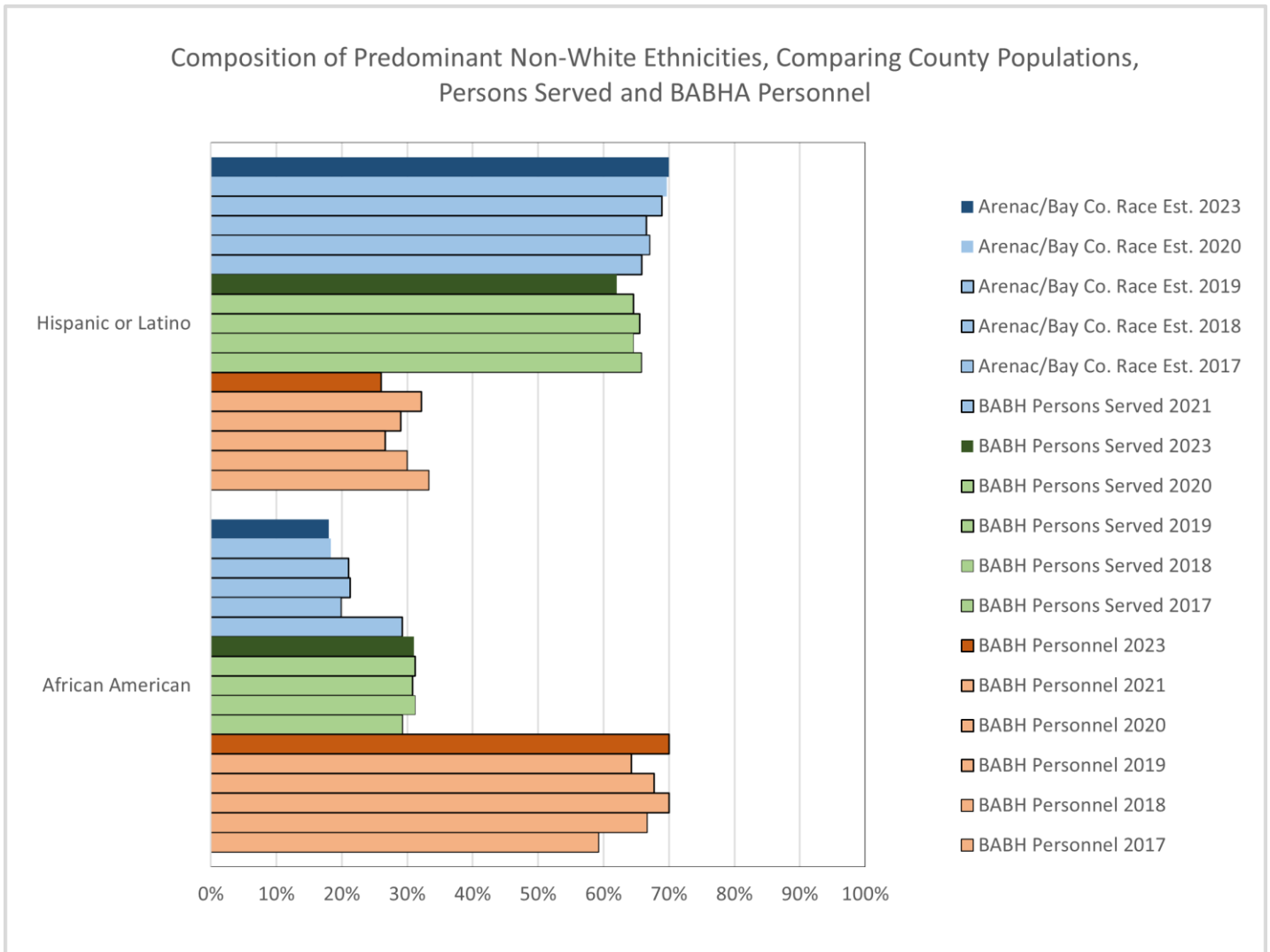
<sup>15</sup> CARF Standards, Section 1.A. Leadership; standard,5. b (7)

<sup>16</sup> United States Census: Quick Facts: Decennial Census: Language Spoken at Home; and American Community Survey 5-Year Estimates: Language Spoken at Home.

