



BOARD OF DIRECTORS REGULAR MEETING

Thursday, May 16, 2024 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

AGENDA

Page

1. CALL TO ORDER & ROLL CALL
2. PUBLIC INPUT (3 Minute Maximum Per Person)
3. WELCOME NEW BOARD MEMBER CAROLE O'BRIEN
4. COMMUNICATIONS
- 5 4.1 Letter to Board of Directors from Family of Consumer – *See page 5*
5. APPOINTMENT TO BAY COUNTY RETIREMENT BOARD OF TRUSTEES
- 5.1 Board Chair appointment of P. McFarland on May 13, 2024
6. REGULAR BOARD MEETING, 4/18/2024 – Distributed
- 6.1 Motion on minutes as distributed
7. PERSONNEL & COMPENSATION COMMITTEE, 4/23/2024 – Distributed
- 7.1 Motion on minutes as distributed
8. RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE, 5/2/2024 – Distributed – McFarland, Ch/
Mrozinski, V Ch
- 6 8.1 Consideration of motion to receive the 2024 Recipient Rights Conference information. The
conference is scheduled for Wednesday – Friday, September 25 -27, 2024 in Southfield, MI – *See
page 6*
- 8.2 Motion on minutes as distributed
9. HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE, 5/6/2024 – Distributed – Pawlak, Ch/
Girard, V Ch
- 4, 7-9 9.1 Res# 2405001: Approve the Accessibility Plan – *See page 4 resolution sheet, pages 7-9 & plan
attached to back of packet*
- 9.2 Motion on minutes as distributed



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- 10. FINANCE COMMITTEE, 5/8/2024 – Distributed – Banaszak, Ch/Mrozinski, V Ch
 - 10-11 10.1 Motion to accept investment earnings balances for period ending April 30, 2024 – *See pages 10-11*
 - 4, 12 10.2 Res# 2405002: Approve the Finance May 2024 contract list – *See page 4 resolution sheet & page 12*
 - 4, 13-18 10.3 Res# 2405003: Approve Replacing the Information Technology Equipment – *See page 4 resolution sheet & pages 13-18*
 - 4, 19-23 10.4 Res# 2405004: Approve the WiFi System Update – *See page 4 resolution sheet & pages 19-23*
 - 10.5 Motion on minutes as distributed

- 11. BYLAWS & POLICIES COMMITTEE, 5/8/2024 – Distributed – Banaszak, Ch/Mrozinski, V Ch
 - 4, 24 11.1 Res# 2405005: Approve the policy, 1915(i) State Plan Amendment Services, 4-4-49, for immediate adoption – *See page 4 resolution sheet & page 24*
 - 25-42 11.2 Consideration of motion to receive the BABH Bylaws review process information – *See pages 25-42*
 - 11.3 Motion on minutes as distributed

- 12. PROGRAM COMMITTEE, 5/9/2024 – Distributed – Girard, Ch/Mrozinski, V Ch
 - There were no motions forward to the full Board
 - 12.1 Motion on minutes as distributed

- 13. FACILITIES & SAFETY COMMITTEE, 5/13/2024 – Distributed – Crete, Ch/Girard V Ch
 - 4, 43 13.1 Res# 2405006: Approve the Madison Building Roof Top Unit Repairs – *See page 4 resolution sheet & page 43*
 - 4, 44 13.2 Res# 2405007: Approve the Facilities May 2024 Contract List – *See page 4 resolution sheet & page 44*
 - 13.3 Motion on minutes as distributed

- 14. AUDIT COMMITTEE, 5/14/2024 – Distributed – McFarland, Ch/Pawlak, V Ch
 - 4, 45-50 14.1 Res# 2405008: Accept financial statements – *See page 4 resolution sheet & pages 45-50*
 - 4, 51-54 14.2 Res# 2405009: Accept electronic fund transfers – *See page 4 resolution sheet & pages 51-54*
 - 4, 55 14.3 Res# 2405010: Approve disbursement & health care claims payments – *See page 4 resolution sheet & page 55*
 - 14.4 Motion on minutes as distributed



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- 15. BOARD MEETING CONTRACT LIST, 5/16/2024
 - 56 15.1 Consideration of a motion to approve the Board meeting May 2024 contract list – *See page 56*
- 16. REPORT FROM ADMINISTRATION
 - 57 16.1 2024 Medicaid Rate Adjustments – *See page 57*
 - 58-60 16.2 Conflict Free Access & Planning Advocacy – *See pages 58-60*
 - 61 16.3 Inpatient Pediatric Psychiatric Beds – *See page 61*
- 17. UNFINISHED BUSINESS
 - 17.1 None
- 18. NEW BUSINESS
 - 62 18.1 2024-2025 BABH Letterhead
 - Revised letterhead – *See page 62*
 - 18.2 Holiday/Offices Closed
 - BABH Offices are closed on Monday, May 27, 2024 in observance of Memorial Day
 - 18.3 Rescheduled Personnel & Compensation (P&C) Committee Meeting
 - The April P&C Committee meeting has been rescheduled for 5:00 pm on Thursday, May 30, 2024 at the Behavioral Health Center
 - 18.4 Community Mental Health Association (CMHA) 2024 Summer Conference
 - The 2024 CMHA Summer conference is scheduled for Tuesday and Wednesday, June 11 & 12, 2024 at Grand Traverse Resort
 - 63 18.5 Meeting Schedule
 - All Board and Board Committee meetings will be held in Room 225 at the Behavioral Center, 201 Mulholland, Bay City, MI 48708 for the month of June, 2024 – *See page 63*
- 19. ADJOURNMENT



BOARD OF DIRECTORS REGULAR MEETING

Thursday, May 16, 2024 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

RESOLUTIONS

Health Care Improvement & Compliance Committee, May 6, 2024

Res# 2405001: Resolved by Bay Arenac Behavioral Health to approve the Accessibility Plan.

Finance Committee, May 8, 2024

Res# 2405002: Resolved by Bay Arenac Behavioral Health to approve the Finance May 2024 contract list.

Res# 2405003: Resolved by Bay Arenac Behavioral Health to approve replacing the information technology equipment for an amount not to exceed \$81,715.

Res# 2405004: Resolved by Bay Arenac Behavioral Health to approve WiFi System update for an amount up to \$29,040.

Bylaws & Policies Committee, May 8, 2024

Res# 2405005: Resolved by Bay Arenac Behavioral Health to approve the policy, 1915(i) State Plan Amendment Services 4-4-49 for immediate adoption.

Facilities & Safety Committee, May 13, 2024

Res# 2405006: Resolved by Bay Arenac Behavioral Health to approve awarding the Madison building roof top unit repairs to Vendor Custom Engineering Heating & Cooling for a cost of \$6,000.73.

Res# 2405007: Resolved by bay Arenac Behavioral Health to approve the Facilities May 2024 contract list.

Audit Committee, May 14, 2024

Res# 2405008: Resolved by Bay Arenac Behavioral Health to approve the Financial Statements for period ending April 30, 2024.

Res# 2405009: Resolved by Bay Arenac Behavioral Health to approve the electronic fund transfer (EFTs) for period ending April 30, 2024.

Res# 2405010: Resolved by Bay Arenac Behavioral Health to approve the disbursements and health care payments from April 22, 2024 through May 17, 2024.

RECEIVED

APR 12 2024

BAY ARENAC BEHAVIORAL HEALTH
BOARD OFFICE

April 10, 2024

Bay Arenac Behavioral Health
Attn: Bay Arenac Board of Directors
201 Mulholland
Bay City, MI 48708

Dear Board Members,

My name is [REDACTED], and I am the parent and legal guardian of [REDACTED] a BABHA client. I am writing this letter to express our gratitude and appreciation for Jill Schultz, the Assisted Outpatient Treatment Coordinator, for her exceptional dedication, hard work, and commitment to her clients.

On March 25th, 2024, [REDACTED] was sent to the Emergency Department at [REDACTED]. After an evaluation, they agreed to admit [REDACTED] but unfortunately there were no beds available in the state. [REDACTED] had a couple failed inpatient hospitalizations already and after spending the night in the ER, Jill met with us in the morning. During our meeting, Jill creatively came up with a plan to help us keep [REDACTED] safe without another inpatient hospitalization. Jill was very caring, considerate, and listened attentively to [REDACTED]. She went above and beyond to clearly understand the extent of [REDACTED] mental state, [REDACTED] behavioral impairments, and [REDACTED] cognitive shortcomings. She felt it would be best for [REDACTED] to be treated by [REDACTED] local medical team and worked diligently to keep [REDACTED] out of inpatient treatment so that could happen.

Jill was able to secure appointments for [REDACTED] with her providers for the next day. She collaborated with the ER doctor regarding a PRN medicine and arranged for her to check in daily for monitoring - even with an upcoming holiday weekend. Jill even gave us her contact information so [REDACTED] could contact her again if the need arose.

Jill is truly an asset to our community, and we thank her for her excellent commitment and service. We are grateful for her utmost dedication and willingness to help in a time of crisis and need.

Sincerely,

Sara McRae

Subject: FW: Blind Copy: 2024 Recipient Right Conference Hotel Reservation Link

From: Ryan, Veronica (DHHS) <RyanV1@michigan.gov>

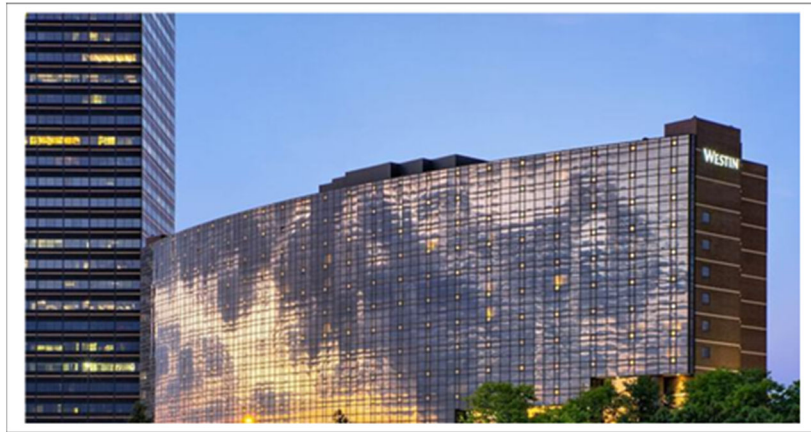
Sent: Friday, April 12, 2024 9:17 AM

To: Ryan, Veronica (DHHS) <RyanV1@michigan.gov>

Subject: Blind Copy: 2024 Recipient Right Conference Hotel Reservation Link

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

SAVE THE DATE!
31ST ANNUAL RECIPIENT RIGHTS CONFERENCE:
WESTIN HOTEL SOUTHFIELD-DETROIT
SOUTHFIELD, MICHIGAN
HOTEL ROOM RATE IS \$159.00 PER NIGHT
CUTOFF DATE FOR SECURING HOTEL ROOM IS SEPTEMBER 2,
2024.
REGISTRATION LINK:
[BOOK YOUR GROUP RATE FOR 2024 RECIPIENT RIGHTS CONFERENCE](#)



Veronica S. Ryan
Administrative Assistant for Andrew Silver
Education, Training and Compliance
348.348.9961

The Accessibility Plan is developed to identify barriers that might limit, impede, or preclude access to services and quality behavioral health care. BABHA does not discriminate against or deny admission or services based on ability to pay, race, color, age, gender, religion, national affiliation, marital status, height, weight, arrest record, disability, sexual orientation, or any other legally protected status. We desire to be sensitive to the needs and culture of our local communities and strive to help them become more inclusive places to live. We work to provide a safe, supportive, accessible, and secure working environment for personnel. We seek a diverse base of employees and ensure equal opportunity to all qualified individuals in recruiting, compensation, professional development, promotion, and other employment practices. BABHA creates and supports partnerships with individual practitioners, provider organizations, advocacy groups, and other stakeholders whose values and methods of operation reflect our mission.

Architectural:

- The elevators at the Mulholland site were partially or totally inoperable throughout most of 2023. Clinical programs and any employees requiring accommodation due to the lack of elevators at this site were moved to other accessible sites. Clinical services and Board Meetings returning to the Mulholland site beginning May 1, 2024, as the elevators are repaired and functioning.
- Remote work policy has been implemented and an evaluation of the need for existing building and office space will be conducted.

Environmental:

- The Facilities Manager and SLT continue to work together to ensure that all facilities are easily accessible and offer safe, comfortable and confidential settings in which to conduct and receive services.
- The Government Emergency Telecommunications Service (GETS) allows our agency priority access to communication during a national emergency. The IS Manager will update and educate users on how to use the GETS application.

Attitudinal:

- The Cultural Competency and Diversity Plan identified need for a more diverse staff especially to represent the Hispanic population that is rising in Bay and Arenac Counties, the need for an organizational assessment for a welcoming environment and staff competency working with LGBTQ+ individuals and to address training options for staff to increase their expertise in the needs of the veteran's population.
- Arenac Center is distributing Narcan, fentanyl test strips and Xylazine test strips in their waiting rooms. In addition, BABHA has worked with Arenac County courts to develop a recovery/drug specialty court. Arenac Center has completed two assessments for the drug court until they can identify providers in the future to complete this task.
- BABHA has implemented a Mobile Crisis Response Team that responds to crises in the community for both adults and children.
- Michigan Department of Health and Human Services (MDHHS) will be replacing the CAFAS/PECFAS and replace this with a new tool, the MICHICANS. MDHHS has also discontinued the SIS for individuals with Intellectual and Developmental disorders and has not yet replaced this tool.
- The need for psychiatric inpatient admissions continues to be a barrier especially for individuals with high acuity or behavioral issues. MDHHS is working on adding more State Facility beds at Hawthorne for Children and is anticipated to be operational by 2026.
- Due to a downsizing of a few Specialized Residential facilities, a Crisis Residential Program is being developed in one of the vacant homes. Dr. Ibrahim's agency (Bay City CRU LLC) is developing this program to assist in the

crisis created by not having enough placements for individuals needing diversion from the hospital or as a step down after hospitalization. BABHA is working with Bay City CRU, LLC to get this program operational.

- Access to Community Living Support Services (CLS) and Specialized Residential services has become more difficult due to the lack of adequate staffing that was difficult during the pandemic and has increasingly become worse. The provider network has increasingly become less able to provide the level and intensity of services for individuals needing CLS and Specialized Residential services. One provider had to consolidate and reduced their capacity by two homes. The Strategic Plan for 2024 has two initiatives to address the significant issues related to these two services.
- The Triennial Organizational Trauma Assessment process has begun by sending out the surveys to internal and external staff and providers. Assess the results of the surveys.
- BABHA will continue to provide MHFA to Community members at least three times per year.
- Continue to partner with the Law Enforcement agencies in Bay and Arenac Counties to provide consultation and training.

Financial:

- Healthy Michigan Medicaid subcontract revenue from MSHN is based on PEPM funding. Service expenditures for this benefit have exceeded revenue resulting in the need to supplement expenditures with traditional Medicaid funds. This has improved, however, will continue to monitor with the Medicaid redeterminations that are occurring once again and the change in benefits occurring.
- MDHHS funding for Autism revenue is paid on a PEPM basis based on Medicaid eligible individuals. MSHN subcontracts for Autism revenue based upon enrollees for that benefit. Currently revenue is short of demand for those services. Capacity within the Provider Network is monitored, which potentially could lead to an increase in service costs as eligible individuals receive services.
- Discontinue the Provider Stabilization Plan for the Providers which was in place during the pandemic.
- LMSW and LPC provider shortage. General Fund exception requests will continue to be evaluated and approved as appropriate. Internal group therapy sessions have been developed to address the capacity issues related to the lack of qualified professionals to provide individual therapy. An Assessment Specialist has been hired in ES/AC to assist in same day access to quickly engage consumers at the time they call for help. Ongoing evaluation and development of practices that can assist in getting more people into treatment and addressing the drop out rates.

Employment:

- The Cultural Competency and Diversity plan identified that BABHA serves proportionately more individuals of Hispanic of Latinx heritage than are represented among BABHA personnel. BABHA will explore forums to recruit a more diverse group of employees and focus on any available Hispanic sources.
- The pandemic halted all vocational services during the shutdown and reduced the vocational providers' ability to provide services after the shutdown was lifted. The vocational providers were able to benefit from the network provider funding stabilization plan established by MSHN and other pandemic related supports that were offered. These providers currently are working towards a return to a full fee for services contract arrangement, however establishing rates based on current and anticipated utilization has been a challenge. BABHA is exploring the use of a consultant to evaluate our vocational contracts in order to explore rate structuring, effectiveness of outcome-based contracts, and other ways to improve vocational contracts and improve employment outcome rates.
- Continue to work with and improve collaboration with MRS to offer the individuals served a full array of vocational opportunities that are available to them.
- Ensure that the Provider(s) implementing the IPS model achieve fidelity by completing the Mi-FAST Review and implementing recommendations.

Communication:

- Added that clinical forms will ask about those who are Deaf, Hard of Hearing, and Deaf and Blind. Treatment will be modified to effectively serve individuals who are deaf, hard of hearing, and deaf and blind as determined by their language skills and preferences, as requested/required, with interpretive services.
- Adverse Benefit Determination Notices include state-required language that exceeds the 4th grade level requirements for publications. BABHA will ensure that information noted in the narrative is at the appropriate reading level and easily understood to the recipient and/or their legally responsible party.
- Continue to inform consumers that email and text communication is not secure and add this to the E.H.R. to verify completion. Continue to Update the Privacy Notice.

Transportation:

- The North Bay CLS program has completely converted to an in community-based program. The pandemic forced the program to begin providing CLS services in the community and in consumer's homes. This model continued after the Public Health Emergency ended.
- The recent implementation of the 1915(i) authorization and approval process may cause delays in individuals needing CLS and other 1915(i) services. BABHA, MDHHS and MSHN have been working on assuring that this authorization process is implemented as effectively and efficiently as possible.
- Lack of CLS providers and staff to offer community integration opportunities. Northbay has continued to add CLS services as able. The program has moved to a fully community-based service. Transportation and the availability of vehicles has been discussed as a possible barrier to providing more CLS services from that program. The CLS services have been returned since the vocation providers are able to provide this service post PHE. The ability for the vocational providers to expand CLS services has also been added to their contracts. Efforts have been ongoing to help stabilize the CLS provider network. This initiative has also been identified on the Strategic Plan for 2024. AOI has increased CLS services for children.

Technology:

- Remote Work options have been included for employees throughout the agency when appropriate. Policies and procedures have been developed and implemented. Building and office space and equipment needs have been identified as an initiative that has been included in the Strategic Plan for 2024.

Other:

- BABHA will continue to have a variety of ways for persons served, personnel and stakeholders to identify barriers.
- Identified barriers will be addressed by agency Leadership and be resolved as quickly as possible.
- The Accessibility Plan will be updated annually and reported to SLT and the Board of Directors.
- Requests for accommodations will be reviewed at various times throughout clinical service provision. Accommodations will also be noted through inspections, employee feedback, community focus groups, internal committees, incident reports, surveys and appeals and grievance practices, etc.

