

# AGENDA

**BAY ARENAC BEHAVIORAL HEALTH**  
**BOARD OF DIRECTORS**  
**HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE MEETING**  
 Monday, April 1, 2024 at 5:00 pm  
 William B. Cammin Clinic, Bay Room, 1010 N. Madison Avenue, Bay City, MI 48708

	Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present:
	Robert Pawlak, Ch	_____	_____	_____	Patrick McFarland	_____	_____	_____	BABH: Karen Amon, Chris Pinter, and Sara McRae
	Tim Banaszak	_____	_____	_____	Richard Byrne, Ex Off	_____	_____	_____	
		_____	_____	_____					Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Corporate Compliance Report 3.1) Corporate Compliance Report  3.2) Corporate Compliance Committee meeting notes from February 12, 2024		3.1) No action necessary  3.2) No action necessary
4.	Other Reports 4.1) Primary Network Operations & Quality Management Committee meeting notes from February 8, 2024		4.1) No action necessary
5.	Unfinished Business 5.1) None		

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6.	New Business 6.1) Cultural Competency and Diversity Plan  6.2) Strategic Plan Updates		6.1) Consideration of motion to refer the Cultural Competency & Diversity Plan to the full Board for approval  6.2) No action necessary
7.	Adjournment	M -	S - pm MA

**BAY-ARENAC BEHAVIORAL HEALTH**

**BABHA CORPORATE COMPLIANCE COMMITTEE MEETING**

**Monday, February 12, 2024 (1:00 –2:00 pm)**

MEMBERS	Present	MEMBERS	Present	MEMBERS	Present
Karen Amon, Comp.& Privacy Officer, Chair	X	Heather Friebe, Clinical Program Manager	-	Melissa Prusi, Rec. Rights/Cust. Serv. Manager	X
Amy Folsom, Clinic Practice Manager	X	Jennifer Lasceski, director of HR	-	Sarah Holsinger, Quality Manager	X
Denise Groh, Medical Records, Recorder	X	Jesse Bellinger, Security Officer	X	Stephanie Gunsell, Contract Manager	X
Ellen Lesniak, Finance Manager, Vice Chair	X	Joelin Hahn, Director of Integrated Healthcare	X	Guests:	
Heather Beson, Director of Integrated Healthcare	X	Marci Rozek, CFO	X		

#	Topic	Key Discussion Points	Action Steps
1.	<p>a) <b>Agenda: Review/Additions</b></p> <p>b) <b>Meeting Notes: Approval of January 22, 2024, meeting notes.</b></p> <p>c) <b>Next Meeting: March 11, 2024</b></p>	<p>a) No additions to the agenda.</p> <p>b) January 22, 2024, meeting minutes – approved as written. Karen commented on the self-determination investigation. She stated we will not be cutting ties with this individual, but money will need to be paid back and unannounced home visits will occur. Also, this individual will be required to train another staff member for when she is off. Melissa has made recommendations to the CEO to prevent this from happening again. Karen consulted with Mid-State and the provider will not be disbarred or even invested by Medicaid. Karen will be insisting they are on the EVV system with Stuart Wilson.</p> <p>c) The next meeting is scheduled for March 11, 2024.</p>	
2.	<p><b>State-Federal Laws and Regulations</b></p> <p>a) Review of Log and Subject Matter Expert Report Out</p>	<p>a) Karen and the committee reviewed the log: <b>Log No. 380</b> Hab Supports Waiver - Karen sent out to Melanie and Heather to review. <b>Log No. 394</b> - Memo regarding unusual incident reports –RR Office does not support that unusual incident reports are peer review documents. Our policy is not to release unusual incident reports. Karen spoke with our attorney. According to his interpretation, straight unusual incident reports are not considered peer review and they are not considered part of the record. Therefore, we are not releasing incident reports. If we are not the author of the incident report, we are recommending the author/agency release the information. However, if the report is part of our critical incidents, and is reviewed by Sarah’s team, that is part of peer review process and is not released. That is when it becomes privileged. The root cause analysis and the discussion and everything that results from it cannot be released. Also, Karen stated there needs to be a summary of the incident report in the chart. Melissa has concerns about how we control release by other agencies/facilities. Chris and Karen talked about this and will recommend that each provider check with their own attorney. <b>Log No. 401:</b> SB625 Requiring Master Level Psychologist to have 3 years’ experience to provide ABA services. Karen sent to psychologist and Heather Beason for review.</p>	<p>Log No. 380 – Melanie and Heather to review</p> <p>Log 401 Heather B. to review.</p>

#	Topic	Key Discussion Points	Action Steps
3.	<p>b) Review of CMHA Update on Legislative and Policy Changes</p> <p>c) Review of Compliance Updates/Regulatory Education Needed for Staff</p> <p>d) Process for Ensuring Implementation of Policy Changes</p> <p><b>Plans, Policies, Procedures, Assessments:</b></p> <p>a) Status of Employee Attestations/Time for new ones April-May</p>	<p><b>Log No.402:</b> Extreme Risk Order - Health care providers would be able to file a petition for an extreme risk protection order to disclose relevant info but must be compliant with disclosure laws. In layman’s terms “The red flag law”. Joelin attended a meeting regarding this. This is related to firearms. To petition someone who has a firearm and to have it removed. A public act is already in place to provide for issuance of restraining orders prohibiting certain individuals from possessing or purchasing firearms and ordering the surrender and seizure of those firearms. Karen sent to both Heathers, Stacy, Melissa, and Joelin to review.</p> <p><b>Log No. 404:</b> Final Policy Updates to HSW are ready for Heather B., and Melanie to review. They are working on the HSW updates and hope to have them done by next week. Heather to confirm that no staff education is needed.</p> <p><b>Log No. 405:</b> Behavior Treatment Review final policy is updated and was sent to psychologist for review. No staff education involved.</p> <p><b>Log No. 406:</b> MMP23-65 Children with Serious Emotional Disturbances Waiver final policy updates. Sarah, Joelin, Pam, Emily, Heather B., and Amanda Johnson reviewed. Amanda is working on updating the policies. The training has not really changed. Just need to be sure staff are getting the required amount of training.</p> <p><b>Log 407:</b> Updated Access standard requirement that is dated January 31, 2024, but the last revision was dated 10-28-21. Karen will send this to Stacy and Joelin to verify we are complying. This document can be found in the Corporate Compliance folder.</p> <p>Stephanie reported on the language and the boilerplate regional contract templates for autism group and background check requirements. This is already covered within the regional contract.</p> <p>b) Discussed above.</p> <p>c) None</p> <p>d) Nothing to report.</p> <p>a) Employee Attestation – Jennifer sent out the attestations last month. About two thirds of the attestations are back. Jennifer will be sending out a reminder to the remaining staff soon.</p>	<p>No 402 – sent to both Heathers, Stacy, Melissa and Joelin for review.</p> <p>No. 405 – Psychologist to review.</p> <p>No. 406 - Amanda J. update policy</p> <p>No. 407 – Joelin and Stacy to review</p>
4.	<p><b>Data/Monitoring/Reports:</b></p> <p>a) Phoenix and Gallery Breach Monitoring</p> <p>b) Exclusion/Debarment – Officers, Employees, Contractors, Vendors (Annual staff Attestation</p>	<p>a) Monthly monitoring completed; no findings to report regarding Security Breaches in Phoenix and Gallery for January.</p> <p>b) Exclusion - No findings to report.</p>	