<sup>17</sup> CARF Standards, Section 1.A. Leadership; standard 5a.



The graph below compares the key ethnic population groups in Arenac and Bay Counties from US Census population estimates as compared to the ethnicities of those who are obtaining services through BABHA, as well as the mix of personnel employed by BABHA:



BABHA serves proportionately more individuals of Hispanic or Latinx heritage than are represented among BABHA personnel. The trend continues to widen and if this trend continues, this disparity may warrant consideration by BABHA leadership to ensure adequate cultural competency among personnel for this population. Conversely, BABHA has more staff of African/American heritage than among persons served.

Although the population statistics are relatively low for the presence of indigenous peoples in Arenac and Bay counties, the central area of Michigan has an active tribal presence. The Saganing Tribe has tribal land in Arenac County and a small community of indigenous people. Since many indigenous people suffer from trauma, substance use disorders, mental health issues, homelessness, and poverty, even though the Saganing Tribe has its own health services, BABHA is cognizant of the need to engage with the Tribe to support its efforts<sup>18</sup>.

<sup>18</sup> SAMHSA: Culturally Competent Treatment of Native Americans

Overall diversity will continue to be an area of attention for BABHA leadership, but BABHA practices must continue to adhere to state and federal requirements for maintaining neutrality regarding protected classifications.

## Recruitment<sup>19</sup>

### Board of Directors - [Chris](#)

BABHA abides by the Michigan Mental Health Code and the local processes utilized by the Bay County Board of Commissioners and the Arenac County Board of Commissioners for the selection of Board members. The Arenac and Bay Boards of Commissioners appoint individuals to the BABHA Board of Directors according to the terms and qualifications specified in state law. The Chief Executive Officer of BABHA and/or designee, and the chairperson, or his/her designee, of the Bay and Arenac County Board of Commissioners communicate on an at least an annual basis each January or February, or in the event of an unexpected vacancy, prior to [formal appointment nominations](#) to coordinate this process.

To increase community awareness of pending Board vacancies (and to increase the potential for more diversity among applicants) BABHA may inform staff and the community via:

- Interoffice e-mail and through community e-mail distribution list
- Internal staff meetings, consumer advisory council meetings, and meetings with our provider community
- Public service announcements and reports to county government
- BABHA Intranet

### Leadership [Jen](#)

As warranted, BABHA utilizes expanded search methods for key leadership positions as they become available in order to reach the most qualified and culturally diverse applicant pool. This expanded search may include:

- Advertising in large metropolitan locations within the state of Michigan and outside of Michigan (as needed) based on the level of expertise required
- Engagement of a professional recruitment firm
- Advertising on web-based recruitment sites
- Advertising in identified trade journals or other non-traditional publications/websites
- Advertising with trade associations specific to position sought

While BABHA values diversity and makes every effort to recruit staff in all levels of the Agency that is representative of the community served, the ultimate hiring decision will be based on hiring the best qualified person for the position.

### Staff Employed [Jen](#)

BABHA hiring practices strive to ensure that staff reflect the cultural diversity of the community and maintain high standards for education and competence for new hires. BABHA will hire the best-qualified candidates and will monitor the diversity of its service areas through various methods of community assessment, such as: census data, staff demographics, utilization data from the files of individuals enrolled in services, and data from community agencies, and community organizations.

Methods to recruit will include (but are not limited to):

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<sup>19</sup> CARF Standards, Section 1.A. Leadership; standard 5a (2&3).

- A regular cycle of advertising on popular web-based recruitment sites, University and trade associations, job boards, and Michigan Talent Bank
- Employment ads which may target both mid-sized and larger metropolitan areas; recruitment fairs at area universities and/or trade associations to recruit from a diverse pool of potential applicants for all positions.

Action Step 1: Explore forums to recruit a more diverse group of employees focusing on Hispanic sources and utilize in our efforts to increase, stabilize, and maintain adequate staffing and representative of our communities.

Person/Group Responsible and Target Dates:

Director of Human Resources: Jennifer Lasceski by 9/2024

## Training: Jen

The Staff Development Center, as part of the Human Resources Department, has developed standards for cultural competence and Limited English Proficiency (LEP) training for all staff. In addition, BABHA maintains a Training Plan that is reviewed and revised on a bi-annual basis.