Bay-Arenac Behavioral Health Authority
Estimated Cash and Investment Balances April 30, 2024

Balance April 1, 2024	6,560,326.58
Balance April 30, 2024	6,598,511.81
Average Daily Balance	5,613,887.57
Estimated Actual/Accrued Interest April 2024	19,128.86
Effective Rate of Interest Earning April 2024	4.09%
Estimated Actual/Accrued Interest Fiscal Year to Date	146,246.05
Effective Rate of Interest Earning Fiscal Year to Date	4.19%

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

Cash Available - Operating Fund

	Rate	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Beg. Balance Operating Funds - Cash, Cash equivalents, Investments		4,145,850	3,560,754	2,822,426	3,940,689	3,431,903	4,022,437	3,285,926	8,549,839	7,456,274	7,733,635	3,167,316	6,109,840
Cash in		7,365,485	6,140,991	9,939,499	6,328,711	12,694,585	11,257,050	21,945,755	11,552,037	11,480,507	4,835,627	19,658,739	13,131,069
Cash out		(7,950,581)	(6,879,319)	(8,821,236)	(6,837,497)	(12,104,052)	(11,993,562)	(16,681,841)	(12,645,602)	(11,203,146)	(9,401,946)	(16,716,214)	(13,094,320)
Ending Balance Operating Fund		3,560,754	2,822,426	3,940,689	3,431,903	4,022,437	3,285,926	8,549,839	7,456,274	7,733,635	3,167,316	6,109,840	6,146,590
Investments													
Money Markets		3,560,754	2,822,426	3,940,689	3,431,903	4,022,437	3,285,926	8,549,839	7,456,274	7,733,635	3,167,316	6,109,840	6,146,590
90.00													
180.00													
180.00													
270.00													
270.00													
Total Operating Cash, Cash equivalents, Invested		3,560,754	2,822,426	3,940,689	3,431,903	4,022,437	3,285,926	8,549,839	7,456,274	7,733,635	3,167,316	6,109,840	6,146,590
Average Rate of Return General Funds		2.25%	2.41%	2.51%	2.60%	2.69%	3.82%	3.96%	4.01%	4.04%	4.05%	4.08%	4.08%
		3.01%	3.66%	3.46%	3.51%	3.71%	3.82%	4.09%	4.13%	4.11%	4.10%	4.24%	4.08%
		5,435,635	5,145,279	5,024,820	4,880,009	4,808,545	3,285,926	5,917,883	6,430,680	6,756,419	6,038,598	6,050,472	6,064,203

Cash Available - Other Restricted Funds

	Rate	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Beg. Balance-Other Restricted Funds - Cash, Cash equivalents, Investments		430,428	432,047	433,645	435,308	437,156	438,953	440,817	442,629	444,508	446,396	448,169	450,072
Cash in		1,619	1,598	1,663	1,849	1,797	1,864	1,812	1,880	1,888	1,773	1,903	1,850
Cash out													
Ending Balance Other Restricted Funds		432,047	433,645	435,308	437,156	438,953	440,817	442,629	444,508	446,396	448,169	450,072	451,922
Investments													
Money Market		432,047	433,645	435,308	437,156	438,953	440,817	442,629	444,508	446,396	448,169	450,072	451,922
91.00	0.70%												
91.00	1.10%												
91.00	1.15%												
91.00	1.35%												
90.00	1.70%												
91.00	2.05%												
90.00	2.15%	-	-	-	-	-	-	-	-	-	-	-	-
365.00	80.00%												
Total Other Restricted Funds		432,047	433,645	435,308	437,156	438,953	440,817	442,629	444,508	446,396	448,169	450,072	451,922
Average Rate of Return Other Restricted Funds		3.58%	3.68%	3.76%	3.88%	3.97%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
		4.35%	4.50%	4.50%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
		426,976	427,717	428,476	429,265	430,073	440,817	441,723	442,651	443,587	444,504	445,432	446,359
Total - Bal excludes payroll related cash accounts		3,992,801	3,256,071	4,375,997	3,869,059	4,461,390	3,726,743	8,992,468	7,900,782	8,180,031	3,615,485	6,559,912	6,598,512
Total Average Rate of Return		2.25%	2.34%	2.41%	2.51%	2.58%	4.04%	4.08%	4.20%	4.21%	4.17%	4.20%	4.19%

Bay-Arenac Behavioral Health
 Finance Council Board Meeting
 Summary of Proposed Contracts
 May 8, 2024

		Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES						
Clinical Services						
1	N	Positive Behavior Supports Corporation In-home ABA Services	\$0	State rates eff 10/1/22 (Same rates with exception of codes 0373T at \$28.40/unit , 97153 at \$14.03/unit and 97154 at \$4.83 to include DCW increase)	4/23/24 - 9/30/24	Y N
2	N	Dr. Bridget Smith Psychiatric Coverage (approx. 4 days/month)	\$0	\$200/hour	7/1/24 - 6/30/25	Y N
3	M	Saginaw Psychological Services DBT Training Reimbursement for 4 Individuals	\$0	\$8,623	5/6/24 - 9/30/24	Y N
Admin/Other Services						
4	N	New Dimensions Courier Services - 1 Day/Week	\$0	\$175/day \$184/day	6/3/24 - 12/31/24 1/1/25 - 9/30/25	Y N
SECTION II. SERVICES PROVIDED BY THE BOARD (REVENUE CONTRACTS)						
SECTION III. STATE OF MICHIGAN GRANT CONTRACTS						
SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL						

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

M = Modification
 N = New Contract/Provider
 NC = New Consumer
 T = Termination

Footnotes:

IT Presentation to Finance Committee

May 8, 2024

Overview

Presenting all major IT spending needs to the board for approval in part or whole.

Items included:

- Device Replacement Plan
- Wi-Fi Replacement
- Phone system needs (not current fiscal year)
- Cell phone quote and recommendation (not current fiscal year)

Device Replacement Plan

The Device Replacement Plan presented here includes devices that are old enough that they should be replaced according to our replacement schedule so that employees can have efficient, reliable devices to work with. It also includes some requested changes to a different, more suitable device type in some cases. Lastly, it includes projections for replacements and changes anticipated in the next few years.

Equipment totals and pricing overview: (see spreadsheet for detail)

Type	Total Requested	Unit Cost	Total Cost
Desktop	16	\$1,200	\$19,200
iPad	21	\$450	\$9,450
Laptop	31	\$1,500	\$46,500
MS Surface	7	\$795	\$5,565
Scanner	1	\$1,000	\$1,000
		Total Cost	\$81,715
		Cost without swapping Chromebook early	\$76,495

Replacement Schedule and Unit Cost

Device Type	Replacement Schedule	Unit Cost
Desktop Computers	4 years	\$1,200
Standard Laptop Computers 15"	4 years	\$1,500
Chromebooks	4 years	\$365
MS Surface	4 years	\$795
iPads/Tablets	3 years	\$450
10ZiG Thin Clients	6 years	\$350
Desktop Printers	6 years	\$1,500
Computer Monitors	8 years	\$140
Docking Station	4 years	\$240

Historic Replacement Info summary (see spreadsheet for detail)

Summary of Historic Device Replacement Costs	
Year	Total Cost
2023	\$61,120.00*
2022	\$41,400.00
2021	\$20,225.00
2020	\$20,225.00
2019	\$46,700.00
2018	\$20,657.00
2017	\$29,865.00
2016	\$55,282.00
Average cost	\$36,934.25
Median cost	\$35,632.50

*While the budgeted amount for 2023 was \$61,120, only about \$19,155 was spent due to an organization wide cost control plan; this contributed to 2024's cost being higher than the average year, as we need to "play catch up" with what did not get replaced in 2023.

Wi-Fi Replacement

The access points and controller are end of life (EOL); they no longer receive security updates and are failing with more regular frequency. The devices being EOL make it increasingly more likely that we will not be able to source replacements when devices fail. A revised quote for \$29,040 has been received from NSO. We are able to get the cost down to this amount by doing much of the hands on work of swapping out the access points ourselves.

See attached quote

Wi-Fi EOL and Usage Information

EOL detail for Ruckus AP R500s:

Milestone Dates

Milestone	Date
End of Sale Pre-Announcement	October 31, 2018
End of Sale	April 30, 2019
Last Ship Date	October 31, 2019
End of Software Development	April 30, 2020
Last possible hardware repair/replacement under Advance Replacement Support*	April 30, 2024
End of Support (last possible Support contract active)	April 30, 2024

Last time Access Points (APs) were purchased/replaced:

- July 11, 2017 was the most recent quote for bulk AP purchase/replacement on file, with some quotes/presentations prepared going back to 2015. Most of the Wi-Fi infrastructure is at least 7 years old.

Number to be replaced at each location (30 in total)

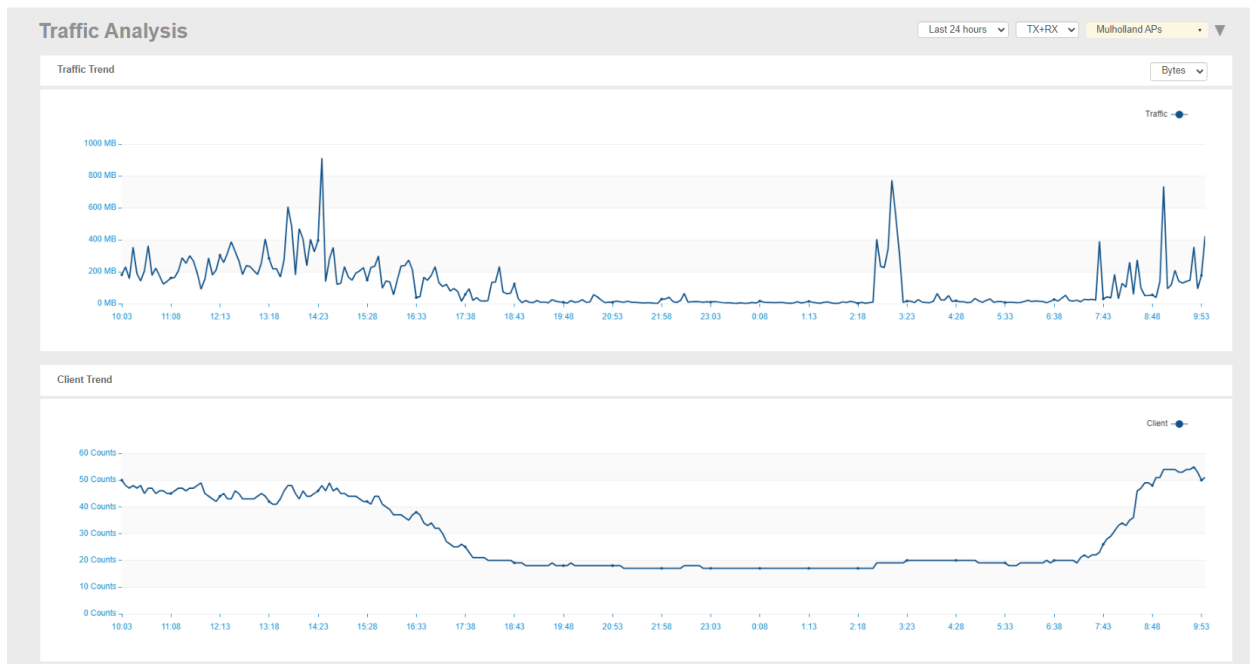
- Mulholland: 8
- Wirt: 2
- Madison: 7
- North Bay: 8
- Arenac Center: 5

Current Wi-Fi usage info

Last 24 hours is the max time the dashboard will report, pulled data the morning of May 8th, 2024

- Mulholland (8 APs)
 - Peak Traffic: 912 MB (Transmit/Received)
 - Peak Clients: 55
- Wirt (2APs)
 - Peak Traffic: 1433 MB
 - Peak Clients: 9
- Madison (7 APs)
 - Peak Traffic: 677 MB
 - Peak Clients: 38
- North Bay (8 APs)
 - Peak Traffic: 480 MB
 - Peak Clients: 32
- Arenac (5 APs)
 - Peak Traffic: 1536 MB
 - Peak Clients: 30

Mulholland



Peak Traffic: 912 MB (Transmit/Received)
Peak Clients: 55

Proposal

Wireless Quote Quote #: NSOQ34311-03

Prepared for
Jesse Bellinger
Bay Arenac Behavioral Health
jbellinger@babha.org

Prepared by
Trevor Shetler
NetSource One, Inc.
989-498-4534
trevor.shetler@nsoit.com



STATEMENT OF WORK

Wireless Quote

SOW # NSOQ34311-03

SOW Issue Date:
1/29/2024

Services Provided By:
NetSource One, Inc.
5454 Hampton Place
Saginaw, MI 48604

Services Provided For:
Bay Arenac Behavioral Health
909 Washington Ave.
Bay City, MI 48708

This SOW, effective as of the signatory date below, is entered into by and between NetSource One and Client and describes the requirements by the parties for the successful provisioning of the services.

PROJECT DESCRIPTION AND SCOPE

Project Overview

- Configure NetSource One Wireless cloud controller powered by Ruckus
- Configure Ruckus Access points (AP's) for the following locations: Mullholland, Madison, WIRT, North Bay, and Arenac
- Ruckus AP license are NSO owned per the MSP agreement

NSO Responsibilities

- Design Services
- Project Management
- Setup a new Ruckus One Wireless Cloud Controller
- Configure Firewalls with policies required for Cloud controller
- Configure Access point to manufacturer and NSO best practices
- Register Access point to controller
- Configure and install new Ruckus AP's to replace the existing Ruckus R500 AP's
- Remove DHCP options prior to AP at site being installed
- WIRT must be installed last due to ZoneDirector being located there
- Remove ZoneDirector at WIRT prior to WIRT AP installation
 - All other sites must be off of ZoneDirector
- New AP's will be installed 1:1 with existing AP's using existing VLANs, and SSID's
- Attend to the following items managed by NetSource One if needed:
 - Reconfigure any affected authentication services (Ex. RADIUS, LDAP, and DUO)
 - Adjust SIEM logging/monitoring (Ex. StratoZen and Blumira)
 - Update availability and performance monitoring (Ex. Zabbix, Automate, Auvik)
 - Update client agreements
- Remove ZoneDirector at WIRT
- Update NetSource One documentation of new device (configuration and support renewal status)
- Project close meeting

Client Responsibilities

- The client will consider the project complete based on Completion Criteria (as defined in the Project Plan)

- Active 3rd-party vendor support for any line of business software involved
- Installation of Access Points

Assumptions

- Services on-site only performed when necessary
- When possible, client will provide two separate battery and surge protected power feeds when equipment with dual power supplies is installed
- Installation to occur during business hours
- Allow for a period of downtime to occur during installation

Out-of-Scope

- Training on new systems (can be included at additional cost upon request)
- On site Labor
- Electrical/network cabling changes/moves
- Wireless Site Survey
- Assisting with Client Responsibilities

Wireless Quote

Thank you for considering NetSource One for your technology needs. The details of your quote are below:

NOTICE: Due to volume, inclement weather, and Covid-19 impacts some of our vendor/carrier partners are experiencing shipping delays. There may be extended delivery time frames from time of quoting to placing order(s), therefore we cannot guarantee exact shipping/delivery dates. We appreciate your understanding and thank you so much for your business!

Products

Description	Qty	Unit Price	Ext Price
<i>Ruckus R550 Dual Band AX Indoor Wireless Access Point - Bluetooth, ZigBee, Wi-Fi 6 - 2.4 GHz, 5 GHz - DC power / PoE (Optional)</i>	30	\$500.00	\$15,000.00
Ruckus One Professional Subscription Support (1 AP/Switch) - 3 Years	30	\$290.00	\$8,700.00
		SubTotal	\$8,700.00

Professional Services (Fixed Fee)

Description	Qty	Unit Price	Ext Price
Professional Services (Fixed Fee) - Labor is quoted as a fixed-fee per statement of work - Any item not outlined in the statement of work is not included and therefore may be subject to additional pricing at our standard T&M rates on a separate ticket			
		SubTotal	\$5,170.00

Monthly Services

Description	Qty	Unit Price	Ext Price
Premium Managed Wireless Access Points: - 24x7 availability and performance monitoring and alerting - Quarterly firmware reviews and updates (if required) - Remote administration & break-fix during normal business hours	30	\$4.00	\$120.00
Wireless Controller Management - 24x7 Monitoring and alerting - Remote administration & break-fix (during normal business hours)	1	\$50.00	\$50.00
		Monthly SubTotal	\$170.00

Quote No: **NSOQ34311-**
 Delivery Date: 1/29/2024
 Expiration Date: 2/26/2024

Wireless Quote

Prepared For:
Bay Arenac Behavioral Health
 909 Washington Ave.
 Suite #8
 Bay City, MI 48708
 Jesse Bellinger
 (989) 497-1311
 jbellinger@babha.org

Shipping to:
Brenda Boughner
 5454 Hampton Place
 Saginaw, MI 48604-9282
 United States

Prepared By:
NetSource One, Inc.
 5454 Hampton Pl
 Saginaw, MI 48604
 Trever Shetter
 989-498-4534
 trever.shetter@nsoit.com

Summary

Description	Products	Amount
		\$8,700.00
	Professional Services (Fixed Fee)	\$5,170.00
	Monthly Services	\$170.00
	Subtotal:	\$14,040.00
	Tax:	\$0.00
	Shipping:	\$0.00
	Grand Total:	\$14,040.00

Recurring Amounts:
\$170.00 Billed Monthly

Acceptance

I hereby agree to abide by the terms set forth in the Master Services Agreement and related Addendum(s) at the following link:
<http://www.nsoit.com/legal>.

NetSource One, Inc.

Bay Arenac Behavioral Health

Signature: _____
 Name: Trever Shetter
 Date: 1/29/2024

Signature: _____
 Name: Jesse Bellinger
 Date: _____

Quote Notes

**** A 50% down payment on product will be required at time of quote approval, prior to ordering ****

Any services (if applicable) to be completed during normal business hours (unless otherwise indicated). Out of scope labor, travel & mileage will be billed at time & materials.

If applicable, any leasing information provided is subject to credit approval. The proposal provides an approximate monthly payment for hardware, software and services based upon the contract type and term in months. Any change in the amount financed will change this information. Pricing valid 30 days from day quote is initiated, unless otherwise stated in quote. Taxes, shipping, handling and other fees may apply. Please do not pay from this quote, you will receive an invoice with the detailed charges. We reserve the right to cancel orders arising from pricing or other errors. Risk of loss and transfer of ownership is assigned to the purchaser at time of shipment from Manufacturer or Distributor.

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 4	Care and Treatment Services		
Section: 4	Eligibility, Intake and Utilization Management		
Topic: 49	1915 (i) State Plan Amendment <u>Services</u>		
Page: 1 of 1	Supersedes Date: Pol: Proc:	Approval Date: Pol: 5-16-24- anticipated approval date Proc: 5-1-2024 interim approval	_____ <i>Board Chairperson Signature</i> _____ <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 5/6/2024. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that 1915 (i) SPA program will be administered in accordance with the ~~Pre-Paid~~Pre-Paid Inpatient Health Plan (PIHP)/Michigan Department of Health and Human Services (MDHHS) contract and the Michigan Medicaid Provider Manual. The 1915 (i) State Plan Amendment (SPA) benefit is available to individual beneficiaries with a serious emotional disturbance (SED), serious mental illness (SMI) and/or intellectual disability (IDD) who are currently residing in a Home and Community Based Services (HCBS) setting, such as their own home, a generalized adult foster care (AFC) home, or an approved specialized AFC home, and that are receiving certain services for all ages. Certain needs-based criteria must be met.

Purpose

This policy sets forth the guidelines and expectations for the administration of the 1915 (i) SPA program to provide eligible Medicaid beneficiaries additional HCBS services.

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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
H. Beson	C. Pinter	4/2/24	New policy	NEW P&P

MEMORANDUM

To: Bylaws & Policies Committee

From: Sara K. McRae, Executive Assistant to the CEO

Date: May 8, 2024

Re: 2024 Bylaws Review Process

The Bay-Arenac Behavioral Health Authority (BABHA) bylaws section XXIII holds that an annual review of the organization's bylaws will be completed by the assigned Board Committee. This task may be completed through the regularly monthly Bylaws Committee meeting process or through scheduling special Bylaw Committee meetings for deliberation and referral to the full Board. A copy of the current and approved version of the bylaws is included for reference.