#	Topic	Key Discussion Points	Action Steps
	<p>for Fraud/Abuse/Convictions during Staff Development Days)</p> <p>c) Monitoring of Group Drives for Unsecured PHI Files</p> <p>d) Security Officer Update</p> <p>e) Ethics/Recipient Rights/Customer Service Update</p> <p>f) Corporate Compliance Activity Report</p> <p><u>February Reports</u></p> <p>g) Corporate Compliance Semi-Annual Progress Report</p> <p>h) Verification of Medicaid Services Direct and Contracted</p>	<p>c) No findings of unsecured PHI Files.</p> <p>d) No security issues to report. Help Desk did email staff regarding an email from CMH of Central Michigan. It was a potential phishing email. Karen and Joelin were concerned because they receive info from this person all the time. Jesse said there is no way to know if an encrypted email is legit unless you call that person to verify they sent you an encrypted email. Karen asked that Jesse research this more and would like staff to have additional training as this is a serious issue. Many staff receive encrypted emails from outside agencies daily.</p> <p>e) Melissa reported on RR/Customer Services - Karen is aware of all confidentiality issues and allegations. No other updates.</p> <p>f) Karen reported that there were no findings for security breach monitoring, exclusion, and debarment. Site reviews are back on track; primary providers, CLS, ABA and Vocational service reviews are complete. Ninety-seven percent of the records reviewed in quarter four received the level of service written in their plan of service. We have a 75% standard set which Karen feels is low. Sarah elaborated that the numbers were different with Mid State and do not match up to what we have done in past audits. Ninety-nine percent of the records had the services identified appropriately to match the authorizations. Sarah's department has increased the number of MEV they have been doing. Chelli is reporting on the monthly checks she is doing. No Dept of Justice compliance updates. Karen completed the Fraud Abuse Risk Assessment and presented it to this committee and HCICC. Jesse completed the Annual Security Risk Assessment and presented it to this committee and HCICC. Karen has presented education to both Bay and Arenac Consumer Councils. Karen completed the annual Board Corporate Compliance training. Karen still needs to do vocational providers. Heather to send Karen an invite to their next staff meeting so Karen can do training with them. Karen developed a new supervisor's training; Sent a few emails to identify some of the things supervisors can do to make sure they are compliant with Corporate Compliance standards. Karen will be sending out more emails to supervisors regarding Corporate Compliance. Karen also met with a new supervisor and will be meeting with another.</p> <p>g) Included in (f)</p> <p>h) Sarah went over FY24Q1 Quality Records Review – 88% of training required was completed. Training reminders are being sent to staff to ensure trainings are being completed in a timely manner. MEV-providers scored over 95%. It was determined that 9 out of 38 records reviewed had no evidence of Coordination of Care. The Coordination of Care had a total of 76% in compliance, a 5% decrease from the</p>	<p>Heather to send Karen an invite to their staff meeting.</p>

#	Topic	Key Discussion Points	Action Steps
	<ul style="list-style-type: none"> <li>i) Plan w/in 15 days; Health Care Coordination; Crisis Planning; Medical Necessity</li> <li>j) Ability to Pay Compliance Rate</li> <li><u>Enhanced Monitoring</u></li> <li>k) Intermittent Checks of Self Determination Services</li> </ul>	<p>last quarter. Hoping numbers will increase with the new form in Phoenix. Two out of 31 records showed not all sections of the Assessment were completed; this is a 3% increase. One out of 6 records showed the Pre-Plan Waiver Service Array was incomplete, resulting in a 9% decrease. Two out of 10 records showed the POS was not reviewed for effectiveness at the interval identified in the plan, making 80% in compliance: a 12% increase. Four out of 14 records showed no outreach when a consumer missed an appointment, resulting in a 24% decrease. Corrective actions: Reminders to staff to complete the Coordination of Care Form, all sections of the Assessment and Preplan, and complete the Periodic Review before or on date indicated in POS. Providers are still struggling with the use of the PCP Header. Some are being left blank. Providing training and reminders to help with this. Numbers are dependent on how many plans are scheduled. Crisis plans increase – 95% of consumers are being offered a plan.</p> <ul style="list-style-type: none"> <li>i) Included in (h)</li> <li>j) Deferred to March</li> <li>k) Chelli monthly report for January - Chelli reviewed nine consumers' progress notes, one to three months of notes. Most were well written. A couple needed more detail. This was addressed during the individual's PCP.</li> </ul>	
5.	<b>Outstanding Items/Other:</b> a) Statewide Credentialing Work Group Updates	a) No updates	
6.	<b>Adjourn</b>	<b>The next meeting scheduled for Monday, March 11, 2024, 1:00 – 3:00 pm via MS Teams.</b>	
7.	<b>Credentialing Committee to follow</b>	No meeting today.	



**BAY-ARENAC BEHAVIORAL HEALTH  
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, February 8, 2024

1:30 p.m. - 3:30 p.m.