New staff receive training on cultural competence and LEP policies and procedures during orientation. Annually, all staff receive updated training on cultural competence. BABHA updates the training content from year to year to address a different aspect of culture, with the core information and definitions remaining the same from year to year. In 2020 BABHA added a course entitled, “Building a Multicultural Care Environment” which addressed sexuality, gender and gender diversity, the LGBTQ+ community, gender and identify expression and gender pronouns. In 2022 resourceea resource folder was created to maintain materials that have been used in previous years to enhance the Cultural Competence and LEP training. There are professional articles, PowerPoints, videos, etc. that may be helpful with clinical practice. -BABHA staff continue to receive online training by completing- a course entitled “Overcoming Your Own Unconscious Bias” and this course is completed as part of the New Employee Orientation Curriculum.

BABHA convened a specialized two-part training event in the last year 2022. The part one training was titled “Implicit Bias” focusing on understanding implicit bias and the impact it has on individuals, communities, organizations, and systems. Part two of the training was titled “Beyond Implicit Bias” addressing engagement in self-explorationself-exploration and application. This was particularly helpful for all staff as nearly all licensed health care professionals in Michigan are required to receive implicit bias training for their next renewals. BABHA will also approach the Saganing Tribe to see if they have training resources to increase staff understanding of local Indigenous Peoples.

In addition, staff are educated regarding LEP related policies and procedures as they are created or revised. BABHA maintains documentation of training that includes the staff person’s name and the dates of training. The components of the training include:

- An overview of the LEP policies and procedures
- An overview of cultural competency policies and procedures
- Overall awareness of cultural competency and diversity issues, including but not limited to: ethnic/racial backgrounds, gender expression and identity, culture, sexual orientation, age, socioeconomic/education status, physical capacity, spiritual/religious beliefs, regional perspectives, and multi-cultural influences.

The goal of training is to ensure that staff have the understanding and skills to work effectively in cross-cultural situations and with people who have LEP, enhance the ability of staff to comprehend and incorporate the cultural

diversity of the community in which services are provided, and to provide services in the most effective and meaningful manner possible to meet the needs of the people we serve. As a result, training is:

- Supported by BABHA and its Board of Directors
- Reflective of the culture and diversity in the community and within BABHA
- Reflective of staff-identified training needs
- Provided annually during Staff Development Days

Cultural competence and LEP are measured by (not an inclusive listing):

- Post-testing during Staff Development Days
- Responses on consumer satisfaction surveys
- Results of consumer focus groups or dialogues with consumer advisory councils

Language is included in employee job descriptions addressing sensitivity to trauma and maintaining a focus on individual recovery. Both principles are congruent with a culturally sensitive approach to service delivery.

## Clinical Services and Accommodations

### Therapeutic Interactions [Joelin/Heather B](#)

Through its training efforts, BABHA expects all personnel to demonstrate sensitivity and consciousness of their own assumptions and potential bias in their interactions with the individuals we serve. The following are additional considerations for therapeutic interactions with selected sub-populations:

#### Culture/Ethnicity<sup>20</sup>

BABHA's preferred language when addressing the needs of groups of people with different culture backgrounds or ethnicities (unless otherwise specified by persons served or the local community), will be African American or Black, Indigenous Peoples (for people of Native American, Alaskan, Hawaiian and other ancestral heritages), Hispanic/Latinx, Asian, White and Other Races. BABHA will seek to use these terms when population level descriptors are necessary for website materials and other documents. However, BABHA may need to use other terms to avoid mis-representing data from source materials such as US Census Bureau population statistics and MDHHS-defined demographic categories for persons served.