Administration is recommending that the Bylaws Committee begin this process in May or June 2024 to permit completion prior to the Summer and Fall budgeting process. In addition, Administration also has included a list of topics below that have been brought up in discussion by various Board members over the last several months for potential consideration by the Committee, including:

- Board & Committee Structure & Meeting Schedule
- Meeting Length/Duration
- Agenda/Packet Posting Deadlines
- Quorum Issues
- Mileage Reimbursements
- Parliamentary Training including Role of Chair, Agenda Approval, Motions to Adjourn, etc.

Please advise as to the next steps necessary to move this process forward.

BAY-ARENAC BEHAVIORAL HEALTH

BYLAWS 2023

I. NAME

The name of the organization shall be “Bay-Arenac Behavioral Health” hereinafter referred to as “Authority”, and with a DBA for “Bay Arenac Behavioral Health Authority”. The organization shall be governed by a Board of Directors, hereinafter “Board”, constituted and operating according to these Bylaws.

II. ESTABLISHING RESOLUTIONS

The Authority was established in 2001 by Resolution 2001-133, as amended, and adopted by the Bay County Board of Commissioners and Resolution 01-06-12, as amended, and adopted by the Arenac County Board of Commissioners. The creating resolutions were later amended in 2004 to account for the designation of public employees by adoption of Resolution 2004-078 by the Bay County Board of Commissioners and Resolution 2004-07 by the Arenac County Board of Commissioners. The Authority was created by the governing County Boards of Commissioners in Bay and Arenac Counties pursuant to the Mental Health Code, PA 258 of 1974, as amended, where the Authority’s power and duties are defined in section 205 (MCL 330.1205).

III. PURPOSE

The purpose of the Authority shall be to implement the provisions of Public Act (PA) 258 of the Public Acts of 1974 as amended (hereinafter the “Mental Health Code”) by the State of Michigan, to promote related mental health and substance use disorder treatment services and to raise local and other funds to be used toward financing of the program.

IV. MEMBERSHIP OF THE AUTHORITY

The membership of the Authority shall consist of twelve (12) members appointed as directors in accordance with provisions of the Mental Health Code.

A. Method of Appointment

Board members shall be appointed by the Arenac and Bay County Boards of Commissioners. According to state statute, membership shall be divided among the counties in proportion to each county’s population in accordance with section 214 of the Mental Health Code (MCL 330.1214). Membership proportionally shall be established every ten (10) years with the release of the United States census.

B. Vacancies

According to state statute, in the event of a vacancy prior to the expiration of the term, the vacancy shall be filled in the same manner as an original appointment.

V. TERMS OF OFFICE AND REMOVALS

The term of office of each Director of the Authority shall be as provided for in section 224 of the Mental Health Code (MCL 330.1224). Any Director of the Authority may be removed by the appointing Board of Commissioners for neglect of duty, misconduct, or malfeasance in office, after being given a written statement of charges and an opportunity to be heard thereon pursuant to section 224 of the Mental Health Code (MCL 330.1224). Unexcused absence from three (3) consecutive meetings of the Authority or five (5) consecutive Authority and committee meetings shall be deemed an automatic resignation from the Authority, unless at the time of absence, the Authority, by motion duly voted upon, shall excuse the member absent.

VI. OFFICERS AND SELECTION THEREOF

The officers of the Board shall be members of and selected by the full Board and shall consist of a Chair, Vice Chair, Secretary, Treasurer, and other officers as the Board shall deem necessary, all to be elected by a majority vote of the full Board. Their respective terms are to be for a period of one (1) year commencing from the April full Board meeting, or in the event of a special election to fulfill an office vacancy until the next annual meeting. Elections shall be held each year at the April regular full Board meeting.

A. Duties of the Chair

The Chair shall preside over and conduct all full board meetings. He/she shall have the power to appoint members and non-voting members of standing and special committees and shall be an ex-officio member of all committees, except Nomination Committee. The Chair may approve the attendance of Board members at a committee to which they are not a member. The Chair shall serve as a signatory along with the Chief Executive Officer (CEO) and/or Chief Financial Officer (CFO) on all instruments of the Authority.

B. Duties of the Vice Chair

The Vice Chair shall preside at all meetings of the Board in the absence of the Chair and shall perform all duties of the Chair in his/her absence. The Vice Chair shall also be an ex-officio member of all Committees, except Nomination Committee.

C. Duties of the Secretary

The Secretary shall verify with the CEO that accurate and complete records and minutes of the proceedings of the Board of Directors and its committees having any authority of the Board of Directors are preserved. The CEO shall assign an employee to take accurate and complete records and minutes of the Authority as required by law.

D. Duties of the Treasurer

The Treasurer shall ensure that an annual audit of the Authority's finances is presented to the full Board for review and approval. He/she shall ensure that regular financial statements and variance reports are reviewed, and appropriately acted upon by the Authority. The Treasurer shall also be an ex-officio member of the Finance and Audit Committees.

VII. CHIEF EXECUTIVE OFFICER (CEO)

The Board shall appoint and contract with a CEO who shall have full managerial control of the services provided by the Authority as well as the authority and responsibility for supervising all employees pursuant to the Mental Health Code. In addition, his/her duties and qualifications shall be in compliance with the Mental Health Code.

VIII. STAFF POSITIONS

The CEO shall appoint a Chief Financial Officer (CFO) for the Authority. The CEO and CFO shall be considered the officer staff positions of the Authority relative to signing legal and financial documents for the Authority.

Pursuant to the Mental Health Code, the CEO shall appoint a Medical Director and a Recipient Rights Officer. The Medical Director must be a psychiatrist. The Recipient Rights Officer and his/her office are subordinate to the CEO only.

IX. BOARD MEMBER RESPONSIBILITIES

Board members of the Authority are responsible for completing required training and documents once appointed by their respective County Commission.

A. Training

1. New Board Member Orientation within 30 days of original appointment
2. Annual Recipient Rights Training
3. Annual Corporate Compliance Training

B. Documentation

1. Required attestations and/or related documents
2. Payroll forms upon original appointment

X. DUTIES OF THE AUTHORITY

The duties of the Authority are prescribed in the Mental Health Code, and in the State of Michigan Department of Health and Human Services Administrative Rules, as these may exist from time to time, but generally as follows:

- A. Examine and evaluate the mental health needs of the counties.
- B. Establish general policy guidelines within which the CEO shall execute the powers of his/her office and the Mental Health program.
- C. Review, approve, and submit an annual plan and budget for the Mental Health Program. The format and documentation of the annual plan and budget shall be specified by the Michigan Department of Health and Human Services.
- D. Provide and advertise a public hearing on the annual plan and budget.

- E. Submit to governing Boards of County Commissions an annual request for County funds to support the Mental Health Program based on amount allocated in the Authority resolution language.
- F. Take such actions as deemed necessary and appropriate to secure private, federal, state, local, and other private or public funds to help support the Mental Health program.
- G. Approve and authorize all contracts for implementing the program.
- H. Review and evaluate the quality, effectiveness, and efficiency of the mental health services provided.

XI. NOMINATION COMMITTEE

Purpose:

To ensure the Board membership and officers meet the requirements of the Mental Health Code and possess the expertise to provide quality oversight for the Authority.

Duties:

- a) Monitor membership for openings on the Board and notify governing Boards of County Commissioners.
- b) Provide guidance and assistance to the Arenac and Bay County Commissions relative to potential candidates for Board openings based on Mental Health Code requirements including specific consumer requirements (primary and secondary), agencies and occupations having a working involvement with mental health services, general public, and compliance with limitations as defined in the Mental Health Code.
- c) Coordinate with designated person for the County Commissions to ensure candidate information is provided in a timely manner to meet commission schedule timelines for appointment of Board members.
- d) Recommend officer nominations to full Board for consideration at the annual meeting or in the event of an officer vacancy.

Membership:

The Committee is comprised of five (5) Board members elected by a majority of the full Board at the annual meeting in April, after all other elections and appointments, and excludes any ex-officio members. Non-voting participants may include the CEO or other staff members or subject matter experts at the discretion of the Committee Chair in consultation with the CEO.

Regularity of meetings:

The Committee shall meet on an as needed basis to provide assistance to Arenac and Bay County Commissions in filling openings on the Board or to recommend officer candidates to the full Board.

XII. STANDING COMMITTEES

The Standing Committees of the Authority shall be as follows: Health Care Improvement and Compliance Committee, Recipient Rights Advisory and Appeals Committee, Facilities and Safety Committee, Finance Committee, Bylaws and Policies Committee, Program Committee, Audit Committee, Personnel and Compensation Committee, and any other committees the Board Chair may deem necessary. The Chair of the Board shall appoint each Board member to his/her standing committee assignments. Each Committee shall elect a Chair and Vice Chair after the April Board meeting each year. In the event neither the Committee Chair or Vice Chair are in attendance, the Board Chair or in his/her absence the Board Vice Chair, will select a chair pro-tem. Each respective Committee shall perform such duties as prescribed in these Bylaws and/or by the Chair of the Board. Any scheduled Committee meetings may be canceled or rescheduled after consultation between the CEO and Committee Chair. The decisions to cancel or reschedule a meeting will be the responsibility of the Committee Chair.

A. Committee Descriptions

1. Finance Committee

Purpose:

Ensure the fiscal integrity of the organization through financial planning, budgeting, procurement, and investment activity.

Duties:

- a) Review and recommend for approval the Authority budget and any budget amendments.
- b) Review all forms of liability against the Authority.
- c) Review and recommend approval of all contracts proposed between the authority and service providers, vendors, or other contractors or subcontractors.
- d) Review key measures and strategic initiatives related to financial services on a quarterly basis.
- e) Review and make recommendations to the full Board for the annual Strategic initiatives relative to financial services.

Membership:

The Committee is comprised of Board members appointed by the Board Chair. Non-voting participants may include the CEO, CFO, and other staff members of subject matter experts at the discretion of the Committee Chair in consultation with the CEO.

Regularity of Meeting:

Monthly

2. Recipient Rights Advisory and Appeals Committee

Purpose:

To advise the Authority and its CEO on matters pertaining to protecting and promoting the rights of recipients of behavioral health and to ensure that the rights of persons served by the Authority are appropriately protected. To respond to recipient appeals in accordance with section 784 of the Mental Health Code (MCL 330.1784).

Duties:

- a) Protect the Authority's Office of Recipient Rights from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions.
- b) When there is a vacancy for the Authority-designated Recipient Rights Officer, the Recipient Rights Committee will advise the CEO regarding replacement candidates.
- c) Consult with CEO regarding any proposed dismissal of the Recipient Rights Officer.
- d) Serve in an advisory capacity to the CEO and the Recipient Rights Officer.
- e) Review and provide comments on the report submitted by the CEO under section 755 of the Mental Health Code (MCL 330.1755).
- f) Serve as the Appeals Committee for a recipient's appeal under section 784 of the Mental Health Code.
- g) Respond to appeals as necessary and in accordance to section 784 of the Mental Health Code.
- h) Review key measures for Recipient Rights operations.

Membership:

The membership of the Committee shall be broadly based so as to best represent the varied perspectives of the Authority's geographical area. The Committee is appointed by the Board Chair and must comply with the consumer membership requirements per section 757 of the Mental Health Code (MCL 330.1757). At least three (3) of the members will be non-Board member appointments, each for three-year staggered terms. Non-voting participants may include the CEO, Recipient Rights Officer, subordinate staff to the Recipient

Rights Officer, and/or other staff members or subject matter experts at the discretion of the Committee Chair in consultation with the CEO.

Regularity of meetings:

Monthly and as necessary when the Recipient Rights Advisory and Appeals Committee Chair grants an appeal request pursuant to section 784 of the Mental Health Code.

3. Bylaws and Policies Committee

Purpose:

To ensure that written documents related to policy and Bylaws reflect the strategic direction of the Authority.

Duties:

- a) Review Bylaws at least annually.
- b) Make recommendation to the full Board for revision to Bylaws as changes with external or internal policy, accreditation bodies or law occur.
- c) Review and approve all existing and proposed policies.

Membership:

The Committee is comprised of Board members appointed by the Board Chair. Non-voting participants include the CEO, CFO, and other staff members or subject matter experts at the discretion of the Committee Chair in consultation with the CEO.

Regularity of meetings:

Monthly or when necessary.

4. Program Committee

Purpose:

Ensure that services offered to persons meet the needs of the community within the limitations of resources available according to state and federal requirements.

Duties:

- a) Review components of annual submission.
- b) Review key measures and strategic initiatives for clinical services on a quarterly basis.

- c) Review and make recommendations to the full Board for the annual Strategic initiatives relative to clinical services.
- d) Review performance of the Authority programs in relation to contracts for grant funds.
- e) Review community education and prevention activity.
- f) Review and support implementation of evidence-based practices.
- g) Receive information on promotion of recovery and self-determination.
- h) Review and make recommendations on requests for clinical privileges for Psychiatrists, Fully Licensed Psychologists, Nurse Practitioners, and Physician Assistants.
- i) Review and make recommendations to the full Board on agency plans required by the accrediting body and the Michigan Department of Health and Human Services contract such as The Infection Control Plan and the Medical Staff Plan.

Membership:

The Committee is comprised of Board members appointed by the Board Chair. Non-voting participants include the CEO, and/or other staff members or subject matter experts at the discretion of the Committee Chair in consultation with the CEO.

Regularity of meetings:

Monthly

5. Health Care Improvement and Compliance Committee

Purpose:

To ensure the success of the Authority as a Community Mental Health Services Program (CMHSP) and participant member of MidState Health Network (MSHN) Region for substance use disorders, mental illness, and developmental disabilities.

Duties:

- a) Review key measures reports for Corporate Compliance System, Medical/Electronic Health Records, Strategic Planning, Performance Improvement, and Information Systems on a quarterly basis.
- b) Review and make recommendations to the full Board on the annual Strategic Plan initiatives and bi-annual reports relative to Health Care Improvement, Compliance, and Information Systems.

- c) Oversee the Corporate Compliance Program by making recommendation to the full Board on the annual Corporate Compliance Plan and receiving regular reports of organizational activities to guard against fraud and abuse.
- d) Review the annual litigation report submitted to the Michigan Department of Health and Human Services.
- e) Review outcomes of stakeholder, employee, and consumer surveys.
- f) Review and make recommendations to the full Board on the Quality Assessment/Performance Improvement Plan and receive regular status reports.
- g) Review and make recommendations to the full Board on agency plans required by the accrediting body and the MDHHS contract such as The Accessibility Plan, The Cultural Competency and Diversity Plan, The Information Management/Data Analytics Plan, and The Risk Management Plan.

Membership:

The Committee is comprised of Board members appointed by the Board Chair. Non-voting participants may include the CEO, Director of Health Care Accountability, and other staff members or subject matters experts at the discretion of the Committee Chair in consultation with the CEO.

Regularity of meetings:

Monthly

6. Facilities & Safety Committee

Purpose:

Ensure that all physical plants meet safety standards and accommodate the needs of all Authority employees, Board members, visitors, and individuals receiving services.

Duties:

- a) Review all facility/building lease schedules of the Authority and recommend appropriate action.
- b) Review and make recommendations to the full Board on any new facility/building leases or real property acquisitions proposed by administration.
- c) Oversight of improvement and major maintenance of properties used for administration or the delivery of services.

- d) Review and make recommendations to the full Board for the annual Strategic initiatives relative to physical plant needs and the safety and security of all BABH sites.
- e) Review and recommend for approval bids for any physical plant projects that exceed the CEO's signing limit.
- f) Review key safety measures and strategic initiatives for physical plants on a quarterly basis.
- g) Review and make recommendations to the full Board on agency plans required by the accrediting body and the MDHHS contract such as The Emergency Preparedness Plan.

Membership:

The Committee is comprised of Board members appointed by the Board Chair. Non-voting participants include the CEO, CFO, and/or other staff members or subject matter experts at the discretion of the Committee Chair in consultation with the CEO.

Regularity:

Monthly

7. Personnel and Compensation Committee

Purpose:

Ensure that the organization recruits and retains the highest quality staff within the confines of available funds.

Duties:

- a) Annually reviews and makes recommendations to the full Board for staff compensation and benefits.
- b) Reviews employment and vacancy trends.
- c) Review and make recommendations to the full Board for the annual Strategic initiatives relative to staff development and training and other personnel functions.
- d) Negotiates contract with CEO and makes related recommendations to the full Board, evaluates the performance of the CEO, and recruits new CEO as needed.
- e) Reviews employment contracts and makes recommendations to the full Board.

- f) Reviews key measures and strategic initiatives for Training and Human Resources on a quarterly basis.

Committee Membership:

The Committee is comprised of Board members appointed by the Board Chair. Non-voting participants include the CEO, Human Resources Director, and/or other staff members or subject matter experts at the discretion of the Committee Chair.

Regularity:

Quarterly

8. Audit Committee

Purpose: To ensure fiscal integrity of the organization through internal controls and practices up to and including inspection of disbursements, paid health care claims, and financial statements.

Duties:

- a) Review and make recommendations to the full Board on the disbursements and claims paid by the Authority each month.
- b) Review monthly financial statements including variances and make recommendations to the full Board
- c) Arrange for an annual independent audit Financial Statement Audit, and Compliance Audit for subsequent review and approval by the full Board.
- d) Review and make recommendations to the full Board on the electronic fund transfers made by the Authority each month.

Membership:

The Committee is comprised of Board members appointed by the Board Chair. Non-voting participants include the CEO, CFO, and/or other staff members or subject matter experts at the discretion of the Committee Chair in consultation with the CEO.

Regularity:

Monthly

XIII. Appointments by Board Chair

A. Parliamentarian

The Chair, during the April regular Board meeting, shall appoint a Board Parliamentarian to serve a term of one (1) year. The CEO will provide

administrative and/or legal support as necessary to assist the Board in carrying out this function.

B. MidState Health Network (MSHN) Regional Board of Directors

The Chair shall appoint two (2) Board members meeting the criteria in Mental Health Code section 222 (MCL 330.1222) to serve on the MSHN regional Board of Directors for a period of three (3) years. At least one (1) Board member shall be a primary consumer or family member of a primary consumer as defined in the Mental Health Code. Pursuant to the MSHN Bylaws and MSHN Board Compensation Policy, per diems for the MSHN Regional Board members are paid directly to appointed Board members in an amount as established by MSHN.

C. Bay County Retirement Board of Trustees

The Chair shall appoint one (1) Board member to serve as the Authority representative to serve on the Bay County Retirement Board of trustees for a term of one (1) year.

D. Community Mental Health Association of Michigan (CMHAM)

The Chair shall appoint two (2) Board members to serve as voting delegates when needed for the CMHAM Member Assembly Meetings.

E. MSHN Consumer Advisory Council

The Chair shall appoint up to three (3) representatives to serve on the MSHN Consumer Advisory Council. The appointed representatives will reflect the regional population served and include those living with intellectual/developmental disabilities, mental illness, substance use disorders, and serious emotional disturbance. Pursuant to the MSHN procedures, per diems for the MSHN Consumer Advisory Council members are paid directly to appointed Council members in an amount as established by MSHN.

XIV. MEETINGS OF THE AUTHORITY

A. Schedule of Regular Meetings

The Authority shall hold regular meetings each month. The location of the regular board meeting will alternate between the administrative offices of the Authority in Bay County, and the clinical services site in Arenac County, based on the board membership proportion as established in section IV A, or at such other times and places as the Board shall from time to time determine. Meetings will be called to order promptly at the posted time and conducted in accordance with the most recent edition of Robert's Rules of order and in compliance with the Open Meetings Act, 1976 PA 267. Monthly calendars containing the schedule of meetings shall be distributed electronically to each Board member. Any regular Board meetings may be canceled or rescheduled by a majority vote of the Board.