Lincoln Center - East Conference Room

MEMBERS	Present	MEMBERS	Present	AD-HOC MEMBERS	Present
Allison Gruehn, BABH ACT/Adult MI Program Manager	--	Joelle Sporman (Recorder), BABH BI Secretary	--	Amanda Johnson, BABH ABA/FS Team Leader	--
Amy Folsom, BABH Madison Clinic Manager	X	Karen Amon, BABH Healthcare Accountability Director	X	Denise Groh, BABH Medical Records Associate	--
Anne Sous, BABH EAS Supervisor	--	Kelli Maciag, BABH Children's IMH/HB Supervisor	--	Ellen Lesniak, BABH Finance Manager	--
Barb Goss, Saginaw Psychological COO	--	Laura Sandy, MPA Adult/Child CSM Supervisor	X	Jacquelyn List, List Psychological COO	--
Chelsea Hewitt, Saginaw Psychological Asst. Supervisor	X	Lynn Blohm, BABH North Bay Team CLS Supervisor	X	Kathy Jonhson, Consumer Council Rep (I/A/I/O)	--
Chelsee Baker, Saginaw Psychological Supervisor	X	Megan Smith, List Psychological Site Supervisor	X	Nathalie Menendes, Saginaw Psychological COO	--
Courtney Clark, Saginaw Psychological OPT Supervisor	X	Melanie Corrión, BABH Adult ID/DD Manager	X	Nicole Sweet, BABH Clinical Services Manager	X
Emily Gerhardt, BABH Children Services Team Leader	X	Melissa Deuel, BABH Quality & Compliance Coordinator	X	Sarah Van Paris, BABH Nursing Manager	--
Emily Simbeck, MPA Adult OPT Supervisor	X	Melissa Prusi, BABH RR/Customer Services Manager	X	Stephanie Gunsell, BABH Contracts Manager	--
Heather Beson, BABH Integrated Care Director	X	Pam VanWormer, BABH Arenac Clinical Supervisor	X	Taylor Keyes, Adult MI Team Leader	--
Heather Friebe, BABH Arenac Program Manager	X	Sarah Holsinger (Chair), BABH Quality Manager	X	Tyra Blackmon, BABH Access/ES Clinical Specialist	--
Jaclynn Nolan, Saginaw Psychological OPT Supervisor	X	Stacy Krasinski, BABH EAS Program Manager	X	<b>GUESTS</b>	
James Spegel, BABH EAS Mobile Response Team Supervisor	X	Stephani Rooker, BABH ID/DD Team Leader	--		
Joelin Hahn (Chair), BABH Integrated Care Director	x	Tracy Hagar, MPA Child OPT Supervisor	x		

Topic	Key Discussion Points	Action Steps/Responsibility
1. <ul style="list-style-type: none"> <li>a. Review of, and Additions to Agenda</li> <li>b. Presentations: Recovery Pathways</li> <li>c. Approval of Meeting Notes: 12/14/23</li> <li>d. Program/Provider Updates and Concerns</li> </ul>	<ul style="list-style-type: none"> <li>a. There were no additions to the agenda.</li> <li>b. No representative was present for Recovery Pathways</li> <li>c. The January 11th meeting notes were approved as written.</li> <li>d. <b>Bay-Arenac Behavioral Health:</b> <ul style="list-style-type: none"> <li>- <u>ABA/FS</u> – Nothing to report this month.</li> <li>- <u>ACT/Adult MI</u> – Nothing to report this month.</li> <li>- <u>Arenac Center</u> – Jail group started for Anger Management and they have 8 inmates enrolled.</li> <li>- <u>Children's Services</u> – Down a home-based worker.</li> <li>- <u>CLS/North Bay</u> – No program updates. Looking to expand CLS to another provider and there was another provider that reached out to Nicole to ask about getting some referrals. Two DSPs are scheduled to start next week.</li> <li>- <u>Contracts</u> – Nothing to report this month.</li> <li>- <u>Corporate Compliance</u> – Denise Groh (Medical Records Specialist) is retiring in April.</li> </ul> </li> </ul>	

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Lincoln Center - East Conference Room

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	<ul style="list-style-type: none"> <li>- <u>EAS (Emergency Access Services)/Mobile Response</u> – Multiple positions open within the department. A new intake worker is scheduled to start this month. MRT is looking for a second shift LMSW clinician.</li> <li>- <u>Finance</u> – Nothing to report this month.</li> <li>- <u>ID/DD</u> – Nothing program updates. Windmere Home and Union Home are closing.</li> <li>- <u>IMH/HB</u> – Nothing to report this month.</li> <li>- <u>Madison Clinic</u> – Amy is now the Clinical Services Program Manager for Outpatient and Psychiatric Services.</li> <li>- <u>Medical Records</u> – Denise Groh will be retiring in April.</li> <li>- <u>Quality</u> – Preparing for the MSHN MEV audit at the end of this month.</li> <li>- <u>Recipient Rights/Customer Services</u> – Nothing to report this month.</li> </ul> <p><b>List Psychological:</b> There is a new therapist starting in March. An intern started in Mid-January and there is another intern starting the end of April.</p> <p><b>MPA:</b> Two therapists will be leaving next week and a new one starting next week. Looking for an ABA worker. Ron Leix appointed Jennifer Ryers as Chief Operating Officer and Laura Sandy as the Chief Clinical Officer.</p> <p><b>Saginaw Psychological:</b> There is an intern that will be staying on full time. In the process of hiring another LLMSW. Working on a process to streamline referrals. Supervisor of CSM is going on maternity leave in March or April.</p>	



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Topic	Key Discussion Points	Action Steps/Responsibility
<p>2. <b>Plans &amp; System Assessments/Evaluations</b></p> <ul style="list-style-type: none"> <li>a. QAPIP Annual Plan (Sept)</li> <li><b>b. Organizational Trauma Assessment Update</b></li> </ul>	<ul style="list-style-type: none"> <li>a. Nothing to report this month.</li> <li>b. The Organizational Trauma Assessment is done every three years. Sarah H. sent out a QR code and a link asking that you pass it along to all your staff including leadership. The survey has 106 questions and is open through the end of February.</li> </ul>	
<p>3. <b>Reports</b></p> <ul style="list-style-type: none"> <li><b>a. QAPIP Quarterly Report (Feb, May, Aug, Nov)</b></li> <li><b>b. Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</b> <ul style="list-style-type: none"> <li>i. MSHN Priority Measures Report (Jan, Apr, Jul, Oct)</li> <li>ii. Recipient Rights (Jan, Apr, Jul, Oct)</li> <li>iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)</li> <li>iv. Consumer Satisfaction Report (MHSIP/YSS)</li> <li>v. Provider Satisfaction Survey (Sept)</li> </ul> </li> <li><b>c. Access to Care &amp; Service Utilization Reports</b> <ul style="list-style-type: none"> <li>i. MMBPIS Report (Jan, Apr, Jul, Oct)</li> <li>ii. LOCUS (Mar, Jun, Sep, Dec)</li> <li>iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)</li> <li>iv. Service Requests Disposition Report (Feb, May, Aug, Nov)</li> <li>v. Discharge Summary Disposition Report (Feb, May, Aug, Nov)</li> <li>vi. Customer Service Report (Jan, Apr, Jul, Oct)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. <u>24 Hours of Children’s Specific Training</u> – Make sure you complete 24 calendar hours of children’s specific training. There have been findings during audits and reviews. BABH Staff development has created a curriculum in Relias that children’s staff will be assigned to so they can use those trainings toward the 24 hours. <u>Plan of Service Training Forms</u> – The Plan of Service Training forms are reviewed during site reviews and Melissa D. reviews them during the quarterly PI reviews. If you have consumers that have secondary services, those staff have to be trained in the plan of service. The last audit accounted for most of the errors due to not having a plan of service training form. We will start doing a monthly review of the forms. <u>Reportable Behavior Treatment Events</u> – Behavior treatment events have decreased in the last few quarters. <u>Risk Events</u> – Risk events (harm to self/other, 911 calls, CPI techniques) are trending upward but mainly from ABA services due to kids trying to harm themselves. <u>Diabetes Screening, Diabetes Monitoring, and Cardiovascular Screening</u> – All measures have decreased over FY23Q4. BABH staff will watch this over the next couple of quarters to determine if staff actioning these were making a difference. <u>Audited Services</u> – There was a 98.8% compliance rate from 9,883 claims reviewed. <u>MEV</u> – Quality Staff have increased the MEV reviews significantly.</li> <li>b. <ul style="list-style-type: none"> <li>i. Nothing to report this month.</li> <li>ii. Nothing to report this month</li> <li>iii. Nothing to report this month.</li> <li>iv. Nothing to report this month.</li> <li>v. Nothing to report this month.</li> </ul> </li> <li>c. <ul style="list-style-type: none"> <li>i. Nothing to report this month.</li> </ul> </li> </ul>	