~~Action Step: BABHA will review websites and written materials to update language describing ethnicities to ensure preferred language is used. This is operational and will be deleted.~~

~~Person/Group Responsible and Target Date: IT Manager, December 2023 Completed.~~

~~Website: IT Manager, December 2023~~

~~Policies and Procedures: Director of Healthcare Accountability, December 2023~~

~~Clinical Pamphlets/Brochures: Director of Healthcare Integration—Primary Care; December 2023 Recipient~~

~~Rights/Customer Service Materials: Customer Service/Recipient Rights Manager; December 2023~~

<sup>20</sup> CARF Standards, Section 1.A. Leadership; standard, 5.b(1)

Awareness of potential cultural differences between staff or people served who are Hispanic/Latinx origin and/or Black and those who are not is important given the demographics of Arenac and Bay Counties. Although both population groups represent individuals with diverse backgrounds, the following expectations may be present:

For Individuals of Hispanic or Latinx Heritage<sup>21</sup>:

- Appropriate deference toward others based on age, economic status; not disrespecting males by challenging traditional masculine roles.
- That the relationship is formal at least at first; and the counselor will be seen as an authority figure and should be appropriately dressed.
- That earning trust takes time, and that once developed, the counselor may be treated as family, which may warrant extra monitoring of professional boundaries.
- Respecting pride of self, family, and nationality.
- That religious or spiritual beliefs are important and an influence on mental health.

For Individuals Who are Black and/or of African American Heritage<sup>22</sup>:

- Avoiding misinterpretation of differences in self-expression; studies report instances of over-treatment due to miscommunications during assessment of service needs and symptoms.
- Respecting the importance of spirituality as a source of comfort, coping and support.
- Understanding that private and family concerns may not be shared readily with an outside person such as a counselor and that trust must be earned.
- Respecting generational authority and the influence of the family on personal decision making.
- Not assuming an understanding of the social realities of the person's life experiences.

For Individuals Who are members of Indigenous Populations<sup>23</sup>:

- Be particularly sensitive to the presence of multi-generational trauma.<sup>24</sup>
- Consider the value of traditional (versus Western) practices such as talking circles, storytelling, and spiritual guidance.
- Take a holistic approach to mental health interventions.

The trainings BABHA is planning to explore regarding on how to define treatment interventions for families/ individuals and use of multicultural treatment planning strategies should assist staff with maximizing their competencies in the above areas. Trainings on Implicit Bias have been incorporated into the annual training requirements for all staff. [In addition, licensed master's level social workers are required to complete extra training.](#)

Age<sup>25</sup>

BABHA encourages staff to be consider the following strategies to increase engagement when working with older adults:

- Using nonjudgmental motivational approaches and avoiding stigmatizing terms.

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<sup>21</sup> Moitinho, E., Garzon, F., Freyre, F., & Davila, Z. (2015, September). Best Practices for Counseling Hispanic/Latino Clients. Presentation at the American Association of Christian Counseling World Conference, Nashville, TN.

<sup>22</sup> Josepha Campinha-Bacote, PhD, MAR, PMHCNS- BC, CTN, FAAN, Urologic Nursing, January-February 2009; A Culturally Competent Model of Care for African Americans.

<sup>23</sup> SAMHSA: Culturally Competent Treatment of Native Americans

<sup>24</sup> Expanding the Circle: Decreasing American Indian Mental Health Disparities Through Culturally Competent Teaching About American Indian Mental Health; Mays, et.al, 2009, NIH Public Access Author Manuscript

<sup>25</sup> CARF Standards, Section 1.A. Leadership; standard 5.b(2).

- Empowering decision-making; not discounting ability due to age, physical health or living situation.
- Not assuming a frame of reference for the experience of counseling.
- Working with older adults in the setting they prefer (e.g., primary care, senior center, home).<sup>26</sup>

In both Bay and Arenac counties, BABHA provides Senior Outreach services, which is an outpatient therapy services provided in the home for individuals who are over the age of 62 and who have difficulty attending community-based appointment. The current utilization pattern of the Senior Outreach program is 75% Bay County and 25% Arenac County.

Gender and Sexual Identity/Expression<sup>27</sup>

When working with individuals Identifying as LGBTQ+, staff may want to consider the following practices<sup>28</sup>:

- Use the terms that people use to describe themselves and their partners.
- Do not use words that assume people have an opposite sex partner or spouse, or that they have two opposite sex parents.
- Avoid using pronouns and terms that indicate a gender unless you are certain of the patient’s gender identity and/or their preferred pronouns.
- When names or gender do not match insurance or medical records, ask, “Could your chart be under a different name?” Avoid asking a person what their “real” name is.
- Be aware that there are a wide range of sexual and gender identities and expressions, and that these can change over time. Some people do not have a fixed gender identity, and present as different genders on different days.
- Avoid showing disapproval or surprise, including through body language and facial expressions.