B. Special Meetings

Special meetings of the Board may be held at the call of the Chair, or in his absence, the Vice Chair, or by agreement by a majority of the Board members. The Open Meetings Act, 1976 PA 267, must be complied with in calling special meetings. The methods by which meetings may be called are as follows:

1. Oral or written request to the CEO by the Chair (or in his/her absence, the Vice Chair) who shall notify all Board members directly by phone, email, or in person.

OR

2. Written request to the CEO, signed by a majority of Board members, setting forth the date and purpose of such proposed special meeting.

OR

3. Except in the case of a direct notice by the Chair or, in his/her absence, the Vice Chair or, in his/her absence, his/her agent, all notices of special meetings shall be in writing and emailed to the Board members by a member of the staff, except where the request for such meetings waives the written notice.

C. Remote Participation

In accordance with the Open Meetings Act, 1976 PA 267, remote/virtual participation is only permitted for Board members during meetings who are active military per section 263a (MCL 15.236a). The Authority shall also consider requests from members of the public for remote participation in meetings due to a disability in accordance with the Michigan Attorney General Opinion No. 7318 dated February 4, 2022.

D. Public Comment

All meetings of the Authority shall include time for public comment. The public will be permitted to address the Authority at the beginning of each meeting, directly following roll call on the agenda. Individuals who wish to address the Authority shall state their first and last name for the public record and limit comments to a maximum of three (3) minutes. Board members are not considered members of the public.

E. Electronic Meeting Procedure

All meetings of the Authority will utilize a paperless electronic media to conduct official business. This will include portable computers or tablets and a monitor for the public's viewing where available. All meeting materials will be posted on the Authority website for public inspection.

F. Electronic Communications

All electronic communications including emailing and texting are not permitted during a meeting of the Authority on matters that are scheduled for consideration by the Board.

All electronic communications of a personal nature are discouraged during meetings of the Authority.

XV. QUORUM

Over half of the current Board members present shall constitute a quorum for transaction of Authority business. When the Board Chair or Vice Chair is not in attendance, those present shall select a chair pro-tem. Over half of the current committee shall constitute a quorum for committee meetings. Any board members participating remotely as permitted under the Open Meeting Act, 1976 PA 267, as amended, will be considered “present” for quorum and voting purposes.

XVI. VOTING PROCEDURES

All Board members are expected to participate in the regular Board and committee meetings including all actions under consideration for adoption. Unless otherwise specified in these Bylaws, a simple majority of the quorum members present during a duly constituted Board meeting is sufficient to approve an action under consideration. The method of voting on actions at Board or committee meetings will be done by voice; a roll call vote may also be used at the discretion of the chairperson or at request of a Board member.

XVII. CONFLICT OF INTEREST

All Board members and officer staff positions of the Authority are subject to federal and state conflict of interest statutes and regulations including, but not limited to 18 USC 207, 18 USC 208, and 1978 PA 566.

Board members are expected to recuse themselves from any question or action under consideration in which he/she has a direct personal or pecuniary interest not common to other members of the Board and/or as otherwise stipulated in applicable federal or state conflict of interest requirements.

If a Board member is an employee or independent contractor with an agency with which the Board is considering entering into a contract, the following criteria must be met pursuant to section 222(5) of the Mental Health Code (MCL 330.1222):

1. The Board member promptly discloses their interest in the contract to the Board
2. The contract must be approved by a vote of at least 2/3 of the membership of the Board excluding the vote of the Board member in question
3. The official minutes of the meeting approving the contract must note the contract details including, but not limited to, names of all parties and the terms of the contract and the nature of the Board member’s conflict of interest

These requirements do not apply in context of a Board member serving on a regional entity established under section 222(6) of the Mental Health Code (MCL 330.1222).

XVIII. BOOKS AND RECORDS

The Authority shall keep current and complete books and records of account and shall keep minutes of the proceedings of its Board of Directors and its Committees having any of the authority of the Board of Directors. All books, records, and minutes of the Authority may be inspected by, or copies provided to the public in accordance with the Freedom of Information Act, 1976 PA 442, and the Open Meetings Act, 1976 PA 267.

XIX. BOARD MEMBER RECOGNITION

Board members who retire or pass away during tenure shall receive a plaque of recognition. Length of time served to which this rule would apply will be at the discretion of the Board members. The plaque will be presented to the retiring Board member or the family of the deceased Board member at a regular Board meeting.

XX. FISCAL YEAR

The fiscal year of the Authority shall be October 1 through September 30.

XXI. APPROVAL AND EXECUTION OF CONTRACTS AND RELATED DOCUMENTS

Any contract must be approved by a majority of the quorum of Board members present unless a majority of the quorum of Board members present at the meeting delegate the power to approve. The exceptions are for services or agreements less than \$10,000.00, agreements that do not involve a financial obligation, services that are routine in nature, or in the case of an urgent situation. In an urgent situation, The CEO has the discretion to approve services necessary for the care of an individual needing services for an amount up to \$20,000.00 with the contingency that the matter is presented to the Board for consideration and retroactive approval at the next regular scheduled meeting, providing justification that awaiting Board approval could potentially cause harm to the individual.

XXII. EXECUTION OF CHECKS OR ELECTRONIC FUND TRANSFERS

The CEO, CFO, and Board Chair shall be the sole persons authorized to sign checks or electronic fund transfers (EFTs). Facsimile signatures or the aforementioned persons are acceptable.

A. Check Signatories

Checks for purposes of accounts payable functions shall be signed by two (2) of three (3) eligible parties. Checks for routine payroll/benefits functions shall be authorized by one of the three (3) eligible parties.

B. EFT Authorizations

Routine EFTs shall be authorized by one of the three (3) eligible parties. Non-routine EFTs shall be authorized by two (2) or the three (3) eligible parties. EFTs require Board approval each month in accordance with section 3 of the Electronic Transactions of Public Funds, 2002 PA 738 (MCL124.303)

XXIII. REVIEW AND AMENDMENT OF BYLAWS

These Bylaws shall be reviewed the second quarter of the calendar year by the Bylaws and Policies Committee. If as a result of this review, the Bylaws require amendment or repeal, the Bylaws and Policies Committee will provide copies of the proposed revised Bylaws to all Board members at least five (5) days prior to the Board meeting at which action will be taken on any Bylaws revisions. Changes in Bylaws require affirmative vote of 3/4 of the Board members.

XXIV. AUTHORITY COMPENSATION

A Board member shall be paid a per diem as voted by the majority of the Board. The amount shall be in keeping with amounts paid by other CMHSPs within the State of Michigan and the appointing County Board of Commissioners. A person appointed to the Board may also elect to serve as an unpaid/volunteer Board member. A Board member selecting this option will forgo receiving per diems for meeting attendance but retains all other rights and privileges as a Board member.

A Board member may be reimbursed for necessary travel expenses to any approved meetings at the rate equal to the Internal Revenue Service (IRS) mileage reimbursement rate. This includes attendance at offsite conferences and events authorized by the Board Chair. Board members attending conferences will comply with the same requirements as all other employees related to appropriate expenses for accommodations, meals, incidental charges, and cancellation fees.

A Board member shall not receive more than one per diem or one meeting travel reimbursement per day regardless of the number of meetings scheduled by the Authority or Committee Chair for that day. A Board member shall be paid per diems for regular and special Board meetings, meetings of Standing Committees to which they are assigned by the Board Chair, and other business when requested by the CEO and authorized by the Board Chair. Board members may receive a per diem and mileage reimbursement for service on special committees authorized and appointed by the Board Chair.

Board members who attend meetings of committees of which they are not members may receive travel reimbursement and, if approved by the Board Chair, a per diem.

Requisition for payment of Board members per diem and travel reimbursements must be approved by the Board and signed by the Board Treasurer.

XXV. PROHIBITED AFFILIATIONS AND/OR EXCLUSION OR CONVICTION

The Authority will not knowingly hire or engage an individual, or other entity, or an affiliate who is suspended or excluded from participating in, or who is under sanctions by, any federal or state health care program, including without limitations Medicare or Medicaid, or debarred from any procurement activities under applicable Federal Acquisition Regulations or non-procurement activities under the regulations issued under Executive Order No. 12549, nor shall it have such an individual on its governing Board.

The Board members shall annually complete attestation forms and are responsible for disclosing any prohibited affiliations, exclusions, or convictions to administration when they arise.

Any conflicts between these Bylaws and state statues, the state statute shall take precedent.

**Bay-Arenac Behavioral Health
Report of Bids for Roof Top Unit Repairs
May 13, 2024**

I. Description of Goods/Services Subject to Bid Request:

Roof Top Unit repairs at Madison. This is for three heat exchangers, parts and labor.

II. Vendor

Custom Engineering Heating & Cooling
McCoy Heating & Cooling
J.E. Johnson Inc.

Total Bid

6,000.73 *
8,485.00
6,579.00

III. Recommendation:

* The recommended vendor is Custom Engineering Heating & Cooling.

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

			Old Rate	New Rate	Term
1	M	United Way of Bay County			
		Amendment to the lease agreement to remove the 383 sq. feet of space in the NW corner of the first floor	\$2,125/month	Same	6/1/24 – 6/30/25
2	N	McCoy Heating and Cooling			
		Preventative Maintenance Agreement for HVAC Systems at all BABH properties	\$0	3-year total - \$15,332.31	6/1/24 – 5/31/27

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

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

**Bay-Arenac Behavioral Health
Financial Statements
For Period Ending 4/30/2024**

Certified for Accuracy


Accounting Manager


Chief Financial Officer

Bay-Arenac Behavioral Health Statement of Net Assets

Bay-Arenac Behavioral Health Consolidated Income Statement:

By Month to Date

By Year to Date

Bay-Arenac Behavioral Health Reconciliation of Fund Balance:

Bay-Arenac Behavioral Health Reconciliation of Unreserved Fund Balance:

Bay-Arenac Behavioral Health Fund Balance Summary:

Bay-Arenac Behavioral Health Cash Flow Statement

Bay-Arenac Behavioral Health Projected Cash Flows

**Bay Arenac Behavioral Health
Statement of Net Assets**

Column Identifiers		
A	B	C

		<u>Apr 30, 2024</u>	<u>Sept 30, 2023</u>	
1	ASSETS			
2	<u>Current Assets</u>			
3	Cash and cash equivalents	\$5,199,814.20	\$3,022,671.86	
4	Consumer and insurance receivables	181,605.60	250,600.73	
5	Due from other governmental units	5,865,009.55	7,068,212.79	
6	Contract and other receivables	262,372.29	589,887.89	
7	Interest receivable	0.00	0.00	
8	Prepaid items	158,492.91	172,069.24	
9	Total Current Assets	11,667,294.55	11,103,442.51	(3+4+5+6+7+8)
10	<u>Noncurrent Assets</u>			
11	<u>Cash and cash Equivalents - restricted</u>			
12	Restricted for compensated absences	1,505,285.23	1,492,316.16	
13	Restricted temporarily - other	103,069.60	88,421.11	
14	Cash and Cash Equivalents - restricted	1,608,354.83	1,580,737.27	(12+13)
15	<u>Capital Assets</u>			
16	Capital assets - land	424,500.00	424,500.00	
17	Capital assets - depreciable, net	6,379,459.87	6,384,206.87	
18	Capital assets - construction in progress	-	-	
19	GASB 87 Right to Use Bldg	2,272,819.47	2,272,819.47	
20	Accumulated depreciation	(4,448,512.77)	(4,327,820.27)	
21	Capital Asset, net	4,628,266.57	4,753,706.07	(16+17+18+19+20)
22	Total Noncurrent Assets	6,236,621.40	6,334,443.34	(14+21)
23	TOTAL ASSETS	17,903,915.95	17,437,885.85	(9+22)
24	LIABILITIES			
25	<u>Current Liabilities</u>			
26	Accounts payable	78,174.93	3,748,831.73	
27	Accrued wages and payroll related liabilities	0.00	83,713.19	
28	Other accrued liabilities	4,209,132.76	569,539.06	
29	Due to other governmental units	238,949.00	250,747.00	
30	Deferred Revenue	2,503.73	2,503.73	
31	Current portion of long term debt	16,212.86	16,212.86	
32	Other current liabilities	-	-	
33	Total Current Liabilities	4,544,973.28	4,671,547.57	(26+27+28+29+30+31+32)
34	<u>Noncurrent Liabilities</u>			
35	Long term debt, net of current portion	237,478.66	246,873.29	
36	GASB 87 Noncurrent Lease Liability	1,699,121.29	1,699,121.29	
37	Compensated absences	1,508,016.91	1,462,345.88	
38	Total Noncurrent Liabilities	3,444,616.86	3,408,340.46	(35+36+37)
39	TOTAL LIABILITIES	7,989,590.14	8,079,888.03	(33+38)
40	NET ASSETS			
41	<u>Fund Balance</u>			
42	Restricted for capital purposes	3,966,653.00	3,966,653.00	
43	Unrestricted fund balance - PBIP	2,377,601.32	2,377,601.32	
44	Unrestricted fund balance	3,570,071.49	3,013,743.50	
45	Total Net Assets	\$9,914,325.81	\$9,357,997.82	(42+43+44) and (23-39)

Bay Arenac Behavioral Health
For the Month Ending Apr 30, 2024
Summary of All Units

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

Income Statement

1	REVENUE							
2	Risk Contract Revenue							
3	Medicaid Specialty Supports & Services	4,799,104.44	32,757,580.43	30,492,466.67	2,265,113.76	107%	4,356,066.67	
4	Medicaid Autism	699,483.96	5,964,622.92	5,643,858.50	320,764.42	106%	806,265.50	
5	State Genl Fund Priority Population	135,505.00	948,532.00	948,531.74	0.26	100%	135,504.53	
6	GF Shared Savings Lapse	0.00	0.00	44,781.94	(44,781.94)	0%	6,397.42	
7	Total Risk Contract Revenue	5,634,093.40	39,670,735.35	37,129,638.85	2,541,096.50	107%	5,304,234.12	(3+4+5+6)
8	Program Service Revenue							
9	Medicaid, CWP FFS	0.00	0.00	0.00	0.00	0%	0.00	
10	Other Fee For Service	35,634.02	196,679.60	202,051.96	(5,372.36)	97%	28,864.57	
11	Total Program Service Revenue	35,634.02	196,679.60	202,051.96	(5,372.36)	97%	28,864.57	(9+10)
12	Other Revenue							
13	Grants and Earned Contracts	141,325.52	965,666.10	1,076,388.22	(110,722.12)	90%	153,769.75	
14	SSI Reimbursements, 1st/3rd Party	6,339.00	43,851.00	40,179.65	3,671.35	109%	5,739.95	
15	County Appropriation	65,587.83	459,114.81	459,114.81	0.00	100%	65,587.83	
16	Interest Income - Working Capital	91,403.38	221,672.87	67,032.29	154,640.58	331%	9,576.04	
17	Other Local Income	450,847.85	456,875.52	274,536.25	182,339.27	166%	39,219.46	
18	Total Other Revenue	755,503.58	2,147,180.30	1,917,251.22	229,929.08	112%	273,893.03	(13+14+15+16+17)
19	TOTAL REVENUE	6,425,231.00	42,014,595.25	39,248,942.02	2,765,653.23	107%	5,606,991.72	(7+11+18)
20	EXPENSE							
21	SUPPORTS & SERVICES							
22	Provider Claims							
23	State Facility - Local portion	15,923.90	113,994.49	112,168.03	(1,826.46)	102%	16,024.00	
24	Community Hospital	865,525.01	4,864,545.44	3,353,842.11	(1,510,703.33)	145%	479,120.30	
25	Residential Services	1,296,880.06	8,871,442.25	8,848,792.28	(22,649.97)	100%	1,264,113.18	
26	Community Supports	1,823,596.12	14,020,135.78	13,202,049.67	(818,086.12)	106%	1,886,007.10	
27	Total Provider Claims	4,001,925.09	27,870,117.96	25,516,852.08	(2,353,265.88)	109%	3,645,264.58	(23+24+25+26)
28	Operating Expenses							
29	Salaries	1,187,568.74	8,337,381.23	8,553,427.59	216,046.36	97%	1,221,918.23	
30	Fringe Benefits	424,848.42	2,759,958.80	2,780,870.80	20,912.00	99%	397,267.26	
31	Consumer Related	4,950.50	26,771.19	28,526.77	1,755.58	94%	4,075.25	
32	Program Operations	153,442.75	969,743.18	769,154.38	(200,588.80)	126%	109,879.20	
33	Facility Cost	57,218.23	397,271.39	387,889.35	(9,382.04)	102%	55,412.76	
34	Purchased Services	596.50	7,189.00	12,868.14	5,679.14	56%	1,838.31	
35	Other Operating Expense	114,061.69	827,570.64	811,364.65	(16,205.99)	102%	115,909.24	
36	Local Funds Contribution	17,906.00	125,342.00	125,342.00	0.00	100%	17,906.00	
37	Interest Expense	679.15	4,830.57	5,087.54	256.97	95%	726.79	
38	Depreciation	15,132.22	132,091.30	153,307.32	21,216.02	86%	21,901.05	
39	Total Operating Expenses	1,976,404.20	13,598,149.30	13,627,838.54	39,689.24	100%	1,946,834.08	(29+30+31+32+33+34+35+36+37+38)
40	TOTAL EXPENSES	5,978,329.29	41,458,267.26	39,144,690.61	(2,313,576.65)	106%	5,592,098.66	(27+39)
41	NET SURPLUS/(DEFICIT)	446,901.71	556,327.99	104,251.41	452,076.58	534%	14,893.06	(19-40)

42 Notes:
43 Medicaid Revenue includes an accrual for additional funds if a shortage exists/(reduction) of funds if a surplus exists from/(to) Mid-State Health Network as follows:
44 Net Medicaid (shortage) to request from MSHN: (\$4,838,965.36)
45 Medicaid (shortage): (\$660,899.57)
46 Healthy Michigan (shortage): (\$1,543,010.75)
47 Autism (shortage): (\$2,635,055.04)
48

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

	Sept. 30, 2023 Unrestricted <u>Fund Balance</u>	Apr 30, 2024 Permanently <u>Restricted</u>	Apr 30, 2024 Temporarily <u>Restricted</u>	Apr 30, 2024 Unrestricted/ <u>Reserved</u>	Apr 30, 2024 Total <u>Fund Balance</u>
Unrestricted	3,013,744	-	-	3,570,071	3,570,071
Capital Purposes	844,325	-	-	844,325	844,325
Invested in Capital Assets	3,122,328	-	-	3,122,328	3,122,328
Performance Incentive Pool	<u>2,377,601</u>	-	-	<u>2,377,601</u>	<u>2,377,601</u>
Balances	9,357,998	-	-	9,914,326	9,914,326