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<ul style="list-style-type: none"> <li>d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> <li>i. <b>Internal Performance Improvement Report (Feb, May, Aug, Nov)</b></li> <li>ii. Internal MEV Report</li> <li>iii. MSHN MEV Audit Report (Apr)</li> <li>iv. MSHN DMC Audit Report (Sept)</li> <li>v. MDHHS Waiver Audit Report (Oct when applicable)</li> </ul> </li> <li>e. Periodic Review Reports</li> <li>f. Ability to Pay Report</li> <li>g. Review of the Referral Status Report</li> </ul>	<ul style="list-style-type: none"> <li>ii. Nothing to report this month.</li> <li>iii. Nothing to report this month.</li> <li>iv. Deferred.</li> <li>v. Nothing to report this month.</li> <li>vi. Nothing to report this month.</li> <li>d. i. We continue to struggle with coordination of care. Frequency Scope Duration was another major issue. Make sure the summary section at the bottom of assessments are filled out; there are lots of blanks. Make sure you check the boxes of what criteria is met for the disability designation. If the POS happens at a different time than the pre-plan states, staff should just be writing a basic statement in the POS stating that the POS was held at a different date due to consumer cancellation/missed appointments, etc. Please remind staff to use the 'Update Sent Link' in PCE to capture whether the POS was given/mailed within 15 days. This is often being left blank.</li> <li>ii. Nothing to report this month.</li> <li>iii. Nothing to report this month.</li> <li>iv. Nothing to report this month.</li> <li>v. Nothing to report this month.</li> <li>d. Nothing to report this month.</li> <li>e. Nothing to report this month.</li> <li>f. Nothing to report this month.</li> </ul>	
<p>4. <b>Discussions/Population Committees/ Work Groups</b></p> <ul style="list-style-type: none"> <li>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> <li>i. Consumer Council Recommendations (as warranted)</li> </ul> </li> <li>b. <u>Access to Care and Service Utilization</u> <ul style="list-style-type: none"> <li>i. Services Provided during a Gap in IPOS</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. i. Nothing to report this month.</li> <li>b. i. Nothing to report this month.</li> <li>ii. Nothing to report this month.</li> <li>c. i. Nothing to report this month.</li> <li>ii. Discussion about the possibility of combining the addendum and periodic review so that authorizations are being added to the POS within one document instead of completing a periodic review as well as an addendum. Barriers were discussed related to needing a signature on addendums, but not periodic reviews.</li> </ul>	

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<ul style="list-style-type: none"> <li>ii. Repeated Use of Interim Plans</li> <li>c. <u>Regulatory Compliance &amp; Electronic Health Record</u> <ul style="list-style-type: none"> <li>i. 1915 iSPA</li> <li>ii. <b>Periodic Reviews - Including Options for Blending with Plan of Services Addendums</b></li> <li>iii. Management of Diagnostics</li> </ul> </li> <li>d. <b>BABH/Policy Procedure Updates</b></li> <li>e. <b>Coordination of Care - PCE</b></li> <li>f. <b>Clinical Capacity Issues Update</b> <ul style="list-style-type: none"> <li>i. <b>OPT Group Therapy</b></li> <li>ii. <b>OPT Individual</b></li> <li>iii. <b>Referrals - Not having enough staff to accommodate number of referrals (Emily S.)</b></li> </ul> </li> <li>g. <b>General Fund Budget Issues FY24</b> <ul style="list-style-type: none"> <li>i. <b>Review of GE Exceptions P&amp;P</b></li> <li>ii. <b>Reimplementation of GF Plan - Update</b></li> </ul> </li> <li>h. <b>RPOSN Referrals</b></li> <li>i. <b>IPOS Ranges</b></li> <li>j. <b>Recommended Training</b></li> <li>k. <b>Inactive Scripts on Assessment</b></li> <li>l. <b>Death Report</b></li> </ul>	<ul style="list-style-type: none"> <li>iii. Nothing to report this month.</li> <li>d. Nothing to report.</li> <li>e. Record reviews are still showing that our system is struggling to show evidence of coordination of care. Please remind staff that if they are working with multiple systems, it is important that we are getting releases and coordinating care with all necessary providers. Discussion about how the new MDHHS Universal Consent does not allow us to document that the consumer doesn't have a primary care physician or declines coordination. Some providers are creating a "No PCP" contact listing to document. There is also an open text box that others are using to write in "declined coordination or No PCP."</li> <li>f. i. Group therapy is ready to start next week, but they are still working on getting referrals. Each group can accommodate 10 adult consumers. There are several different groups focusing on a specific area. They will last about 10-15 weeks. Groups will take place at the Madison Building. Amy Folsom sent around information about how to include group therapy in the POS and how to complete authorizations. Amy will work on coming up with some parameters regarding the Engagement Group. If Customer Service gets involved, you can tell them that you won't take the consumer back until they complete the Engagement Group. A decision was made that this can be done after a consumer has been closed twice. A consumer can participate in group without being open to another program; a Group Only Plan will be available. If the consumer is open to services, an addendum can be done to add the goal/methodology/authorizations.</li> <li>ii. BABH hired an outpatient therapist, but her position hasn't been backfilled so she is only available to work one day per week right now. Her caseload is already full and she is focusing on hospital discharges and EAS referrals.</li> <li>iii. If a provider receives a referral but has already hit their capacity, let EAS know that you are unable to take any new consumers. A new tele-health provider is hoping to be on-boarded at the end of April. The BI Department</li> </ul>	<ul style="list-style-type: none"> <li>e. Karen will look into the options for documenting "No PCP" or "Declined Coordination" on the MDHHS Universal Consent.</li> </ul>