BABHA has started engaging with community groups such as Great Lakes Bay Pride (GLBP), which is a LGBTQ+ advocacy group, and Parents & Friends of Lesbians, Gays, Bi-Sexual and Transgendered People (PFLAG), a referral source regarding how BABHA can increase its sensitivity. The group previously recommended BABHA consider adding clinicians with expertise in treating people experiencing issues regarding gender identity expression, transition, etc., which BABHA is seeking to do. In addition, Scott Ellis from GLBP provided informational materials and a glossary specific to the LGBTQ+ community. BABHA will also explore inviting the group to conduct a review of BABHA sites and make recommendations for potential improvements such as the addition of signage or symbols such as rainbows that are readily identifiable as welcoming and engaged with this community. [The welcoming assessment has been explored](#)

<p><b>Action Step:</b> <del>BABHA will complete a review of consumer handouts and brochures to check for gender neutral terminology. BABHA is shifting the terminology in its documents to use the gender neutral term “Latinx” instead of “Latina” or “Latino”, remove non-gender neutral terminology</del></p>
<p><b>Person/Group Responsible and Target Date:</b> <u>Completed.</u></p> <p><del>Website: IT Manager; completed.</del></p> <p><del>Policies and Procedures: Director of Healthcare Accountability, ongoing; December 2023</del></p> <p><del>Pamphlets/Brochures; Director of Healthcare Integration – Primary Care; completed.</del></p> <p><del>Recipient Rights/Customer Service Materials: Customer Service/Recipient Rights Manager; ongoing; April 2023</del></p>

<sup>26</sup> SAMHSA/Administration on Aging: Issue Brief 11: Older Americans Behavioral Health: Reaching Diverse Older Adult Populations and Engaging Them in Prevention Services and Early Interventions; page 3

<sup>27</sup> CARF Standards, Section 1.A. Leadership; standard 5.b(3&4).

<sup>28</sup> Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff; National LGBT Health Education Center

Action Step 2: The potential population of people identifying as LGBTQ+ and the behavioral health risk factors warrant attention by BABHA, as well as building/ensuring staff competency in this area. BABHA ~~has reached out to an organization with~~ ~~will explore engaging an independent organization with~~ expertise in the needs of people identifying at LGBTQ+. ~~The Organizational Assessment will be completed to determine the level of a welcoming environment and changes will be considered based on the recommendations.~~ ~~to assist with organizational evaluation and training.~~

Person/Group Responsible and Target Date:

Chief Executive Officer ~~and SLT: Will review the recommendations of the Organizational Assessment and develop next steps by 12/2024.~~ ~~and~~

Director of Human Resources; ~~December 2023~~ To schedule the Assessment and facilitate the development of a workgroup to assist with the Organizational Assessment by 9/2024.

## Military Background

The US Census Bureau indicates that 1,195 people residing in Arenac County and 7,621 in Bay County are veterans. Although perhaps not typically considered a cultural group, the various branches of the military have their own organizational cultures with strong behavioral norms and shared experiences. The potentially traumatic nature of these experiences is well-known to impact psychological and emotional well-being. The Michigan Department of Health and Human Services has increased its attention on the unique need's veterans in the past decade. Mid-State Health Network has a Veteran's Navigator to assist veterans with accessing resources including behavioral health treatment. In addition, Bay County has a dedicated Veteran's Affairs department and shares a Veteran's Navigator with Saginaw County. The Veteran's Navigator services are available to anyone in Bay or Arenac County (via MSHN) who are either a veteran or the immediate family member of a veteran. Increased sensitivity to the needs of this population will continue to be explored by BABHA and resources will be sought out to educate staff on when working with them.

Action Step 3: The potentially traumatic nature of these experiences, the impact on psychological and emotional well-being, and the prevalence of suicidal ideation and behavioral health risk factors warrant attention by BABHA, as well as building/ensuring staff competency in this area. BABHA will explore training options with local organization with expertise in the needs of veterans population, as well as veteran/military cultural competence training.