**BAY-ARENAC BEHAVIORAL HEALTH
Cash Flow**

	<u>Apr 24</u>	<u>May 24</u>	<u>Jun 24</u>	<u>Jul 24</u>	<u>Aug 24</u>	<u>Sep 24</u>	<u>Oct 24</u>	<u>Nov 24</u>	<u>Dec 24</u>	<u>Jan 25</u>	<u>Feb 25</u>	<u>Mar 25</u>	<u>Apr 25</u>
Estimated Funds:													
Beginning Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment	-	-	-	-	-	-	-	-	-	-	-	-	-
Additions/(Subtractions)	-	-	-	-	-	-	-	-	-	-	-	-	-
Month End Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Beginning Cash Balance	6,109,840	6,146,590	5,728,743	5,649,798	5,355,668	4,456,866	4,308,876	4,083,791	3,365,944	3,286,999	2,042,869	1,794,067	1,646,077
Total Medicaid	5,586,813	5,161,000	5,161,000	5,161,000	5,161,000	5,161,000	5,161,000	5,161,000	5,161,000	5,161,000	5,161,000	5,161,000	5,161,000
Total General Fund	135,505	135,505	135,504	135,505	135,505	135,504	135,505	135,505	135,504	135,505	135,505	135,504	135,505
Estimated Misc. Receipts	111,925	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759
Client Receipts	90,369	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000
Interest	89,026	19,981	89,026	19,981	89,026	19,981	89,026	19,981	89,026	19,981	89,026	19,981	89,026
Total Estimated Cash	12,123,477	11,607,835	11,375,173	11,111,043	10,885,958	10,034,251	9,839,166	9,545,036	9,012,374	8,748,244	7,573,159	7,371,452	7,176,367
Total Estimated Available Funds	12,123,477	11,607,835	11,375,173	11,111,043	10,885,958	10,034,251	9,839,166	9,545,036	9,012,374	8,748,244	7,573,159	7,371,452	7,176,367
Estimated Expenditures:													
1st Payroll	556,417	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000
Special Pay	-	-	-	-	-	-	-	-	-	-	-	-	-
ETO Buyouts	-	-	-	-	-	-	-	-	-	-	-	-	-
2nd Payroll	555,936	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000	550,000
Board Per Diem	3,052	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343
3rd Payroll	-	-	-	-	550,000	-	-	-	-	-	550,000	-	-
1st Friday Claims	489,148	650,000	650,000	650,000	650,000	650,000	650,000	650,000	650,000	650,000	650,000	650,000	650,000
Mortgage Pmt	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032
2nd Friday Claims	1,628,448	1,220,000	1,220,000	1,220,000	1,220,000	1,220,000	1,220,000	1,220,000	1,220,000	1,220,000	1,220,000	1,220,000	1,220,000
Board Week Bay Batch	842,532	900,000	900,000	900,000	900,000	900,000	900,000	900,000	900,000	900,000	900,000	900,000	900,000
Board Week Claims	975,000	975,000	975,000	975,000	975,000	975,000	975,000	975,000	975,000	975,000	975,000	975,000	975,000
Credit Card	-	-	-	-	-	-	-	-	-	-	-	-	-
4th Friday Claims	924,324	575,000	875,000	875,000	575,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000
5th Friday Claims	-	400,000	-	-	400,000	-	-	-	400,000	-	400,000	-	-
Local FFP payment to DCH/MSHN	-	53,717	-	-	53,717	-	-	53,717	-	-	53,717	-	-
Transfer to State of MI	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer from/(to) Reserve Account	-	-	-	-	-	-	-	-	-	-	-	-	-
Settlement with MSNH	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer to (from) MMA	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer to (from) HRA	-	-	-	30,000	-	-	30,000	-	-	30,000	-	-	30,000
Transfer to (from) Investment	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfer to (from) Capital Acct	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Estimated Expenditures	5,976,888	5,879,092	5,725,375	5,755,375	6,429,092	5,725,375	5,755,375	6,179,092	5,725,375	6,705,375	5,779,092	5,725,375	5,755,375
Estimated Month End Cash Balance	6,146,590	5,728,743	5,649,798	5,355,668	4,456,866	4,308,876	4,083,791	3,365,944	3,286,999	2,042,869	1,794,067	1,646,077	1,420,992

Bay-Arenac Behavioral Health

Cash Flow Forecasting For the Month of May

	<u>Bank Balance</u>	<u>Investment Balance</u>
Estimated Cash Balance May 1, 2024	6,146,590	-
Investment Purchased/Interest	-	-
Investments coming due during month	-	-
Estimated Cash Balance May 31, 2024	6,146,590	-
Estimated Cash Inflow:		
Medicaid Funds:	5,161,000	
General Fund Dollars:	135,505	
Board Receipts:	89,759	
Client Receipts:	55,000	
Funds from Investment:	-	
Interest:	19,981	
Total Estimated Cash Inflow:	5,461,245	
Estimated Cash Outflow:		
Payroll Dated: 05/10/24	(550,000)	
Payroll Dated: 05/24/24	(550,000)	
Board Per Diem Payroll: 05/17/24	(3,343)	
Payroll Dated:	-	
Claims Disbursements: 05/03/24	(650,000)	
Claims Disbursements: 05/10/24	(1,220,000)	
Claims Disbursements: 05/17/24	(975,000)	
A/P Disbursements: 05/17/24	(900,000)	
Mortgage Payment: 05/22/24	(2,032)	
Claims Disbursements: 05/24/24	(575,000)	
Claims Disbursements:	(400,000)	
Local FFP Payment:	-	
Transfer to Reserve Acct:	-	
HRA transfer:	-	
Transfer to MSHN: 05/17/24	(53,717)	
Transfer to State of MI:	-	
Purchased Investment:	-	
Total Estimated Cash Outflow:	(5,879,092)	
Estimated Cash Balance on May 31, 2024	5,728,743	-

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

Funds Paid from/ Transferred from:	Funds Paid to/ Transferred to:	<u>Amount</u>	<u>Date of Payment</u>	<u>Description</u>	<u>Authorized By</u>
				Credit Card Payment	
Flagstar Bank	Flagstar Bank	16,807.48	4/4/2024		Marci Rozek
Flagstar Bank	Flagstar Bank	507,936.46	4/4/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	685,000.00	4/5/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	25,000.00	4/5/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,643,499.23	4/10/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	545,000.00	4/10/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	553,050.15	4/12/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	980,000.00	4/12/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	3,366.42	4/15/2024	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Flagstar Bank	105,000.00	4/15/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,513,579.56	4/18/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	5,000.00	4/19/2024	Transfer from General Account to H.S.A. Account	Marci Rozek
Flagstar Bank	Flagstar Bank	620,000.00	4/19/2024	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	3,051.87	4/19/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,031.96	4/23/2024	Transfer from General Acct for Mortgage payment	Marci Rozek
Flagstar Bank	Flagstar Bank	560,000.00	4/24/2024	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,069,581.51	4/24/2024	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	552,570.02	4/25/2024	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	3,366.42	4/25/2024	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Flagstar Bank	3,700,000.00	4/26/2024	Transfer from General Account to MMKT Account	Marci Rozek
	Total Withdrawals:	13,093,841.08			


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

Bay Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Electronic Funds Transfers for Vendor ACH Payments
April 2024

Funds Paid from:	EFT #	Funds Paid to:	Amount	Date of Pmt	Authorized By
Flagstar Bank	E5433	Winningham, Linda Jo	1,701.00	4/3/2024	Marci Rozek
Flagstar Bank	E5434	SAFEHAUS, INC.	1,485.00	4/5/2024	Marci Rozek
Flagstar Bank	E5435	HEALTHSOURCE	21,546.00	4/5/2024	Marci Rozek
Flagstar Bank	E5436	FOREST VIEW HOSPITAL	8,460.00	4/5/2024	Marci Rozek
Flagstar Bank	E5437	MPA GROUP NFP, Ltd.	42,156.99	4/5/2024	Marci Rozek
Flagstar Bank	E5438	LIST PSYCHOLOGICAL SERVICES	2,660.26	4/5/2024	Marci Rozek
Flagstar Bank	E5439	SAGINAW PSYCHOLOGICAL SERVICES	24,954.92	4/5/2024	Marci Rozek
Flagstar Bank	E5440	PARAMOUNT REHABILITATION	19,432.72	4/5/2024	Marci Rozek
Flagstar Bank	E5441	DO-ALL, INC.	3,880.42	4/5/2024	Marci Rozek
Flagstar Bank	E5442	TOUCHSTONE SERVICES, INC	6,982.56	4/5/2024	Marci Rozek
Flagstar Bank	E5443	Winningham, Linda Jo	634.00	4/5/2024	Marci Rozek
Flagstar Bank	E5444	Nutrition for Wellness	1,225.30	4/5/2024	Marci Rozek
Flagstar Bank	E5445	WILSON, STUART T. CPA, P.C.	85,934.16	4/5/2024	Marci Rozek
Flagstar Bank	E5446	AUTISM SYSTEMS LLC	6,014.37	4/5/2024	Marci Rozek
Flagstar Bank	E5447	CENTRIA HEALTHCARE LLC	11,461.44	4/5/2024	Marci Rozek
Flagstar Bank	E5448	Flourish Services, LLL	13,370.87	4/5/2024	Marci Rozek
Flagstar Bank	E5449	GAME CHANGER PEDIATRIC THERAPY	73,520.09	4/5/2024	Marci Rozek
Flagstar Bank	E5450	Spectrum Autism Center	6,333.11	4/5/2024	Marci Rozek
Flagstar Bank	E5451	ENCOMPASS THERAPY CENTER LLC	60,310.56	4/5/2024	Marci Rozek
Flagstar Bank	E5452	Acorn Health of Michigan	847.92	4/5/2024	Marci Rozek
Flagstar Bank	E5453	STATE OF MICHIGAN DEPT OF COMM HEALTH A	27,724.90	4/5/2024	Marci Rozek
Flagstar Bank	E5454	KRASINSKI, STACY	237.55	4/5/2024	Marci Rozek
Flagstar Bank	E5455	HOPE NETWORK BEHAVIORAL HEALTH	54,932.08	4/12/2024	Marci Rozek
Flagstar Bank	E5456	Hope Network Southeast	86,337.94	4/12/2024	Marci Rozek
Flagstar Bank	E5457	BEACON SPECIALIZED LIVING SVS	18,634.41	4/12/2024	Marci Rozek
Flagstar Bank	E5458	Fitzhugh House, LLC	11,707.81	4/12/2024	Marci Rozek
Flagstar Bank	E5459	Bay Human Services, Inc.	394,240.50	4/12/2024	Marci Rozek
Flagstar Bank	E5460	MICHIGAN COMMUNITY SERVICES IN	243,194.28	4/12/2024	Marci Rozek
Flagstar Bank	E5461	CENTRAL STATE COMM. SERVICES	42,474.34	4/12/2024	Marci Rozek
Flagstar Bank	E5462	VALLEY RESIDENTIAL SERVICES	86,040.27	4/12/2024	Marci Rozek
Flagstar Bank	E5463	LIBERTY LIVING, INC.	74,335.18	4/12/2024	Marci Rozek
Flagstar Bank	E5464	SUPERIOR CARE OF MICHIGAN LLC	8,506.40	4/12/2024	Marci Rozek
Flagstar Bank	E5465	Closer to Home, LLC	19,151.80	4/12/2024	Marci Rozek
Flagstar Bank	E5466	DISABILITY NETWORK	31,558.04	4/12/2024	Marci Rozek
Flagstar Bank	E5467	HEALTHSOURCE	42,596.00	4/12/2024	Marci Rozek
Flagstar Bank	E5468	FOREST VIEW HOSPITAL	9,517.50	4/12/2024	Marci Rozek
Flagstar Bank	E5469	CEDAR CREEK HOSPITAL	8,438.00	4/12/2024	Marci Rozek
Flagstar Bank	E5470	MPA GROUP NFP, Ltd.	35,722.02	4/12/2024	Marci Rozek
Flagstar Bank	E5471	LIST PSYCHOLOGICAL SERVICES	2,031.31	4/12/2024	Marci Rozek
Flagstar Bank	E5472	SAGINAW PSYCHOLOGICAL SERVICES	31,590.19	4/12/2024	Marci Rozek
Flagstar Bank	E5473	PARAMOUNT REHABILITATION	14,399.83	4/12/2024	Marci Rozek
Flagstar Bank	E5474	ARENAC OPPORTUNITIES, INC	5,180.75	4/12/2024	Marci Rozek
Flagstar Bank	E5475	DO-ALL, INC.	6,888.36	4/12/2024	Marci Rozek
Flagstar Bank	E5476	New Dimensions	21,882.57	4/12/2024	Marci Rozek
Flagstar Bank	E5477	TOUCHSTONE SERVICES, INC	7,550.40	4/12/2024	Marci Rozek
Flagstar Bank	E5478	Winningham, Linda Jo	2,594.00	4/12/2024	Marci Rozek
Flagstar Bank	E5479	Nutrition for Wellness	1,282.90	4/12/2024	Marci Rozek
Flagstar Bank	E5480	WILSON, STUART T. CPA, P.C.	95,385.44	4/12/2024	Marci Rozek
Flagstar Bank	E5481	CENTRIA HEALTHCARE LLC	15,422.51	4/12/2024	Marci Rozek
Flagstar Bank	E5482	Flourish Services, LLL	5,744.57	4/12/2024	Marci Rozek
Flagstar Bank	E5483	Spectrum Autism Center	2,238.60	4/12/2024	Marci Rozek
Flagstar Bank	E5484	ENCOMPASS THERAPY CENTER LLC	87,192.78	4/12/2024	Marci Rozek
Flagstar Bank	E5485	Acorn Health of Michigan	1,392.76	4/12/2024	Marci Rozek
Flagstar Bank	E5486	MERCY PLUS HEALTHCARE SERVICES LLC	39,840.48	4/12/2024	Marci Rozek
Flagstar Bank	E5487	SAGINAW PSYCHOLOGICAL SERVICES	330.00	4/19/2024	Marci Rozek
Flagstar Bank	E5488	A2Z CLEANING & RESTORATION INC.	5,178.00	4/19/2024	Marci Rozek
Flagstar Bank	E5489	ADLER, THERESA	125.56	4/19/2024	Marci Rozek
Flagstar Bank	E5490	Badour Heating & Cooling	95.00	4/19/2024	Marci Rozek
Flagstar Bank	E5491	Banaszak, Tim	0.98	4/19/2024	Marci Rozek
Flagstar Bank	E5492	BICKEL, MEREDITH	305.52	4/19/2024	Marci Rozek
Flagstar Bank	E5493	BINKLEY, CASEY	280.06	4/19/2024	Marci Rozek
Flagstar Bank	E5494	Brooks, Kaytie	43.55	4/19/2024	Marci Rozek
Flagstar Bank	E5495	Bryan, Kelly	269.60	4/19/2024	Marci Rozek
Flagstar Bank	E5496	BYRNE, RICHARD	381.15	4/19/2024	Marci Rozek
Flagstar Bank	E5497	CERESKE, KIM	57.34	4/19/2024	Marci Rozek
Flagstar Bank	E5498	COOK, BRIANNA	31.49	4/19/2024	Marci Rozek

Flagstar Bank	E5499	Cook, Jordyn	235.57	4/19/2024	Marci Rozek
Flagstar Bank	E5500	Crete, Jerome T	1.08	4/19/2024	Marci Rozek
Flagstar Bank	E5501	Deshano, Jennifer	167.50	4/19/2024	Marci Rozek
Flagstar Bank	E5502	FLEX ADMINISTRATORS INC	1,028.75	4/19/2024	Marci Rozek
Flagstar Bank	E5503	HARLESS, MICHELLA	251.25	4/19/2024	Marci Rozek
Flagstar Bank	E5504	HECHT, KERENSA	279.39	4/19/2024	Marci Rozek
Flagstar Bank	E5505	HEWTTY, MARIA	132.15	4/19/2024	Marci Rozek
Flagstar Bank	E5506	HOSPITAL PSYCHIATRY PLLC	42,000.00	4/19/2024	Marci Rozek
Flagstar Bank	E5507	Iris Telehealth Medical Group, PA	65,818.50	4/19/2024	Marci Rozek
Flagstar Bank	E5508	JINKS, KIM	927.28	4/19/2024	Marci Rozek
Flagstar Bank	E5509	KING COMMUNICATIONS	160.50	4/19/2024	Marci Rozek
Flagstar Bank	E5510	KOIN, STACEY E.	337.68	4/19/2024	Marci Rozek
Flagstar Bank	E5511	Lagalo, Lori	396.24	4/19/2024	Marci Rozek
Flagstar Bank	E5512	Lamere, Amy	161.27	4/19/2024	Marci Rozek
Flagstar Bank	E5513	LIBERTY LIVING, INC.	600.00	4/19/2024	Marci Rozek
Flagstar Bank	E5514	MCFARLAND, PATRICK J.	0.81	4/19/2024	Marci Rozek
Flagstar Bank	E5515	MOVVA, USHA	14,550.00	4/19/2024	Marci Rozek
Flagstar Bank	E5516	NAGEL, LISA	46.10	4/19/2024	Marci Rozek
Flagstar Bank	E5517	NETSOURCE ONE, INC.	38,054.35	4/19/2024	Marci Rozek
Flagstar Bank	E5518	Niemiec, Kathleen	85.05	4/19/2024	Marci Rozek
Flagstar Bank	E5519	NIX, HEATHER	148.07	4/19/2024	Marci Rozek
Flagstar Bank	E5520	Nixon, Heidi	83.55	4/19/2024	Marci Rozek
Flagstar Bank	E5521	PETER CHANG ENTERPRISES, INC.	23,265.71	4/19/2024	Marci Rozek
Flagstar Bank	E5522	Professional Building Services, LLC	1,385.00	4/19/2024	Marci Rozek
Flagstar Bank	E5523	PRO-SCAPE, INC.	130.00	4/19/2024	Marci Rozek
Flagstar Bank	E5524	Rechsteiner, Elise	142.71	4/19/2024	Marci Rozek
Flagstar Bank	E5525	Reese, Marie	86.63	4/19/2024	Marci Rozek
Flagstar Bank	E5526	RICKER, AMY	163.48	4/19/2024	Marci Rozek
Flagstar Bank	E5527	Rooker, Stephani	89.78	4/19/2024	Marci Rozek
Flagstar Bank	E5528	ROSE, KEVIN	140.03	4/19/2024	Marci Rozek
Flagstar Bank	E5529	SHRED EXPERTS LLC	309.00	4/19/2024	Marci Rozek
Flagstar Bank	E5530	Staples	5,098.89	4/19/2024	Marci Rozek
Flagstar Bank	E5531	Trout, Amber	209.71	4/19/2024	Marci Rozek
Flagstar Bank	E5532	Truhn, Emelia	242.94	4/19/2024	Marci Rozek
Flagstar Bank	E5533	UNITED WAY OF BAY COUNTY/RENT	2,125.00	4/19/2024	Marci Rozek
Flagstar Bank	E5534	VanWert, Laurie	50.01	4/19/2024	Marci Rozek
Flagstar Bank	E5535	VASCONCELOS, FLAVIA	442.60	4/19/2024	Marci Rozek
Flagstar Bank	E5536	VOGEL, HOLLI	454.93	4/19/2024	Marci Rozek
Flagstar Bank	E5537	V.O.I.C.E., INC.	633.50	4/19/2024	Marci Rozek
Flagstar Bank	E5538	Wilczynski, Tonia	70.35	4/19/2024	Marci Rozek
Flagstar Bank	E5567	HAVENWYCK HOSPITAL	13,560.75	4/19/2024	Marci Rozek
Flagstar Bank	E5568	Hope Network Southeast	10,619.95	4/19/2024	Marci Rozek
Flagstar Bank	E5569	Bay Human Services, Inc.	130,825.86	4/19/2024	Marci Rozek
Flagstar Bank	E5570	MICHIGAN COMMUNITY SERVICES IN	110,101.84	4/19/2024	Marci Rozek
Flagstar Bank	E5571	CENTRAL STATE COMM. SERVICES	196.36	4/19/2024	Marci Rozek
Flagstar Bank	E5572	VALLEY RESIDENTIAL SERVICES	1,494.76	4/19/2024	Marci Rozek
Flagstar Bank	E5573	DISABILITY NETWORK	475.96	4/19/2024	Marci Rozek
Flagstar Bank	E5574	HEALTHSOURCE	81,054.00	4/19/2024	Marci Rozek
Flagstar Bank	E5575	FOREST VIEW HOSPITAL	9,517.50	4/19/2024	Marci Rozek
Flagstar Bank	E5576	CEDAR CREEK HOSPITAL	82,270.50	4/19/2024	Marci Rozek
Flagstar Bank	E5577	PHC OF MICHIGAN - HARBOR OAKS	9,012.93	4/19/2024	Marci Rozek
Flagstar Bank	E5578	MPA GROUP NFP, Ltd.	39,810.75	4/19/2024	Marci Rozek
Flagstar Bank	E5579	LIST PSYCHOLOGICAL SERVICES	528.07	4/19/2024	Marci Rozek
Flagstar Bank	E5580	SAGINAW PSYCHOLOGICAL SERVICES	23,437.73	4/19/2024	Marci Rozek
Flagstar Bank	E5581	PARAMOUNT REHABILITATION	18,254.11	4/19/2024	Marci Rozek
Flagstar Bank	E5582	ARENAC OPPORTUNITIES, INC	12,368.84	4/19/2024	Marci Rozek
Flagstar Bank	E5583	DO-ALL, INC.	8,326.62	4/19/2024	Marci Rozek
Flagstar Bank	E5584	TOUCHSTONE SERVICES, INC	6,133.92	4/19/2024	Marci Rozek
Flagstar Bank	E5585	Winningham, Linda Jo	1,416.00	4/19/2024	Marci Rozek
Flagstar Bank	E5586	WILSON, STUART T. CPA, P.C.	70,254.99	4/19/2024	Marci Rozek
Flagstar Bank	E5587	CAREBUILDERS AT HOME, LLC	31,623.44	4/19/2024	Marci Rozek
Flagstar Bank	E5588	AUTISM SYSTEMS LLC	137.24	4/19/2024	Marci Rozek
Flagstar Bank	E5589	CENTRIA HEALTHCARE LLC	12,580.55	4/19/2024	Marci Rozek
Flagstar Bank	E5590	GAME CHANGER PEDIATRIC THERAPY	140,289.66	4/19/2024	Marci Rozek
Flagstar Bank	E5591	Spectrum Autism Center	3,188.83	4/19/2024	Marci Rozek
Flagstar Bank	E5592	ENCOMPASS THERAPY CENTER LLC	64,798.65	4/19/2024	Marci Rozek
Flagstar Bank	E5593	Acorn Health of Michigan	965.83	4/19/2024	Marci Rozek
Flagstar Bank	E5594	MERCY PLUS HEALTHCARE SERVICES LLC	18,191.19	4/19/2024	Marci Rozek
Flagstar Bank	E5595	HAVENWYCK HOSPITAL	25,313.40	4/26/2024	Marci Rozek
Flagstar Bank	E5596	Hope Network Southeast	511.12	4/26/2024	Marci Rozek
Flagstar Bank	E5597	Fitzhugh House, LLC	11,486.70	4/26/2024	Marci Rozek
Flagstar Bank	E5598	Bay Human Services, Inc.	6,004.92	4/26/2024	Marci Rozek
Flagstar Bank	E5599	MICHIGAN COMMUNITY SERVICES IN	1,767.57	4/26/2024	Marci Rozek
Flagstar Bank	E5600	HEALTHSOURCE	15,390.00	4/26/2024	Marci Rozek
Flagstar Bank	E5601	PHC OF MICHIGAN - HARBOR OAKS	210,630.00	4/26/2024	Marci Rozek