**BAY-ARENAC BEHAVIORAL HEALTH  
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, February 8, 2024

1:30 p.m. - 3:30 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<p>will send out quarterly reports of consumers that have not been seen within 90 days so that staff can clean up their caseloads. It was identified that contract providers can only close their own programs and not ancillary providers unless they are being closed completely. The completion of a pre-plan also removes the POS client alert.</p> <p>g.i. You do not need to complete a GF exception if someone comes into the system on Plan First. If a consumer simply loses their Medicaid, you do not need to complete a GF exception; you just need to update the LOC. When completing the GF exception request, the top box needs to include what services the consumer needs and a brief statement as to why such as 'staff is only LLMSW.' A box further down on the form allows for more clinical justification. We need to implement a plan for GF because we are seeing an over-expenditure of GF.</p> <p>ii. Some consumers haven't had a re-enrollment since 2019. MDHHS has a glitch in the system and is putting people in Plan First. MDHHS is aware of the issue and working to fix it. Please check insurance every visit because there have been significant changes and it is impacting our consumers. Joelin is working with Finance to create an Excel document to send to providers and programs to keep track of those consumers. Do not change anything to the system for the finances in PCE; contact BABH Finance.</p> <p>h. RRPOSN referrals go to MPA or internal programs.</p> <p>i. There are no major changes related to the POS ranges. Please ask your teams to tighten up and include reasonable ranges in the POS.</p> <p>j. Joelin is going to share that information with the Staff Development department to explore opportunities for the upcoming year. Joelin shared the idea of the Internship Orientation Training program and there was a lot of support. Joelin is going to talk with the Staff Development department. Exploring the idea of video taping trainings so there are webinars for staff to utilize.</p> <p>k. If scripts are inactive, there was a request to have them not pull forward into the assessment. Karen talked with PCE and they stated there would be more</p>	<p>f.iii. Karen will explore this within the EHR.</p>

**BAY-ARENAC BEHAVIORAL HEALTH  
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, February 8, 2024

1:30 p.m. - 3:30 p.m.

Lincoln Center - East Conference Room

Topic	Key Discussion Points	Action Steps/Responsibility
	<p>negative impacts because many documents are linked to each other.</p> <p>i. Death report has been revised, but not the portion staff complete. Please make sure you are signing off on the death report in a timely manner. Staff do not need to 'Send Copy To' Amy. Staff will now be notified via PCE through a 'Send Copy To' function of the cause of death.</p>	
<p>5. <b>Announcements</b></p> <p>a. DHHS Outreach Worker</p> <p>    i. MIBridges System</p> <p>b. Great Lakes Bay FAN – Recovery &amp; Resource Fair, Delta College, Thursdays 5:00 - 7:00 PM</p>	<p>a. FYI</p> <p>b. FYI</p>	
<p>6. <b>Parking Lot</b></p>		
<p>7. <b>Adjournment/Next Meeting</b></p>	<p>The meeting adjourned at 2:30 pm. The next meeting will be on March 14, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.</p>	

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).



# 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.

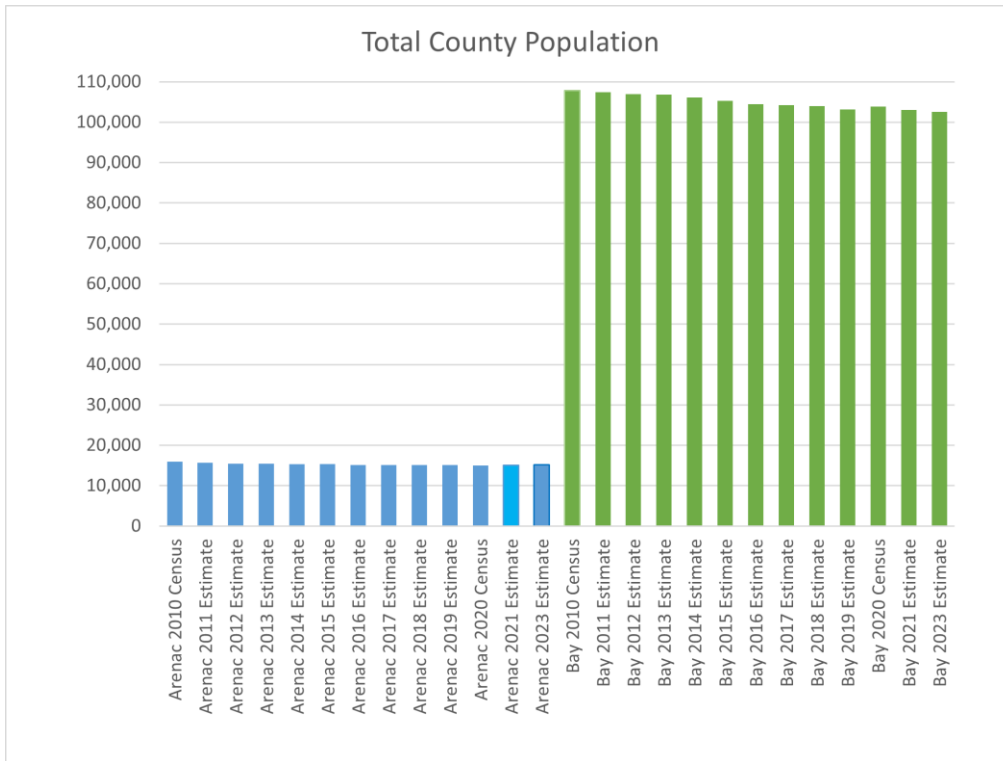
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<sup>3</sup> [Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff](#); National LGBT Health Education Center

<sup>4</sup> Ibid.