Person/Group Responsible and Target Date:

Director of Human Resources: April 2025

## Spiritual Beliefs<sup>29</sup> Heather B/Joelin/Melissa P

BABHA has a commitment to clinical excellence and comprehensive care that embraces each individual's physical, spiritual, emotional and social needs. BABHA trains staff in topics such as spiritual care of those we serve. Individuals who seek spiritual care come from many faith traditions and have a broad range of questions and concerns.

BABHA will honor requests for printed, recorded, or visual material essential or related to treatment by spiritual means, and to a symbolic object of similar significance, shall be honored and made available at the recipient's expense. The opportunity for contact with agencies providing treatment by spiritual means shall be provided in the same manner in

<sup>29</sup> CARF Standards, Section 1.A. Leadership; standard 5.b (5).

which recipients are permitted to see mental health professionals. Treatment by spiritual means includes the right of recipients and their legal representatives to refuse medication or other treatment on spiritual grounds that predate the current allegations of mental illness or disability unless they have a legal representative, or the provider has been empowered by a court to consent to or provide treatment and has done so. Or a recipient poses harm to himself, herself, or others and treatment is essential to prevent physical injury. BABHA will not honor requests for the use of mechanical devices, organic or chemical compounds which are physically harmful nor engage in activity that is inconsistent with court ordered custody.

## Availability of Accommodations [Melissa P](#)

[BABHA uses various means to ensure](#) tnterpreter services are [available 24 hours a day, seven days a week and able to be scheduled ahead of time or without notice. Interpreters are](#) provided for those individuals who speak a language other than English, or for those with hearing impairments who use sign language to communicate [upon request](#). Interpreter services are provided at no expense to persons served, ~~BABHA contracts for interpreter services that are available, and as needed.~~ Other accommodations BABHA ensures are available to individuals receiving serves include augmentative communication specialists (those who specialize in supplemental or compensational ways to communicate for those with severe expressive communication issues)-, voice interpreters, interpreter/translation services, etc.

BABHA ensures that interpreters and bilingual staff can demonstrate bilingual proficiency, receive training that includes the skills and ethics of interpreting, and demonstrate knowledge, in both languages, of the terms and concepts relevant to clinical or non-clinical encounters.

Recipient Rights training is mandatory for all interpreters. Contracted interpreters sign an agreement regarding the confidentiality of treatment.

With the exception of an emergency, an interpreter is not allowed to be a family member of the person served and under no circumstances can an interpreter be a child. Family or friends are not considered adequate substitutes, in part because they usually lack these abilities; however, the basic premises of Person-Centered Planning prevail. If individuals ask that an adult family member or friend interpret for them, their desire must be honored, however, BABHA confirms that the family member is interpreting accurately. Health and safety issues may be a basis for refusing an individual's request for a family member to interpret.

The Consumer Handbook ([Your Guide to Services](#)) and BABHA Provider and primary informational written brochures (such as advance directive brochures, Recipient Rights posters, Customer Service posters, etc.) are available hard copy at all sites and on the BABHA website [www.babha.org] for individuals served, their family members/legally responsible parties, staff/students/volunteers, and visitors:

- In understandable English at the ~~fourth~~[sixth](#)-grade reading level
- In Spanish (either written or verbally translated)
- Other languages as needed (either written or verbally translated)
- Verbally read or translated onto CDs or another electronic/virtual and easily accessible format for individuals with sight impairment or individuals with literacy limitations. The readings/translations are available in understandable English, Spanish, and other languages as needed/requested.

The top 15 languages spoken in Michigan have 'taglines' posted at BABHA sites open to the public that inform individuals with Limited English Proficiency (LEP) of the availability of language assistance services. The taglines are also



included in the local choice provider directory and other materials as required by the PIHP-CMHSP contract, and on the BABHA website.

- Phone interpreter services for nearly all languages spoken in North America is available on a 24 hour/7 day a week basis through a contracted service, Voices for Health.
- Michigan Relay or TTY or similar adaptive devices is available for callers with hearing impairments.
- Face-to-Face interpreter services for nearly all languages (including sign language) are available 24 hours/7 days a week. BABHA Customer Service staff provide necessary resources for persons with LEP requesting services.
- Support and Emergency Services staff utilize BABHA resources when needing accommodations for services.