Flagstar Bank	E5602	MPA GROUP NFP, Ltd.	34,007.01	4/26/2024	Marci Rozek
Flagstar Bank	E5603	SAGINAW PSYCHOLOGICAL SERVICES	35,519.48	4/26/2024	Marci Rozek
Flagstar Bank	E5604	PARAMOUNT REHABILITATION	19,194.00	4/26/2024	Marci Rozek
Flagstar Bank	E5605	ARENAC OPPORTUNITIES, INC	1,323.75	4/26/2024	Marci Rozek
Flagstar Bank	E5606	DO-ALL, INC.	61,629.37	4/26/2024	Marci Rozek
Flagstar Bank	E5607	New Dimensions	4,435.60	4/26/2024	Marci Rozek
Flagstar Bank	E5608	TOUCHSTONE SERVICES, INC	6,479.60	4/26/2024	Marci Rozek
Flagstar Bank	E5609	Winningham, Linda Jo	651.00	4/26/2024	Marci Rozek
Flagstar Bank	E5610	Nutrition for Wellness	478.90	4/26/2024	Marci Rozek
Flagstar Bank	E5611	WILSON, STUART T. CPA, P.C.	76,147.73	4/26/2024	Marci Rozek
Flagstar Bank	E5612	AUTISM SYSTEMS LLC	4,737.18	4/26/2024	Marci Rozek
Flagstar Bank	E5613	CENTRIA HEALTHCARE LLC	11,328.31	4/26/2024	Marci Rozek
Flagstar Bank	E5614	PERSONAL ASSISTANCE OPTIONS INC	29,403.20	4/26/2024	Marci Rozek
Flagstar Bank	E5615	Flourish Services, LLL	17,089.92	4/26/2024	Marci Rozek
Flagstar Bank	E5616	GAME CHANGER PEDIATRIC THERAPY	77,292.62	4/26/2024	Marci Rozek
Flagstar Bank	E5617	Spectrum Autism Center	11,860.83	4/26/2024	Marci Rozek
Flagstar Bank	E5618	ENCOMPASS THERAPY CENTER LLC	70,591.11	4/26/2024	Marci Rozek
Flagstar Bank	E5619	Acorn Health of Michigan	1,144.41	4/26/2024	Marci Rozek
Flagstar Bank	E5620	Tenney, Ben	222.44	4/26/2024	Marci Rozek
Flagstar Bank	E5621	WELLS, JEFF	31.21	4/26/2024	Marci Rozek

Total Withdrawals:

3,772,589.98

Marci Rozek

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

May 14, 2024

To: Sara McRae, Executive Assistant to the CEO
 From: Karl White, Accounting Manager
 Ellen Lesniak, Finance Manager
 Re: Disbursement Audit Information for Audit Committee

The following is a summary of disbursements as presented

Administration and Services for Behavioral Health

Checks: #99598-99665 (dated 05/10/24), ACH E5712-E5759 (dated 05/17/24)

Employee travel, conference	\$ 13,130.97
Purchase Order Invoices	\$ 7,956.46
Invoices for Routine Maintenance, services, purchase requisition invoices	\$ 135,804.68
Recurring invoices, utilities, phone, leases	\$ 49,413.38

SUBTOTAL - Monthly Batch **\$ 206,305.49**

ITEMS FOR REVIEW:

EFT transfer - Credit Card 5/06/2024 **\$ 16,987.88**

Weekly Special Checks:

04/26/2024 Checks 99564-99571, E5620-E5621	\$ 33,021.74
05/03/2024 Checks 99580-99581	\$ 1,110.16
05/10/2024 Checks 99592-99597, E5711	\$ 16,367.03

SUBTOTAL - Special Checks **\$ 50,498.93**

Health Care payments

04/19/2024 Checks 99544-99552, ACH Pmts E5567-E5594	\$ 960,466.09
04/26/2024 Checks 99553-99563, ACH Pmts E5595-E5619	\$ 924,323.52
05/03/2024 Checks 99575-99578, ACH Pmts E5648-E5673	\$ 685,102.14
05/10/2024 Checks 99582-99589, ACH Pmts E5674-E5710	\$ 1,774,701.43

SUBTOTAL - Health Care Payments **\$ 4,344,593.18**

TOTAL DISBURSEMENTS **\$ 4,618,385.48**

Prepared by: Karl White

Reviewed by: Ellen Lesniak

Bay-Arenac Behavioral Health
Board of Directors Meeting
Summary of Proposed Contracts (Not Approved at Finance Committee Meeting)
5/16/2024

			Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Low/Mod/High)
SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES							
Clinical Services							
1	M	Game Changer Pediatric Therapy Services Case specific agreement for CLS and in-home respite services to begin for 1 BABHA individual and services to be extended for another BABHA individual.	\$0	CLS & In-Home Respite: \$10/unit	5/14/24 - 11/14/24 & 5/11/24 - 11/11/24	Y	N

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

M = Modification
 N = New Contract/Provider
 NC = New Consumer
 T = Termination

Footnotes:

Mid-State Health Network

FY2024 Estimated Revenue to Projected Revenue Comparison through March

CMHSP	FY2024 Estimated Medicaid Capitation Revenue	FY2024 Projected Medicaid Revenue	\$ Variance	% Variance
	Column A	Column B	Column C (B-A)	Column D (C/A)
Bay-Arenac	48,012,475	49,392,127	1,379,653	2.9%
CEI	128,635,950	130,469,697	1,833,747	1.4%
Central Michigan	110,578,964	109,734,787	(844,177)	-0.8%
Gratiot	16,483,811	16,771,850	288,040	1.7%
Huron	9,736,303	9,897,482	161,179	1.7%
The Right Door	17,513,623	17,547,524	33,901	0.2%
LifeWays	72,899,865	72,762,857	(137,009)	-0.2%
Montcalm	20,323,378	20,492,643	169,265	0.8%
Newaygo	16,226,645	16,015,130	(211,516)	-1.3%
Saginaw	80,532,992	81,157,493	624,501	0.8%
Shiawassee	21,815,666	21,795,997	(19,669)	-0.1%
Tuscola	20,425,556	20,837,008	411,452	2.0%
SUD	17,955,174	17,645,470	(309,704)	-1.7%
Total	581,140,402	584,520,065	3,379,663	0.6%

CMHSP	FY2024 Estimated HMP Capitation Revenue	FY2024 Projected HMP Revenue	\$ Variance	% Variance
	Column A	Column B	Column C (B-A)	Column D (C/A)
Bay-Arenac	4,003,345	4,111,649	108,304	2.7%
CEI	14,098,261	14,556,455	458,194	3.3%
Central Michigan	8,407,158	8,616,484	209,326	2.5%
Gratiot	1,184,872	1,201,609	16,737	1.4%
Huron	802,137	825,834	23,696	3.0%
The Right Door	1,433,439	1,457,848	24,410	1.7%
LifeWays	6,288,878	6,437,832	148,954	2.4%
Montcalm	1,956,607	1,990,728	34,122	1.7%
Newaygo	1,579,814	1,628,117	48,303	3.1%
Saginaw	7,025,808	7,280,253	254,445	3.6%
Shiawassee	2,046,437	2,089,387	42,950	2.1%
Tuscola	1,665,104	1,675,289	10,185	0.6%
SUD	28,215,956	28,145,463	(70,493)	-0.2%
Total	78,707,815	80,016,948	1,309,132	1.7%

CMHSP	FY2024 Estimated Autism Capitation Revenue	FY2024 Projected Autism Revenue	\$ Variance	% Variance
	Column A	Column B	Column C (B-A)	Column D (C/A)
Bay-Arenac	5,930,728	5,994,979	64,251	1.1%
CEI	13,358,819	13,943,921	585,103	4.4%
Central Michigan	11,479,776	11,797,366	317,590	2.8%
Gratiot	1,996,483	1,961,770	(34,713)	-1.7%
Huron	499,121	523,989	24,868	5.0%
The Right Door	1,086,322	1,049,159	(37,163)	-3.4%
LifeWays	8,866,732	9,160,773	294,041	3.3%
Montcalm	4,433,366	4,327,628	(105,738)	-2.4%
Newaygo	557,841	543,834	(14,007)	-2.5%
Saginaw	9,307,133	9,203,883	(103,250)	-1.1%
Shiawassee	2,554,324	2,369,524	(184,799)	-7.2%
Tuscola	1,820,323	1,791,238	(29,085)	-1.6%
Total	61,890,966	62,668,065	777,098	1.3%

**RESOLUTION OF THE MID-STATE HEALTH NETWORK BOARD OF DIRECTORS
OPPOSING MDHHS DECISIONS TO IMPLEMENT
CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN**

**Community Mental Health
Member Authorities**

Bay-Arenac
Behavioral Health

CMH of
Clinton.Eaton.Ingham
Counties

CMH for Central
Michigan

Gratiot Integrated
Health Network

Huron Behavioral
Health

The Right Door for
Hope, Recovery &
Wellness (Ionia County)

LifeWays

Montcalm Care
Network

Newaygo County
Mental Health Center

Saginaw County CMH

Shiawassee
Health & Wellness

Tuscola Behavioral
Health Systems

Board Officers

Edward Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Deb McPeek-McFadden
Secretary

WHEREAS the Mid-State Health Network (MSHN) is a regional entity created in 2014 by the twelve Community Mental Health Services Programs (CMHSPs) listed at left and functions as a Pre-Paid Inpatient Health Plan (PIHP) for twenty-one mid-Michigan counties under a master Medicaid specialty supports and services contract with the Michigan Department of Health and Human Services (MDHHS). The MSHN Board of Directors is comprised of two appointees from each of the CMH Participants in the MSHN region, half of which are primary or secondary consumers of public behavioral health services.

WHEREAS in May 2023, the MSHN Board passed a resolution opposing all four models proposed by MDHHS, and the recent decisions announced by MDHHS in March and April 2024 are not substantially different from those models opposed by the MSHN Board at that time.

WHEREAS MDHHS has announced its decision to require CMHSPs to separate service assessment and planning from service delivery, requiring beneficiaries to receive the assessment and planning services from one entity and ongoing direct services from another, separate entity by October 1, 2024.

WHEREAS after careful review and in addition to the conclusions presented in our May 2023 Resolution, the conclusions of the MSHN Board are that the current decision:

- Is in conflict with the statutory responsibilities of CMHSPs under Michigan law;
- Erroneously implies profit driven or undue enrichment motives on the part of governmental entities (CMHSPs and PIHPs) instead of recognizing what is actually a formal transfer of governmental responsibility from the State to the Counties for the delivery of public behavioral health services;
- Ignores the capitation-based financing of the Michigan public behavioral health system, which is constant and does not vary by volume of individuals served negating any conflicts of interest in service planning and service delivery;
- Ignores Michigan's current shared risk (with MDHHS) financing system which already mitigates against conflict and self-interest.
- Is in conflict with the Certified Community Behavioral Health Clinic (CCBHC) model currently being implemented and expanded in Michigan;
- Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards are preferable to systemic/structural upheaval inherent in MDHHS announced decisions;

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, in the strongest possible terms, and for the reasons noted herein, the MSHN Board of Directors **opposes the MDHHS announced structural strategies** for compliance with the federal Conflict Free Access and Planning Rules.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT, the Mid-State Health Network Board of Directors requests MDHHS reconsideration of its current decisions and to honor CMS waiver approval of procedural mitigation of conflict, and to pursue CMS approval of strengthened procedural safeguards against conflict of interest in Michigan.

ON BEHALF OF THE MID-STATE HEALTH NETWORK BOARD OF DIRECTORS BY ITS OFFICERS

Ed Woods, Chairperson
(LifeWays)

Irene O'Boyle, Vice Chairperson
(Gratiot Integrated Health Network)

Deb McPeek-McFadden, Secretary
(The Right Door for Hope, Recovery, and Wellness)

Unanimously Adopted May 7, 2024

May 16, 2024

Honorable Governor Gretchen Whitmer
P.O. Box 30013
Lansing, Michigan 48909

Dear Governor Whitmer,

Bay-Arenac Behavioral Health (BABH) is a multi-county community mental health program (CMHSP) serving more than 5000 residents of Bay and Arenac Counties on an annual basis. **The purpose of this correspondence is to ask you to urge the Michigan Department of Health and Human Services (MDHHS) to halt the implementation of its current approach to meeting the Federal Conflict-Free Access and Planning (CFA&P) requirements related to Medicaid mental health services.**

CFA&P is a federal requirement at 42 CFR § 441.730(b)(5) designed to limit perceived conflicts of interest for beneficiaries obtaining certain Medicaid Home and Community-Based Services (HCBS). The minimum conflict of interest standards require that the service provider is not a relative of the individual or responsible for the individual's finances or health-related decisions, nor hold a financial interest in any of the entities that provide care. It is important to note that most of the federal pre-print dialogue on CFA&P was predicated on concerns of pecuniary conflicts involving private, for-profit provider systems.

The CMHSP system has its foundations in a State and County partnership to fund and deliver public mental health services in Michigan per MCL §330.1116(2)(b), 1206, 1302 and 1308. This included a deliberate decision to close state hospitals and integrate individuals into the community nearly 60 years ago. This is based on a statutory transfer of care responsibility for individuals with a serious mental illness, developmental disabilities, or serious emotional disturbances from the state to the 83 county governments under the law.

This policy was subsequently expanded to permit counties to assume full management responsibilities, create community mental health authorities and implement regional managed care programs under Medicaid waiver authorities. **MDHHS is now erroneously re-interpreting this long-established legislative policy to imply that in some instances county CMHSPs have a pecuniary conflict of interest for some of the services included in this delivery system.**

MDHHS has insisted on this position despite the fact that valid concerns have been raised in multiple venues during the last two years including stakeholder meetings, state-wide planning discussions, and the formal Medicaid policy promulgation process. **It should also be noted that the Federal Center for Medicare and Medicaid Services (CMS) has already approved CFA&P designs in other states similar to Michigan (including other parts of Michigan's existing Medicaid waivers) within the safeguards of our current state and county partnership for public services.**

The MDHHS CFA&P position also ignores the comprehensive CMHSP service requirements under MCL §330.1206, disregards the importance of consumer/family choice of providers, adds unnecessary administrative duplication and expense to the Medicaid program and perhaps most egregious of all, implies that a hidden CMHSP profit incentive would supersede our statutory duty to the communities that we have the privilege to serve.

CMHSPs are non-profit governmental organizations with statutorily defined obligations that mitigate against the likelihood of a pecuniary conflict of interest. These include direct accountability to the community through a public board, open meetings, a guaranteed recipient rights appeal & grievance system, established independent person-centered planning facilitation requirements, and expanding availability of consumer self-determination/self-directed options.

In addition, CMHSPs are prepaid on a capitated basis through a shared regional risk contract with the State, preventing any direct pecuniary relationships to assessment, planning and case management services and/or the volume of services delivered. These contracts are cost settled each year, include restrictions on the use of surplus and/or Internal Service Funds (ISF) and require unspent funds be returned to the State. These funds do NOT lose their Medicaid identity as in a contract with a private interest and are still subject to public accounting requirements.

We urge you to request MDHHS to rethink their proposal for the CFAP requirements, as it appears to be a solution in search of a problem. The intended October 1, 2024 deadline is going to create unnecessary havoc throughout the CMHSP provider systems and have absolutely no benefit to the consumers and families receiving care. There are other pathways to compliance with CFA&P requirements that would build on the existing State and County partnership and be a much easier transition for all stakeholders. Please also know that the Community Mental Health Association of Michigan (CMHA) is available to assist MDHHS or your office in finding a mutually beneficial resolution to these policy concerns.

Thank you again for your consideration regarding these important matters. If we can ever be of any assistance, please feel free to contact BABHA anytime at (989) 895-2348.

Sincerely,

Christopher Pinter
Chief Executive Officer

Chris Pinter

From: Chris Pinter
Sent: Thursday, April 25, 2024 2:54 PM
To: Rep. Timothy Beson (District 96)
Subject: Follow-up to Section 1965(1)(h) of PA 166 of 2022

Representative Beson,

I hope this message finds you well. I believe from our earlier conversations that you were the driving force behind Section 1965(1)(h) of Public Act 166 of 2022 which included the following (*italics added*):

Sec. 1965. (1) From the funds appropriated in part 1 for behavioral health care services and facilities, the department shall allocate \$170,600,000.00 to increase behavioral health service and facility capacity. From the funds allocated in this section, the department must allocate all of the following:

(h) \$5,000,000.00 to create a 1-time grant for capital expenditures for not less than 1 hospital to increase the number of inpatient pediatric psychiatric beds located in a county with a population between 190,000 and 191,000, or 103,000 and 104,000, according to the most recent federal decennial census.