<sup>5</sup> US Census Bureau: [Quick Facts: Population Estimates](#); and [American Community Survey: Annual Population Estimates](#)

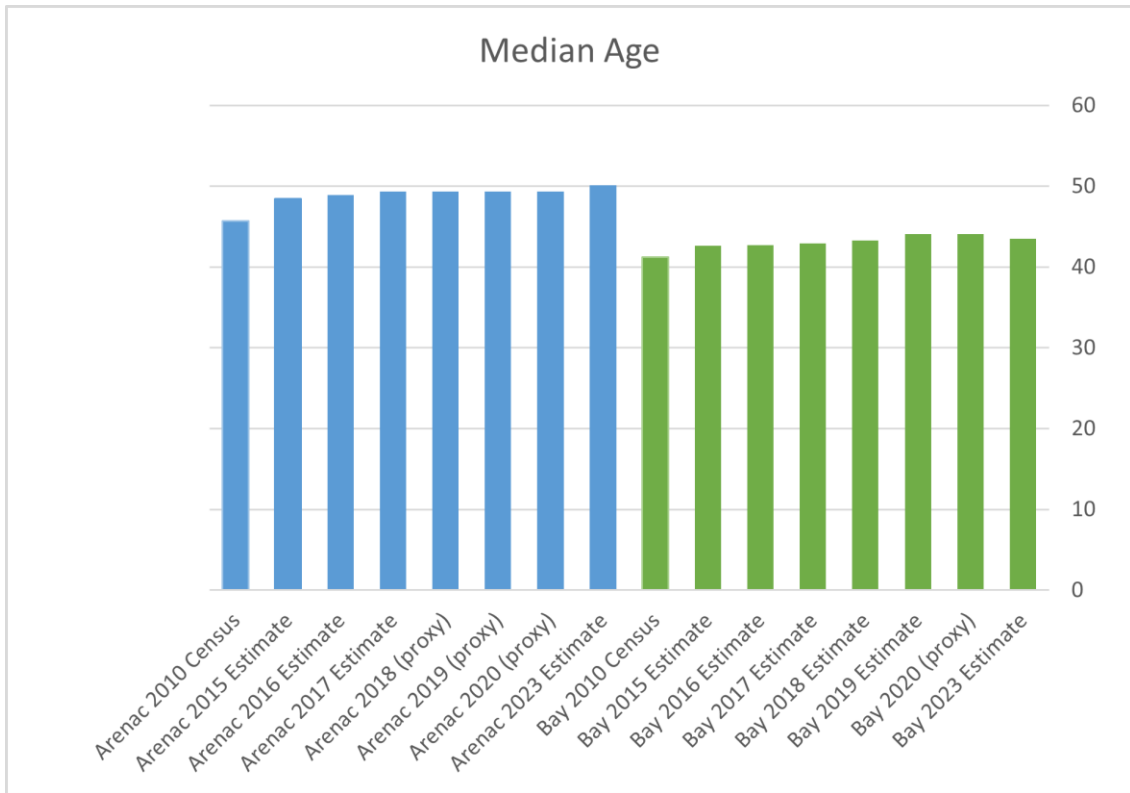
<sup>6</sup> CARF Standards, Section 1.A. Leadership; standard 5.b(2)



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](#)

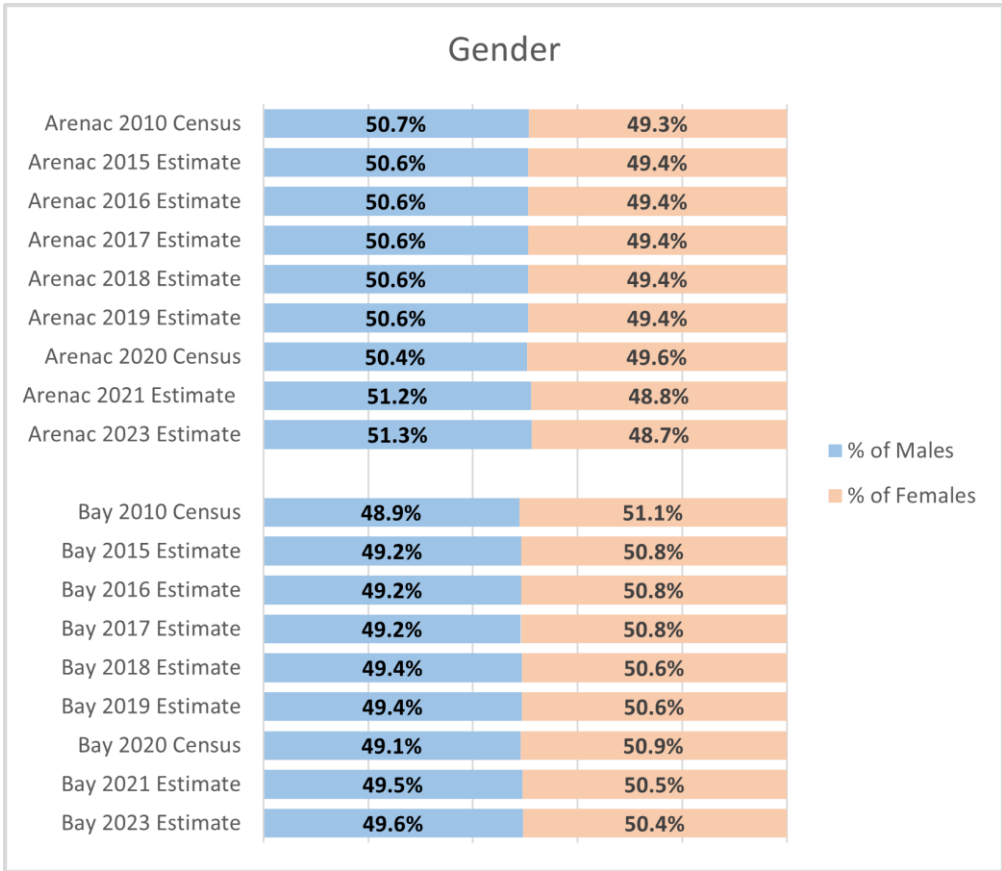


Gender Identification, Expression and Identity<sup>9</sup>

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+:

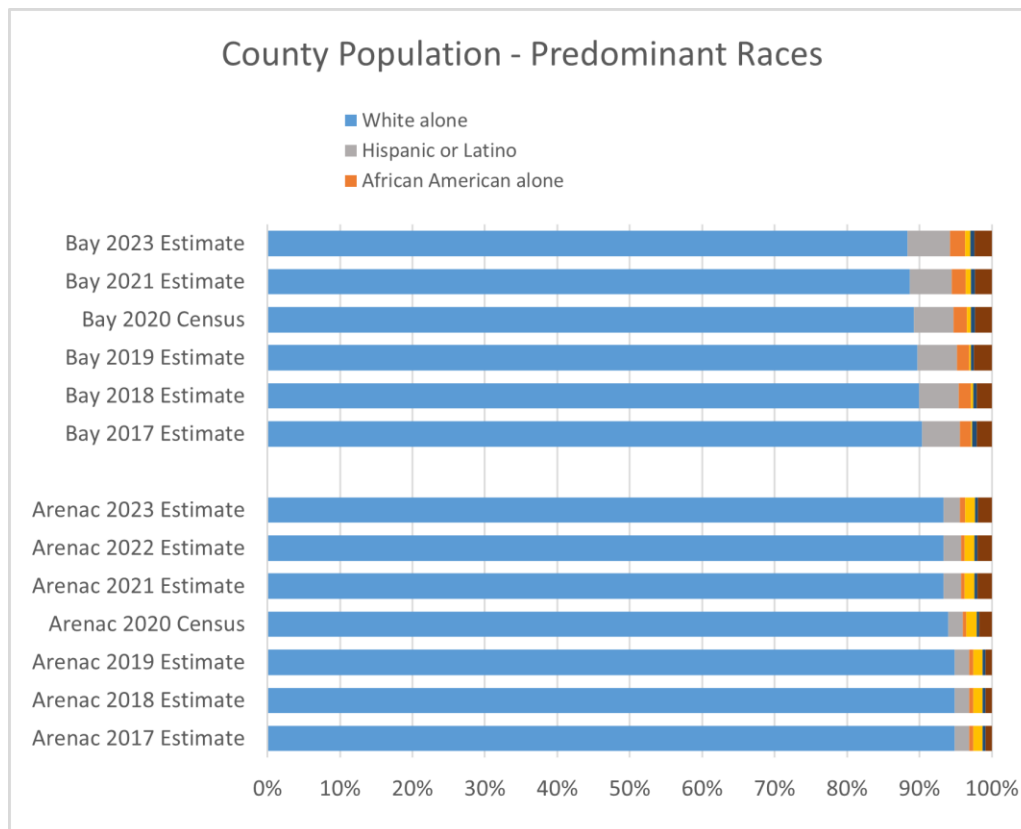
- LGBTQ+ youth are 2 to 3 times more likely to attempt suicide, and are more likely to be homeless (it is estimated that between 20% and 40% of all homeless youth are LGBTQ+);

<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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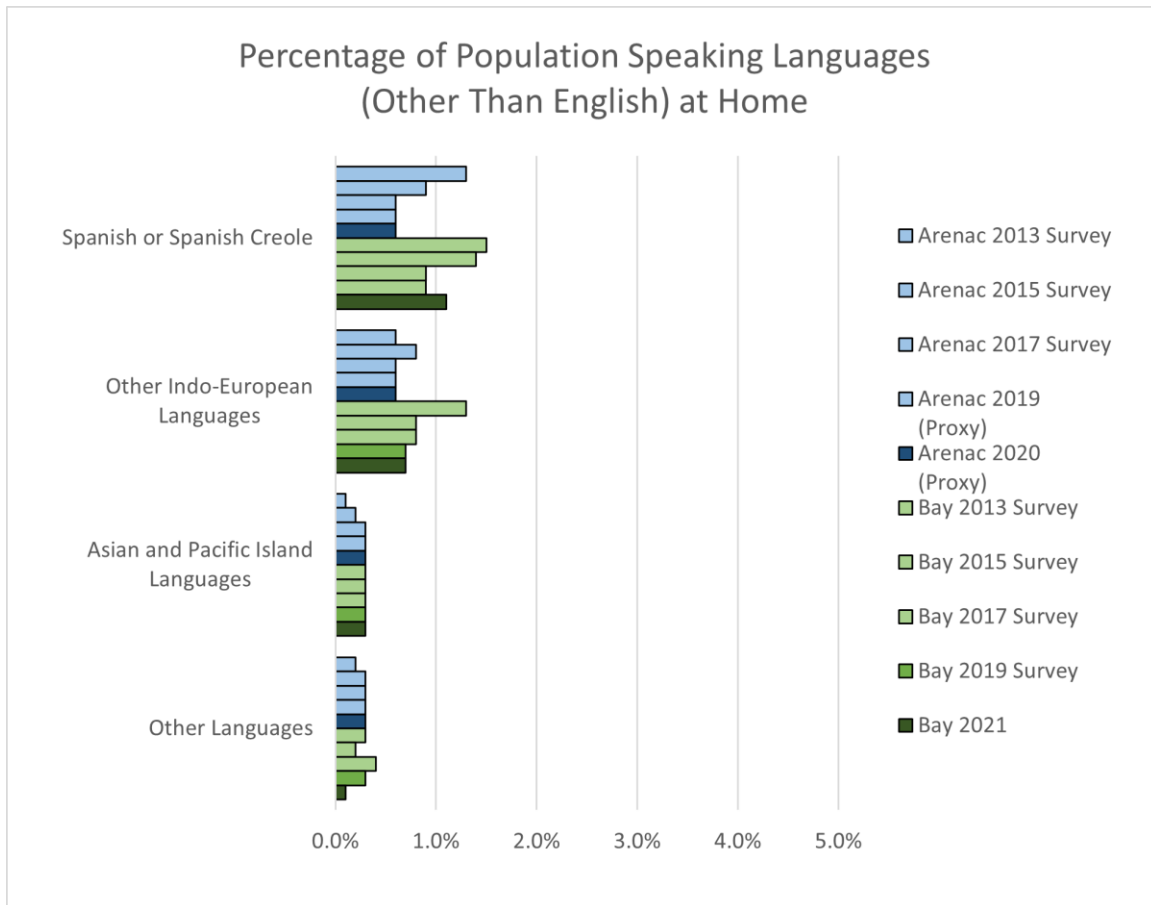
<sup>14</sup> Michigan Constitution (Art. I, Sec. 26 Affirmative action programs.) indicates public employers may not utilize quotas or preferences in public employment; Title VII of the Civil Rights Act and the Equal Protection Clause of the 14<sup>th</sup> Amendment makes it unlawful for an employer (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>