Physical access to clinical services is guided by specifications set forth by the Americans with Disabilities Act. Leader dogs and certified service animals have access to all clinic sites with their owners. BABHA has private bathrooms at most sites for people who may desire an accommodation, such as a person who prefers a gender-neutral bathroom. BABHA will continue to monitor and evaluate the potential need for additional private bathrooms.

## Clinical Documents

The electronic health record used by BABHA, called 'Phoenix', includes a field in the consumer demographics section that captures each person's primary language, their communication preference and whether an interpreter is needed. Information regarding vision and hearing challenges, as well as adaptive and assistive devices used, is collected during the access screening and eligibility determination process and updated no less than annually.

Forms requiring the signature of the person receiving services (consent to treatment, release of information, ability to pay, etc.) and other vital documents (anything to which individuals must respond) are in language that is understandable to them or are read to them by an interpreter. For BABHA, the most likely translation need is English to Spanish.

All informational materials are provided in a manner and format that is easily understood and written at the reading level required by the State of Michigan, unless state or federal requirements dictate specific language or terms be used. It is understood that some necessary information, such as diagnosis, medication and conditions, may not meet this criterion.

Clinical assessments clearly identify an individual's strengths, needs, abilities, and preferences including but not limited to: religious/spiritual considerations, veteran status, educational status, socioeconomic needs, language used, gender identity and expression, and the cultural impact of treatment.

Although BABHA is limited in its reporting of gender by state and federal data definitions and must use only legal names of persons served for purposes of state reporting, the clinical record includes a field for reporting a preferred name, which can accommodate non-legal name changes during gender transitions. Demographic, guardian/parent and contact information fields are configured to support the collection of contact information for same sex parents and partners. Fields were recently added to collect information about Gender Identity and Sexual Orientation, assuming the person served chooses to share this information. The gender field was also changed to Gender Assigned at Birth. The clinical assessment includes sections to address gender, sexual orientation and gender expression, as well as cultural, spiritual and religious considerations.

Person-Centered developed Individual/Family Plans of Service (POS) will reflect individual strengths, needs, abilities and preferences in treatment goals, objectives, and interventions. Service plans will also be developed consistent with principles of self-determination, recovery and trauma-informed care. This will ensure the plan developed is consistent with the preferences of the person receiving services including familial, cultural, gender, spiritual and socio-emotional considerations.

## Public Relations - [Chris](#)

Our agency shares Mental Health related materials as available through the Michigan Department of Health and Human Services, the Community Mental Health Association of Michigan, the National Association of County Behavioral Health Directors, the National Alliance for the Mentally Ill, the National Council for Mental Wellbeing and other advocacy and behavioral health organizations. We periodically forward information to local media outlets on mental health and anti-stigma topics on a regular basis or respond to request for information.

BABHA uses our current website, [www.babha.org](http://www.babha.org), and our Facebook page as a tool to relay information to all stakeholders. Our website includes information in written format that explains our services, outlines state and local resources, advocacy organizations, information on disabilities, and explanations on best practices. The website is updated with on-going community information, as well as information related to the services that are available to individuals within the counties we serve. Our Facebook page includes more current information for those who are connected to social media and includes information on legislation, events, and anti-stigma messages.

Brochures (and any other materials deemed appropriate,) are distributed to and maintained at the following (not an inclusive list):

- Community and Senior Centers, through the Division on Aging
- Department of Health and Human Services (DHHS)
- Social Security Administration
- Community Health Fairs and other related events
- Physicians' offices/groups
- Schools
- Early childhood programs
- Law Enforcement Agencies and Court Programs
- Community agencies providing resources for basic needs items and other relevant community-based organizations through the Bay County Prevention Network, Bay Human Services Collaborative Council, and Arenac Human Services Multi-Purpose Collaborative Body

BABHA staff are involved in collaborative efforts (as appropriate) with community resources such as: Department of Human Services, Bay County Public Health, Great Lakes Bay Health Center, Social Security, community groups, churches, clubs, etc. These have expanded in recent years in response to the nationwide opioid epidemic to include Families Against Narcotics, Hope versus Handcuffs and other recovery-based initiatives to support the community. A listing of community organizational relationships is attached to the BABHA Strategic Plan each year.