This is either Saginaw or Bay Counties. We had some initial discussion with McLaren Bay Region in 2023 and they were not interested in increasing any of their inpatient beds for children. McLaren was in the middle of adding geriatric psychiatric beds to the Bay City campus at the time and have since replaced their CEO.

BABHA recognizes the need to have more children's psychiatric beds available in order to reduce demand on families and emergency rooms during a crisis situation. We also have board members that would like to move this important opportunity forward. The difficulty may be convincing McLaren or Health Source Saginaw to expand children's beds to access these grant funds.

BABHA would be interested in partnering with your office to arrange an opportunity to discuss this further with the administration at either hospital to identify a path to expand children's beds in our area. I am sure Saginaw CMH would also support us, particularly if we approached Health Source Saginaw, with whom we both have a strong relationship. We would also be willing to investigate any other possibilities for these funds such as a children's crisis residential or stabilization unit if this would also be an option.

Any guidance that you could offer on this matter would be very much appreciated.

Christopher Pinter
Chief Executive Officer
Bay-Arenac Behavioral Health



BEHAVIORAL HEALTH

Chief Executive Officer

Christopher Pinter

Board of Directors

Richard Byrne, Chair

Robert Pawlak, Vice Chair

Patrick McFarland, Treasurer

Christopher Girard, Secretary

Tim Banaszak

Patrick Conley

Jerome Crete

Sally Mrozinski

Kathy Niemiec

Carole O'Brien

Marie (Toni) Reese

Pamela Schumacher

Board Administration

Behavioral Health Center

201 Mulholland

Bay City, MI 48708

800-448-5498 Access Center

989-895-2300 Business

Arenac Center

PO Box 1188

1000 W. Cedar

Standish, MI 48658

North Bay

1961 E. Parish Road

Kawkawlin, MI 48631

William B. Cammin Clinic

1010 N. Madison

Bay City, MI 48708

Wirt Building

909 Washington Ave.

Bay City, MI 48708

www.babha.org

June 2024

BABH Board of Directors

June 2024						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July 2024						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

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



Accessibility Plan

~~2023~~2024

Approved by Agency Leadership: 4/23/24

Reviewed by Healthcare Improvement and Compliance Committee: 5/6/24

Full Board Approval Date:

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Guiding Principles¹

Bay-Arenac Behavioral Health Authority (BABHA) is in existence to ensure the delivery of a comprehensive array of health-related supports and services for people with developmental disabilities, mental illness, and/or substance use disorders who live in Bay and Arenac Counties. It is the mission of BABHA to improve health outcomes and strengthen the community safety net for citizens of Arenac and Bay Counties.

The welfare of the people we serve is our highest priority and every effort is made to respect and support their access to services and quality behavioral health care including the identification of all barriers that might limit, impede, or preclude such access. BABHA does not discriminate against, nor deny admission or professional services, based on ability to pay, race, color, age, gender, religion, national affiliation, marital status, height, weight, arrest record, disability, sexual orientation, or any other legally protected status. BABHA complies with all applicable Federal, State, and regulatory agency laws, standards, rules, and regulations.

BABHA seeks to conduct its business, openly, honestly, and with integrity and trust, respecting human rights in all our activities. We desire to be sensitive to the needs and culture of our local communities and strive to help them become more inclusive places to live. We work to provide a safe, supportive, accessible and secure working environment for personnel. We seek a diverse base of employees and ensure equal opportunity to all qualified individuals in recruiting, compensation, professional development, promotion, and other employment practices. BABHA creates and supports partnerships with individual practitioners, provider organizations, advocacy groups, and other stakeholders whose values and methods of operation reflect our mission.

Identification of Barriers

Barriers to service are identified and addressed through multiple avenues including, but not limited to: facility inspections, employee feedback, board of directors input, internal committees, stakeholder initiatives, incident report forms, consumer surveys, community surveys, consumer council advice, appeal and grievance logs, etc. BABHA is proactive in its efforts to ensure that both potential and real barriers to services and supports are mitigated as much as possible. Exceptions are the limits of the funding made available by the State of Michigan to finance service delivery.

Due to the nature of its mission, BABHA's primary focus is barriers to access to care for people served and the general community. However, BABHA also sees to ensure personnel and other community stakeholders, such as local courts, law enforcement, schools, community agencies, health care providers and others have clear communications and ready access to BABHA locations and personnel as needed.

Architectural ²

The Facilities Manager ensures all new facilities built, leased or purchased by BABHA are compliant with the Americans with Disabilities Act (ADA) and/or able to be modified to meet applicable requirements. Site inspections are conducted by BABHA personnel on an annual basis and physical plant alterations are made when needed. Existing sites are also inspected annually by qualified specialists to assure continued compliance.

Physical access to clinical services is guided by specifications set forth by the ADA, i.e., leader dogs have access to all clinic sites with their owners, etc. Physical plant accessibility is of primary consideration whenever BABHA contracts with new providers.

[Review of Past Year Actions to Mitigate Architectural Barriers](#)

[Throughout 2023, the elevators at the Mulholland site were partially or totally inoperable. Clinical programs were moved to accessible sites and any employees requiring accommodation due to the lack of elevators were offered to](#)

¹ CARF; 1. Aspire to Excellence; L. Accessibility; 1.a.1-3.

² CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.1.

move to other sites. After several communications with McLaren, a timeline of estimated repairs was submitted which included repair of the first car being completed by 1/19/24 and the second car by 4/12/24. Currently, the first car has been repaired and is operational as of April 3, 2024, and the second car is not fully operating at this time. Clinical services and Board Meetings are expected to return to the Mulholland Building on May 1, 2024. Prior to the pandemic, the Madison Clinic experienced an influx of individuals served partially as a result of the transition of individuals served from one Primary Care Provider to another. The existing space may be better suited with modifications to ensure privacy and accessibility for those receiving services. Consultation with an architect to redesign the space formerly used as the Autism Clinic occurred, however, the pandemic occurred and resulted in less on-site services being provided. The pandemic has resulted in BABHA implementing a Remote Work policy. An evaluation of the need for the existing buildings and office space needs to be conducted and an Action Plan to identify the next steps in how to proceed in the new remote work environment. Accessibility for consumers and staff will be taken into consideration in the plan to move forward. Once the agency returns to a more normal clinic schedule space needs will be revisited.

Barrier(s) to Accessibility	<ol style="list-style-type: none"> 1) Lack of elevators at the BABHA Mulholland location. 2) Remote work arrangements may necessitate reduction in building and office space.
Action(s) To Be Taken	<ol style="list-style-type: none"> 1) BABHA will continue to work with reach-out-to McLaren to assure that the elevators are functioning properly and provide adequate accessibility for consumers and staff. Clinical programs and the Board Meetings need to return to Mulholland as deemed appropriate. regarding time frames for functioning elevators and discuss any re-location of staff/departments that may need to occur. 2) The Facility Manager, Leadership and S.L.T. will evaluate the need for the existing buildings and office space and develop and implement a plan based on the outcomes of the evaluation.
Assigned To	Facility Manager, Leadership and S.L.T.
Actions Taken and Evaluation of Effectiveness (N/A if New)	<ol style="list-style-type: none"> 1) The elevators at Mulholland have been out of operation for most of 2023, Clinical programs and any staff who were not able to manage the stairs were have been temporarily relocated to other BABHA sites. One car has recently been repaired and the clinical programs and the Board Meetings will return to Mulholland May, 2024. 2) New
Status (New; Continue; Completed)	<p>New</p> <ol style="list-style-type: none"> 1) Continue until fully operational. 2) New
Planned Completion Date	<p>During 2023</p> <ol style="list-style-type: none"> 1) May 2024 2) April 2025

Environmental³

³ CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.2

The Facilities Manager and the appropriate member of Strategic Leadership Team work together to ensure that all facilities are easily accessible and offer safe, comfortable, and confidential settings in which to conduct and receive services. All BABHA clinic locations are on established bus lines or arrangements are made to provide transportation for persons served as necessary. Crisis Response, Emergency and Access Services (EAS) staff, and care management staff are knowledgeable regarding transportation options for clinic and non-clinic-based services. BABHA operates an instant messaging system to reach staff and contracted service providers or any specific, identified group, via email and/or text message, alerting them of emergent situations or notices that are urgent in nature.

BABHA implemented the Government Emergency Telecommunication Service, which is a national security and emergency preparedness service provided by the Federal Government. This service allows authorized personnel to complete emergency calls from their cell phone when normal or alternate telecommunication means using the public telephone network is unavailable. In July 2023, the Information Systems Manager researched the GETS application that can be downloaded to the phone and updated the list of users to reflect current staff. Education on the use of the application needs to occur in 2024. Also, additional security measures were put in place at Madison, Arenac Center and Mulholland with the installation of shatter proof glass at the reception areas as further protection for employees in the event a hostile situation arises. At the North Bay site, key pads were installed on 2 main entrance doors and a service door along with an intercom and video monitoring system at the main front door as a means to secure the building and prevent unwelcomed individuals. A video monitoring system was also installed and now operational at the Madison Clinic and Wirt Building. This system at the Wirt Building also includes a buzzer which notifies staff a guest is requesting access. During 2023, when there were more clinical programs working out of the Wirt Building, there were some concerns that this site may need enhanced security systems to prevent access to the larger area during an emergency. Since the clinical programs are moving back to Mulholland and Leadership evaluating the need for this office space, there are no recommendations to address this in a structural way at this time. The panic button alarm system at the Mulholland location was upgraded and expanded to the second floor.

In addition, BABHA has developed a screening process for staff, persons served and visitors to prevent the spread of infectious diseases, when applicable. In addition, sneeze guards have been installed at workstations where staff ~~come in contact with~~encounter other staff, persons served and visitors to the facility. These measures serve to ensure a safe, comfortable setting for anyone on-site. Some of these measures are still in place even after the end of the Public Health Emergency in May of 2023.

Barrier(s):

None identified

<u>Barrier(s) to Accessibility</u>	<u>None identified. The Actions to be Taken do not reflect a barrier to accessibility, just a task that needs to be completed.</u>
<u>Action(s) To Be Taken</u>	<u>Education will be provided to the individuals who have access to the GETS system on the phone application and the proper use of the system. Review and add or delete any users who have been recently hired or have left the agency.</u>
<u>Assigned To</u>	<u>Information Systems Manager</u>
<u>Actions Taken and Evaluation of Effectiveness</u> (N/A if New)	<u>New</u>
<u>Status</u> (New; Continue; Completed)	<u>New</u>
<u>Planned Completion Date</u>	<u>July 2024</u>

Attitudinal⁴

BABHA is pro-active in its ongoing commitment to dismantling attitudinal barriers through various means, including a “welcoming” philosophy that extends to all individuals regardless of their behavioral health needs. The Agency uses “Person-First” language, consistent with state requirements, in all its brochures and publicity events, as well as creating and promoting anti-stigma and trauma awareness via its community involvement and education. Persons with disabilities and their family members serve on the BABHA Governing Board and the Recipient Rights Advisory and Appeals Committee. BABHA is a trauma informed system of care emphasizing the principles of Recovery and Wellness. BABHA promotes a trauma sensitive environment by completing an Organizational Assessment every three years to identify areas for improvement and continue to ensure all staff are trained in trauma-informed care. BABHA also maintains ongoing collaboration with community partners to promote trauma sensitive communities of care, including recent outreach efforts with the Saginaw Chippewa Tribe, Veterans Administration Hospital, and the Great Lakes Bay Pride LGBTQ community. The Cultural Competency and Diversity Plan identified need for a more diverse staff especially to represent the Hispanic population that is rising in Bay and Arenac Counties, the need for an organizational assessment for a welcoming environment and staff competency working with LGBTQ+ individuals and to address training options for staff to increase their expertise in the needs of the veteran’s population.

~~BABHA prevention activities have slowed in the last two years due to community mitigation strategies for the pandemic. However, significant efforts have been implemented to provide covid-19 vaccinations and boosters to the consumers, families and residents of Bay and Arenac Counties, including establishment of a vaccination site at our Madison location.~~ BABHA staff continue to be engaged in community efforts in the Great Lakes Bay Region regarding substance use disorder and the use of opiates and encouraging law enforcement leaders to embrace the “Stepping Up” initiative and the “Hope, not Handcuffs” substance abuse diversion model. BABHA is an active member of the Great Lakes Bay Families Against Narcotics (FAN) group. In addition, BABHA maintains a supply of opioid-antagonist aerosol kits (“Narcan”) and routinely makes them available to our other community partners on the front-line of the opioid epidemic. Arenac Center is distributing Narcan, fentanyl test strips and Xylazine test strips in their waiting rooms. In addition, BABHA ~~has worked with~~ is in discussion with Arenac County courts to develop a regarding a possible recovery/drug mental health specialty court. Arenac Center has completed two assessments for the drug court until they can identify providers in the future to complete this task.

BABHA continues efforts to enhance the availability of substance use disorder services through Arenac and Bay counties. BABHA has been working with SUD providers, Recovery Pathways and Ten16 Recovery Network, as well as MSHN to expand the availability of substance abuse services in Arenac County. Recovery Pathways, 1016 Recovery Network and Peer 360 Recovery Pathways, Ten16 Recovery Network, and Peer 360, have established SUD service office hours located at the BABH Arenac Center in Standish MI. ~~This will replace the mobile medication assisted treatment provider by Recovery Pathways in Standish that was discontinued by MSHN during FY22. BABHA has approved additional support to Ten16 Recovery Center for their opiate overdose response initiative, Quick Response Team, expanding into Bay County. Ten16 Recovery Network has also established a Project Assert program at Ascension hospital located in Standish MI (Arenac County). This program provides brief intervention, screening, referral, and peer services to individuals who obtain treatment at the emergency room for a substance use disorder related issue. The BABHA EAS Team continues to increase substance abuse competencies to support these efforts.~~

In addition, specific clinical services for emerging mental health issues, services to adults and services for children and families routinely provide prevention information to the public to increase awareness of treatment options and recovery supports for these specific populations.

BABHA continues to engage with local law enforcement around additional collaborative options, such as the Crisis Intervention Team (CIT) model that provides enhanced mental health training to all law enforcement ~~officers,~~ and officers and incorporates mental health specialist on a special response team. BABHA has implemented a Mobile

⁴ CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.3.

~~Crisis Response Team that responds to crises in the community for both adults and children. - During FY23, it is also anticipated that BABH will expand Mobile Response Team crisis services to child/youth in Arenac County.~~ BABHA utilizes a Person/Family-Centered Planning approach to treatment along with the principles of Self-Determination and Recovery. BABHA staff and provider network staff also provided education on trauma, trauma informed care and secondary trauma, to school staff, ISD and local DHHS partners. BABH has ~~implement~~implemented the use of the “Calm” app for staff, which provides education and brief interventions for stress related to secondary trauma. Input from persons served is actively sought through surveys, consumer councils, forums, suggestion cards, and through other BABHA ~~committees~~committees on which persons served participate.

The agency provides regular, mandatory training to all its employees, interns and/or volunteers in cultural competency and diversity, Limited English Proficiency (LEP), and at hire for non-clinical staff, orientation to intellectual/ developmental disabilities, serious mental illness and co-occurring substance use disorders. All employees’ performance is reviewed periodically as needed, but at a minimum, staff are evaluated by their supervisor at least annually. The evaluation measures and monitors for attitudinal barriers. Newly hired, transferred, or promoted employees may receive three (3) work reviews during the first twelve (12) months after hire, transfer, or promotion. A review of their performance may occur at the end of the third, sixth and twelfth month of employment. Included in the performance management process is a review of clinical competence and the creation of a professional development plan for the upcoming year. Refer to the BABHA Employee Handbook for further information.

Despite sustained efforts to educate healthcare providers and community agencies, BABHA continues to encounter barriers of access to services for individuals with the most serious mental illnesses and intellectual/ developmental disabilities. As state hospitals/centers have closed or prioritized court mandated populations, private inpatient health care providers have been reluctant to fill the gap, citing lack of training, safety concerns, significant health/medical needs and other issues. BABHA ~~experiences difficulty~~has trouble finding inpatient psychiatric services for individuals who are physically aggressive toward others and/or who destroy property; or b) significant health/medical needs that require ongoing medical treatment in conjunction with mental health treatment. BABHA staff participate on various regional and state level workgroups to address these ongoing systemic issues. All of these barriers to inpatient treatment have been amplified due to the significant staff shortage in the mental health/healthcare fields.

Review of Past Year Actions to Mitigate Attitudinal Barriers

~~Policy has been revised, approved and staff training completed.~~—Provider Network has identified DBT, EMDR, and Seeking Safety have been identified as EBP for adults that is available. ~~An Organizational Assessment tool to monitor systems issues and needs related to EBP has been implemented.~~The Strategic Plan for 2024 has an initiative that addresses Evidence Based Practices. Validated Screening tools that include the CAFAS/PECFAS for children with a serious emotional disturbance (SED), SIS for individuals with developmental/ intellectual disabilities (IDD), and LOCUS for adults with a serious mental illness (SMI) have been implemented throughout the primary care provider network. Michigan Department of Health and Human Services (MDHHS) will be replacing the CAFAS/PECFAS and replace this with a new tool, the MICHICANS. MDHHS has also discontinued the SIS for individuals with Intellectual and Developmental disorders and has not yet replaced this tool. BABHA continues to expand its anti-stigma efforts, particularly in relation to persons with substance use disorders.