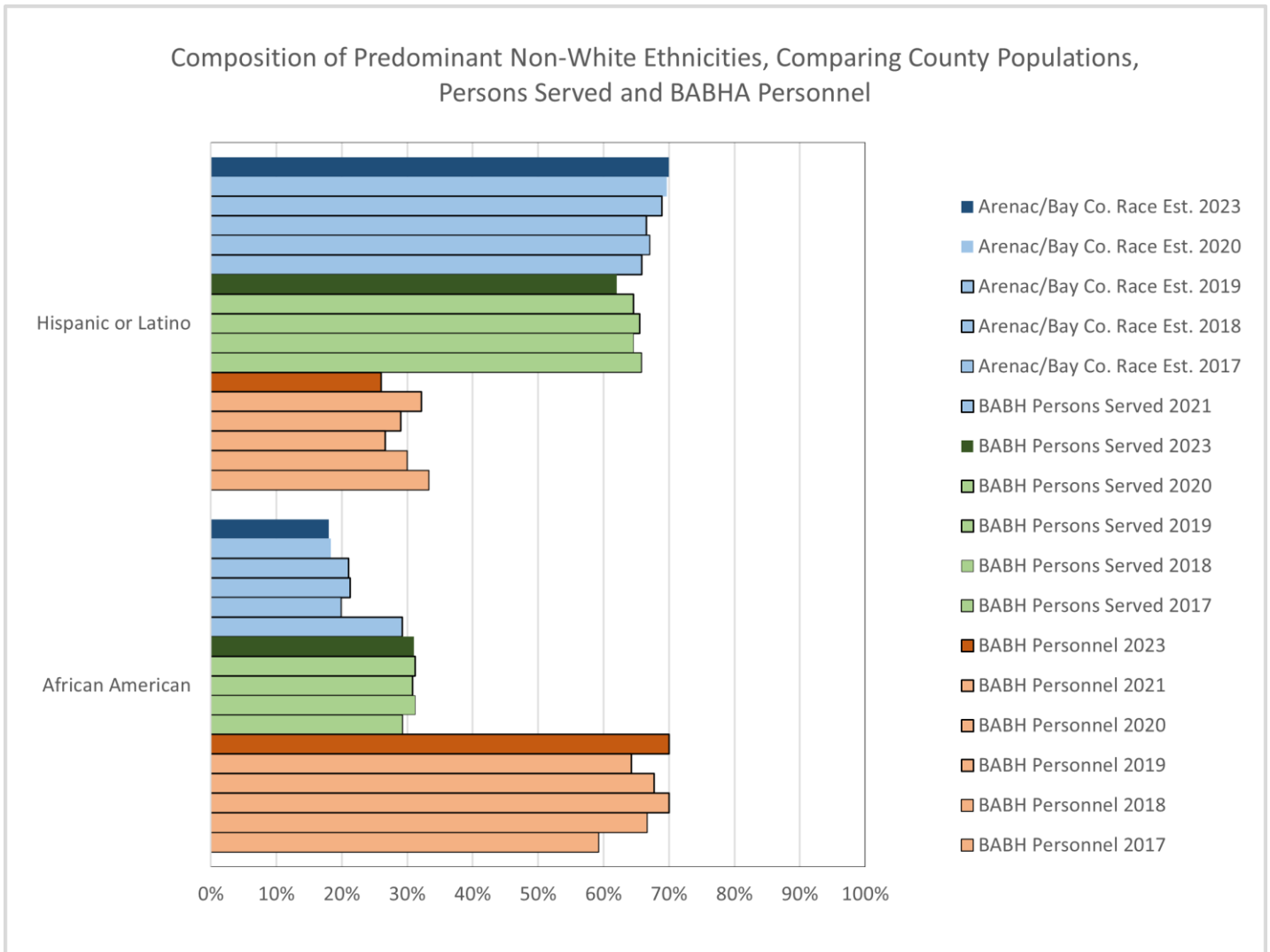
The ethnicity of persons served in Arenac and Bay Counties continues to be primarily white, which aligns with population statistics. The primary non-white ethnicities reported by people served by BABHA are of Hispanic/Latinx Origin, African American or Black, and Other Race. However, individuals reporting 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 resourcea 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 year2022. 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](#) interpreter 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 services 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

Job Categories	Number of Employees															Total A-N
	Race/Ethnicity															
	Hispanic or Latino		Male							Not Hispanic or Latino						
	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		
A	B	C	D	E	F	G	H	I	J	K	L	M	N			
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

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## Health Care Improvement and Compliance Committee

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**Environmental Scan:**

**Integrated Health and Coordination of Care (Mental Health and Substance Use Disorders)**

**Lead Team Member(s):**

Karen Amon, Joelin Hahn, Amy Folsom, Sarah Van Paris, Jesse Bellinger

**Status:** Revised

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**Impact on Ability to Accomplish Mission:**

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

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**Breakthrough Initiatives:**

**Update:**

- |   |  |
|---|--|
| <p>1. Prepare for Behavioral Health Home (BHH) integrated health readiness.</p> <ul style="list-style-type: none"><li>a. Identify next steps specific to health care improvement and create a work plan that incorporates every department so that health integration becomes a natural part of clinical flow.</li><li>b. Continue to expand Advanced Health Services.</li><li>c. Explore Behavioral Health Home service provision.</li></ul>   | <p>Advanced Health Services continues to be provided when a consumer has been identified to need those services.</p>   |
| <p>2. Define Policy and procedures for external information exchange and/or messaging processes with other (i.e., non-BABH provider network) health care providers:</p> <ul style="list-style-type: none"><li>a. Determine how expectations for how BABHA clinicians will interact with ADT feed and activate alerts specific to such expectations.</li><li>b. Define expectation for routine use of MiGateway and VIPR. Nurses are using. Expand for other clinical staff</li><li>c. Continue to offer to exchange data with local health providers who are able to exchange DIRECT messages. If yes, determine what BABH would like to send/receive and what entities would like to send/receive. Target entities that do not contribute to MiGateway.</li><li>d. Continue to use CC360 for care management, increase utilization to routine clinical workflow.</li></ul> | <p>The nurses continue to use the Information exchanges to assist with treatment for individuals receiving services. CC360 is available within our electronic health record. The universal consent to exchange information has been implemented.</p> |
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3. Expand BABHA same-day access, outpatient, and crisis residential service options.

Have hired an Assessment Specialist for Same Day Access. Have started Group Therapy internally to meet the need and support the Network and capacity issues. The Crisis Residential provider has assumed the lease on the home and is working on hiring and training staff.

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4. Explore integrated behavioral health home models for ACT

Working on stabilizing the ACT before looking at changing the model. Have been able to hire a nurse. The Nursing Manager has been providing additional support to the Team.

5. Implementation of health literacy training guidelines for staff and individuals served  
New employee performance review health care integration competency assessment