BABHA will also [identify opportunities to continue to](#) strengthen relationships with community organizations representing the interests of diverse groups such as people of Hispanic/Latinx origin and Indigenous populations. BABHA reached out to the local Saganing Tribe in 2022 as an introduction and provided contact information for any consultative services that may assist their members in the area.

<p><b>Action Step 4:</b> BABHA will continue to pursue memorandums of understanding with community organizations representing the interests of diverse groups such as people of Hispanic/Latinx origin and Indigenous populations, such as the Saganing Tribe.</p>
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<p><b>Person/Group Responsible and Target Date:</b> Chief Executive Officer;_December 2024<del>3</del></p>
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## Quality Improvement: Sarah

BABHA will support the effectiveness of its cultural competency, diversity, and language proficiency efforts through:

- Periodic evaluation through on-site reviews of the current cultural and linguistic competencies of service providers to make sure they accurately reflect the diversity of service areas to ensure they are accurately and adequately meeting cultural expectation standards
  - Standards include, but not limited to: demonstrating an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area; includes acceptance and respect for the cultural values, beliefs, and practices in the community; demonstrates the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services
- Annual monitoring for outcomes, including information on consumer grievances related to LEP, cultural competency, and Recipient Rights concerns
- Monitoring, on an ongoing basis, ways to improve the cultural competence of staff and stakeholders through survey results, training opportunities, feedback from community presentations, and collaboration with community workgroups and/or committees
- Monitoring, on an ongoing basis, the stakeholder suggestion box process which captures the concerns of persons served, staff, and stakeholders
- Utilizing feedback and suggestions from the agency's consumer councils and population committees.
- Identification of barriers and other potential areas requiring action plans
- Consumer satisfaction surveys are used to assess agency performance and identify areas of strengths and development needs
- BABHA Primary Network Operations Quality Management Committee meets regularly to monitor, assess, and respond to issues noted in data monitoring, consumer satisfaction surveys and councils, standing committees, as well as those brought forth by stakeholders

## References and/or Legal Authority

1. Michigan Department of Health and Human Services (MDHHS) Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver program, Part II, Section 4.5
2. MDHHS/Community Mental Health Services Program (CMHSP) Managed Mental Health Supports and Services Contract, Part II, Section 3.3
3. Americans with Disabilities Act of 1990, Pub.L101-336
4. Patient Protection and Affordable Care Act, Section 1557.
5. Guidance Memorandum, January 29, 1998, Title VI Prohibition Against National Origin Discrimination – Persons with Limited-English Proficiency
6. LEP Press Release, HHS News, US Department of Health and Human Services, Office for Civil Rights, 8/30/00
7. Federal Register, Volume 67, No. 115, part 438.206 – Availability of Services.
8. Policy Guidance, Title VI Prohibition against National Origin Discrimination as it Affects Persons with Limited English Proficiency
9. Mid-State Health Network Customer/Consumer Service and Information Accessibility/ Limited English Proficiency policies

# Attachment

BABHA Equal Employment Opportunity Reports (EEO-1 Reports - EEO-1 By Location)  
as of 12/31/2023

**Section D - EMPLOYMENT DATA**

Number of Employees

Race/Ethnicity

Not Hispanic or Latino

Job Categories	Hispanic or Latino		Male						Female					Total A-N	
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native		Two or more races
				D	E	F	G	H		I	J	K	L		M
1.1 Exec/Senr Officials & Mgr	0	0	2	1	0	0	0	0	6	0	0	0	0	0	9
1.2 First/Mid Officials & Mgr	0	1	3	0	0	0	0	0	18	0	0	0	0	0	22
2 Professionals	1	3	17	0	0	0	0	0	93	5	0	0	0	2	121
5 Admin Supp Workers	0	0	3	0	0	0	0	0	39	1	0	1	0	1	45
8 Laborers and Helpers	1	1	13	3	0	0	0	2	31	9	0	0	0	3	63
10 Total	2	5	38	4	0	0	0	2	187	15	0	1	0	6	260
11 Previous Reported Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

1. Date(s) of Payroll period used 01/01/2023 Thru 12/31/2023

2. Does Establishment Employ Apprentices? Y