~~BABHA continues to monitor the efforts of the MDHHS Certification of Need (CON) Commission in relation to the oversight and availability of inpatient psychiatric beds. The need for psychiatric inpatient admissions continues to be a barrier especially for individuals with high acuity or behavioral issues. MDHHS is working on adding more State Facility beds at Hawthorne for Children and is anticipated to be operational by 2026.~~ BABHA has also implemented processes to determine, coordinate, and implement mental health interventions while an individual is waiting for admission to the psychiatric unit. To increase administrative efficiencies and regional expectations, BABHA has implemented the use of the Mid-State Health Network Regional Inpatient Hospital contract boilerplate and Statement of Work. BABHA also implemented the MCG Health, Indicia software platform, which is an evidence-based clinical decision support tool for inpatient admission determinations. In 2018, BABHA implemented an intensive Children’s Mobile Response Team (MRT) to work with children and families in crisis. As this program has shown positive outcomes in decreasing inpatient

admissions for children/youth. BABHA ~~was able to obtain a grant is actively pursuing grants~~ to expand MRT services to adults and is ~~planning on more expansion in~~ Arenac County, ~~during FY23.~~ BABHA ~~expanded our 24/7 Emergency Services locations to include an office located in the ER lobby at McLaren Bay Region hospital. This enhanced direct access to mental health crisis services prior to determining if medical clearance is warranted.~~ ~~Due to a downsizing of a few Specialized Residential facilities, a Crisis Residential Program is being developed in one of the vacant homes. Dr. Ibrahim's agency (Bay City CRU LLC) is developing this program to assist in the crisis created by not having enough placements for individuals needing diversion from the hospital or as a step down after hospitalization. BABHA is working with Bay City CRU, LLC to get this program operational.~~

~~Access to Community Living Support Services (CLS) and Specialized Residential services has become more difficult due to the lack of adequate staffing that was difficult during the pandemic and has increasingly become worse. The provider network has increasingly become less able to provide the level and intensity of services for individuals needing CLS and Specialized Residential services. One provider had to consolidate and reduced their capacity by two homes. The Strategic Plan for 2024 has two initiatives to address the significant issues related to these two services.~~

~~BABHA did not was not able to hold Mental Health First Aid (MHFA) classes in 2023. However, provided outside sources for MHFA provided by Saginaw CMH. Virtual and community options were explored in 2022. Trainer availability, revised training content, and requirements for training virtually did not allow for BABHA to offer Mental Health First Aid and Youth Mental Health First Aid in 2022. BABHA will work to certify additional trainers in order to bring these trainings to the community for 2023. An employee was hired with the MHFA certification but left the agency before being able to do any training. A staff person was trained in Youth MHFA in early 2024 and completed the first session in March 2024. Future sessions are scheduled for May and August.~~ BABHA continues to provide community presentations to community organizations an overview of mental health disorders, suicide prevention and the opiate crisis. ~~BABHA has been active in the Opioid Task Force and participated in Town Hall meetings educating the public.~~

Barrier(s) to Accessibility	Inconsistent training and/or competency regarding Trauma Informed Services
Action(s) To Be Taken	<p>A. Develop a systematic process/method to consistently address self-care and secondary trauma throughout the agency. Continue the Wellness Committee and assure that Secondary Trauma remains incorporated as a focus with this group.</p> <p>B. The Triennial Organizational Trauma Assessment process has begun by sending out the surveys to internal and external staff and providers. Assess the results of the surveys. Complete the required three-year Agency Assessment required by MDHHS to assure a trauma sensitive and focused environment is provided at BABHA.</p> <p>C. Develop a Work plan to address the areas needing improvement identified in the Organizational Assessment.</p> <p>D. Continue to support/Develop additional primary substance use disorder service (SUD) options in Arenac County.</p> <p>E. Continue to identify and provide training and supervision for clinicians in Evidence Based Practices to assure ongoing implementation of quality and effective treatment for trauma related conditions.</p> <p>F. Explore training options for increased competencies in working with veterans.</p> <p>E.</p>
Assigned To	<p>A. Sarah Van Paris and the Wellness Committee and Leadership in Supervision Sessions Kathy Palmer</p> <p>B. Sarah Holsinger ; Joelin Hahn</p> <p>C. Joelin Hahn, Heather Beson and Heather Friebe with assistance from Sarah Holsinger</p> <p>D. Joelin Hahn and Heather Friebe</p> <p>E. Joelin Hahn and Staff Development</p> <p>F. Jennifer Laseski and Staff Development</p>
Actions Taken and Evaluation of Effectiveness (N/A if New)	<p>A. — A. The Wellness Committee and Leadership Compassion Satisfaction Initiative Committee will will continue to provide opportunities to address and evaluate vicarious/secondary -- trauma with employees. Supervisors will continue to address during supervision and will utilize the self-assessment tool on a regular basis to The Compassion Satisfaction Initiative Committee identified and implemented a self-assessment tool for employees to evaluate evaluate burn out and compassion fatigue. ue</p>

	<p>B. The three-year Trauma survey has gone out to employees and providers. completion of the Organizational Assessment was helpful in that it pointed out areas that needed improvement and is leading to the development of a workplan to address those areas. The three-year Organizational Trauma Assessment has been completed. The PNOQMC Committee and the Leadership Committee members reviewed the results and developed a plan to work on areas identified as needing improvement. It was identified that there is a need to have more education on trauma and cultural competence from outside sources, consumers should be more involved in review of policies and increased recruitment of former consumers</p> <p>C. The results of the survey need to be reviewed by Extended SLT in May 2024 and to PNOQMC will be completed by June 2024. The Plan will be developed based on the feedback and analysis of the survey results. and The results of the Organizational Assessment were reviewed with Leadership. Areas of improvement that were prioritized and addressed will be monitored throughout FY22. Plan will be updated and implemented FY23.</p> <p>D. Recovery Pathways continues to have therapy sessions one Wednesday a month, Ten16 is on site at Arenac Center two days a week providing individual and group therapy and also has a peer recovery coach for the consumers of Ten16. Recovery Pathways, Ten16 Recovery Network, and Peer 360 is no longer providing services at the Arenac Center but do expect to provide services through the drug court., all utilize space at the Arenac Center in Standish MI to provider SUD services. Ten16 Recovery Network has also implemented Project Assert program at the Ascension Hospital in Standish. This program provides brief intervention, screening, referral, and peer support to individuals who seek treatment at the ER and who are identified as having issues associated with SUD. BABH also supports the Ten16 Recovery Network's Quick Response Team expansion in Bay County. This team provides direct follow up with individuals who have received ER services related to drug overdose. All clinical/primary care providers in the BABHA provider network (internal and external) have responded to BABHA EBP surveys. The purpose of the survey is to establish a baseline of EBP preparedness and to develop a network training plan to address identified needs for EBP training. EBP's that are provided by BABHA and the provider network include; ACT, PMTO, PSR Clubhouse, EMDR, TF-CBT, Motivational Interviewing, and DBT. also has 2 internal and 1 external children program participating in MDHHS co- hort training for Trauma Focused- Cognitive Behavioral Therapy (TF-CBT).</p> <p>E. Human Resources and Staff Development will explore training options to build competency in addressing the needs of the veterans population and trainings or inservices will be offered by April 2025.</p>
Status (New; Continue; Completed)	<p>A. Continue B. Continue C. Continue D. Continue E. ContinueContinue E-F. <u>New</u></p>
Planned Completion Date	<p>A. Ongoing B. Complete every three years. Due in 2024. C. Ongoing D. Ongoing E. Ongoing; Strategic Plan for FY 23 to include EBP evaluation and expansion. E-F. <u>April 2025</u></p>

Barrier(s) to Accessibility	<p>Refusals by inpatient psychiatric hospitals to accept the most seriously ill individuals for admission</p>
Action(s) To Be Taken	<p>A. Continue to participate with the MDHHS implementation of MiCAL, 988, and the MI Bed Registry Process. B. Continue to address during contract negotiations with hospital health systems. C. Continue to explore the possibilities of development of community-based alternatives for hospitalization and develop action plans to address those gaps in service. <u>Assist in the development of the Crisis Residential Program being developed by Bay City CRU, LLC.</u></p>
Assigned To	<p>A. Stacy Krazinski B. Joelin Hahn, Marci Rozek</p>

	C. Joelin Hahn and Stacy Krazinski, Bay City CRU, LLC
Actions Taken and Evaluation of Effectiveness (N/A if New)	<p>A. BABHA continues to address this issue with the inpatient provider network, the PIHP, and MDHHS. BABHA will also continue to participate in MDHHS workgroups and webinars related to the implementation of MiCAL, 988, and the MI Bed Registry for psychiatric hospitals.</p> <p>B. BABHA has experience some improvements with inpatient admissions with our local inpatient providers. BABHA has incorporated language to address an administrative appeals process for denied admissions with one of the local psychiatric units. BABHA also offers one-to-one staffing authorizations as needed for difficult cases.</p> <p>C. BABHA has a successful-Children’s Mobile Response (MRT)team and has expanded to include adults. During FY24, BABHA will focus on expansion efforts of the MRT program to Arenac County and expanding the hours that MRT is provided.</p>
Status (New; Continue; Completed)	<p>A. Continued</p> <p>B. Continued</p> <p>C. Continued</p>
Planned Completion Date	<p>A. Ongoing</p> <p>B. Ongoing</p> <p>C. Ongoing</p>

Barrier(s) to Accessibility	Reduce stigma associated with mental health disorders
Action(s) To Be Taken	<p>A. BABHA will continue to provide MHFA to Community members at least three times per year.</p> <p>B. Continue to partner with the Law Enforcement agencies in Bay and Arenac Counties to provide consultation and training</p>
Assigned To	<p>A. Jennifer Lasceski, Heather Beson and Staff Development</p> <p>B. Joelin Hahn and Stacy Krazinski</p>
Actions Taken and Evaluation of Effectiveness (N/A if New)	<p>A. ——— A. There were no MHFA trainings offered in 2023, however, MHFA sessions offered by Saginaw CMH were offered to Bay City community members. 2-due to the pandemic and limited virtual options. BABHA has had an employee trained in the Youth MHFA and has completed the first session in March 2024 and there are two more sessions scheduled. After completion of these trainings, the trainer will be able to complete Adult MHFA sessions. will explore virtual options and recruit more trainers in order to be able to offer this service to the community in 2023 BABHA provided information regarding MHFA training opportunities provided by community partners in 2022.</p> <p>B. BABHA will continue to work with local law enforcement agency to establish and implement Crisis Intervention Team (CIT) model program that provides enhanced mental health training to all law enforcement officers, and incorporates mental health specialist on a special response team. The MRT helps to strengthen the relationships with local law enforcement.</p>
Status (New; Continue; Completed)	<p>A. Continued</p> <p>B. Continued</p>
Planned Completion Date	<p>A. May 2025/30/2023</p> <p>B. Ongoing</p>

Financial⁵

⁵ CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.4.

Since BABHA is primarily Medicaid funded, individuals must have easy access to Medicaid services. To address any barriers in this area, BABHA contracts for services with the Michigan Department of Health and Human Services (MDHHS) for a Medicaid Eligibility Specialist. The primary role of this contractor is to assist individuals in obtaining Medicaid, gaining access to Medicaid services and eliminate any financial barriers. Historically, Healthy Michigan Medicaid subcontract revenue, based on funding per eligible, had not been sufficient to meet service costs, however, through state approved rate increases for this benefit since 2021 and the actuarial rate development process, BABHA has realized an increase in Healthy Michigan subcontract revenue for this benefit which has been sufficient to meet service demand. Autism Medicaid subcontract revenue, based on those eligible for this service, has not been sufficient to meet the high demand and service-costs involved with this population. The underfunding BABHA has experienced with this benefit is a state-wide issue which needs to be addressed through the rate setting process at the State level. Additionally, utilization during the pandemic has also affected actuarial rate calculations across all fund sources not accounting for rebound in service utilization. BABHA regularly monitors Medicaid eligibility along with service costs across all Medicaid fund sources while maintaining a balanced budget. Although BABHA is no longer required to develop and submit a cost containment plan to Mid-State Health Network to address the higher utilized services noted, the agency continues to evaluate these service costs and monitor and divert community hospital admissions, ~~evaluate ancillary service needs, and implements Applied Behavior Analysis clinical protocols and guidelines to ensure consistent service provision.~~

Since the COVID pandemic started in 2020, there has been a significant staffing shortage with the mental health field of clinical and direct care staff. For outpatient therapy services, the shortage ~~continues to~~ has caused a lack of fully licensed masters social workers (LMSW) and fully licensed professional counselors qualified to bill outpatient services for individual who have Medicare Part B insurance. The COVID pandemic also resulted in a statewide hold on annual Medicaid and Health MI determinations with continued benefits throughout the pandemic. The end of the Public Health Emergency and the reinstatement of the Medicaid eligibility redetermination process has created some issues related to individuals not timely being approved for Medicaid, not being assigned the right benefit and having large spend downs that they previously did not have.

There are no financial barriers for people who need emergent services at this time. Depending on the prevailing status of the General Fund, currently offered services are evaluated for continuation on an ongoing basis. Thus, people who are indigent may encounter barriers to non-emergent services. Whenever possible, attempts are made to overcome such barriers through referrals to other local community agencies. ~~As a result of the MDHHS redistribution of General Fund dollars to CMHSPs, BABHA has been in a better position with meeting those services costs. The spenddown amounts the individuals have been assigned are beginning to affect the availability of General Fund dollars to meet demand for the indigent population.~~

Review of Past Year Actions to Mitigate Financial Barriers

BABHA has monitored service provider contractual expenditures for potential cost savings. BABHA continues to evaluate vacant positions and consolidate where feasible. Potential cost savings has been analyzed as contracts were proposed for renewal. Healthy Michigan and Autism expenditures have been analyzed during FY24~~3~~ budget development. While Healthy Michigan funding was sufficient to meet service demand the last ~~three~~ two years, this benefit will continue to be monitored to ensure this trend continues. BABHA continued to analyze internal and external procedures related to Advanced Behavioral Analysis (ABA) service authorization and utilization, including the utilization of ancillary services (OT/PT/SLP) associated with ABA service delivery.

~~BABHA continued to work with Network Providers who incurred excess costs due to effects of the pandemic, including higher than normal over-time, personal protective equipment and other unusual expenditures.~~ BABHA also continued cost settlement contracts with select Providers to ensure business operations continued and those in need of vocational and clubhouse services did not encounter an interruption in services. Those providers have been transitioning back to a fee-for-service contract with an end of the year cost settlement option. The MSHN Network Provider Stabilization Plan and Network Provider Staffing Crisis Stabilization Plans were a resource to determine who may qualify for funding which

permitted Providers to continue to maintain business operations while ensuring availability of services and staffing to meet current and future needs.

BABHA implemented a General Fund (GF) Exception's process to authorize the use of GF to pay for outpatient therapy services that cannot be billed to the primary insurance or Medicaid due to staff qualification issues (shortage of LMSW). Doing so has assured the availability of services of outpatient therapy services for all individuals services. BABHA also consulted with our DHHS Medicaid Eligibility Specialist to determine proactive strategies for the re-implementation of the state benefits annual eligibility determination process.

Established policy and procedures for CMHSP General Fund Grant Mechanisms for network providers in particular.

Barrier(s) to Accessibility	Healthy Michigan Medicaid subcontract revenue from MSHN is based on PEPM funding. Service expenditures for this benefit have typically exceeded revenue resulting in the need to supplement expenditures with traditional Medicaid funds. This has improved, however, will continue to monitor with the Medicaid redeterminations that are occurring once again and the change in benefits occurring one more year.
Action(s) To Be Taken	A. BABHA will monitor services provided and evaluate whether there is potential for a cost savings B. BABHA will monitor Healthy Michigan expenditures and Medicaid status savings within the MSHN region to assure additional funding continues to be available to meet the service needs of BABHA.
Assigned To	A. Marci Rozek B. Marci Rozek
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. BABHA evaluates Medicaid expenditures during the budget process. Submitted a balanced budget to the Board. Analyzed as contracts were proposed for renewal. B. The MSHN region will fund the internal service fund and end the year with a Medicaid surplus. Monitored surplus Medicaid funding in the MSHN region.
Status (New; Continue; Completed)	A. Continue B. Continue
Planned Completion Date	A. Continue in Fiscal Year 202 4 B. Continue in Fiscal Year 202 4

Barrier(s) to Accessibility	MDHHS funding for Autism revenue is paid on a PEPM basis based on Medicaid eligible individuals. MSHN subcontracts for Autism revenue based upon enrollees for that benefit. Currently revenue is short of demand for those services. Capacity within the Provider Network is monitored, which potentially could lead to an increase in service costs as eligible individuals receive services.
Action(s) To Be Taken	A. BABHA will monitor Autism subcontract and any potential savings within the MSHN regional along with traditional Medicaid revenue which may be used as a supplement to assure it is sufficient to cover Autism expenditures. B. BABHA will monitor those eligible for Autism services and continue to secure additional service providers at competitive rates. C. BABHA will implement standard practices which better assist with determining scope and duration of services.
Assigned To	A. Marci Rozek B. Marci Rozek C. Joelin Hahn
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. The MSHN region will fund the internal service fund and end the year with a Medicaid surplus. Monitored surplus Medicaid funding in the MSHN region. B. BABHA contracts with Autism Providers at the State issued rates. Through the contract application process added Autism Providers to the BABHA Network of Providers.

	C. BABHA revised ABA and Ancillary services to ABA authorizations process. Monitor ABA and Ancillary service utilization
Status (New; Continue; Completed)	A. Continue B. Continue C. Continue
Planned Completion Date	A. Continue in Fiscal Year FY202 43 B. Continue in Fiscal Year 202 43 C. Continue in FY2 43

Barrier(s) to Accessibility	The pandemic has financially affected Network Providers who BABHA heavily relies on for services to eligible individuals. BABHA must ensure Network Providers business operations are uninterrupted for service delivery in our two counties.
Action(s) To Be Taken	Follow the MSHN Network Provider Stabilization Plan and Network Provider Staffing Crisis Stabilization Plan for Providers meeting criteria for funding outside their contract terms.
Assigned To	Marci Rozek
Actions Taken and Evaluation of Effectiveness (N/A if New)	Review any requests for additional funding related to lost revenue, unusual expenditures, and/or assistance with low staffing levels, including high turnover, as a result of the pandemic. Review requests and decision on eligibility on a case-by-case basis
Status (New; Continue; Completed)	Completed Continue
Planned Completion Date	Ongoing throughout FY23 Completed and Discontinue this Task..

Barrier(s) to Accessibility	LMSW <u>and</u> LPC provider shortage that effects primary billing.
Action(s) To Be Taken	A. BABHA will continue to review GF exception requests. B. BABHA will continue to monitor program and provider capacity.
Assigned To	A. Directors Integrated Care, Health Care Practices Committee, Finance Department B. Emergency/Access (EAS) and Provider Network Operations/Quality Management Committee (PNOQMC)
Actions Taken and Evaluation of Effectiveness (N/A if New)	N/A <u>A. General Fund exception requests will continue to be evaluated and approved as appropriate.</u> <u>B. Internal group therapy sessions have been developed to address the capacity issues related to the lack of qualified professionals to provide individual therapy. An Assessment Specialist has been hired in ES/AC to assist in same day access to quickly engage consumers at the time they call for help. Ongoing evaluation and development of practices that can assist in getting more people into treatment and addressing the drop out rates.</u>
Status (New; Continue; Completed)	A. Continue New B. Continue New
Planned Completion Date	A. Ongoing B. Ongoing

Employment ⁶

BABHA is committed to recruiting and selecting the best-qualified persons for employment. Recruitment and selection is conducted in a manner that ensures open competition, provides equal employment opportunities, and prohibits discrimination because of religion, race, color, national origin, sexual orientation, age, sex, height, weight, marital or family status, mental or physical disability, genetic information or such other classification protected by law or required by regulatory/accrediting bodies. Background checks are conducted on all prospective employees offered positions with BABHA and at contracted service provider agencies. New employees are not added to the payroll system until all necessary background checks are complete.

BABHA specifically recognizes its obligation under the Michigan Disability Civil Rights Act and informs all employees that the Act requires employees to notify the employer within one hundred eighty-two days of becoming aware of the need for an accommodation that the employee needs such as accommodation. BABHA's Nondiscrimination and Harassment Policy & Procedure defines the complaint process for any suspected violations of equal opportunity.

Methods used to recruit the most qualified staff include (but are not limited to):

- A regular cycle of advertising with the Michigan Talent Bank, various internet resources, local colleges and universities, professional associations, area newspapers and professional journals as warranted.
- Employment ads focus on reaching the most diverse population of qualified applicants.
- Internal postings on BABHA's Intranet site
- Use of professional recruiters as needed

The Cultural Competency and Diversity plan identified that BABHA serves proportionately more individuals of Hispanic or Latinx heritage than are represented among BABHA personnel. BABHA will explore forums to recruit a more diverse group of employees and focus on any available Hispanic sources.

To address employment barriers for individuals we serve, the BABHA Director of Integrated Services [and the CLS Program Manager](#) works collaboratively with vocational providers and partners to ensure quality training and competitive employment programs that are based on an individual's preferences, strengths and experiences for the individuals that we serve. BABHA and local partners provide various employment and support services to any individual that expresses a desire to work in the community.

There have been multiple factors that have impacted the vocational providers throughout the last couple of years. The Workforce Innovation and Opportunity Act which limits the use of subminimum wages (piece rated work) went into effect October 16, 2016. The State of Michigan Executive Office executed an Executive Order to become an Employment First State effective November 18, 2015.

The Centers for Medicare and Medicaid services (CMS) released the Home and Community Based Services (HCBS) rules set forth on March 17, 2014. All of these initiatives eliminate segregated work at subminimum wages and mandating community integrated employment with necessary supports for all individuals. BABHA along with the three contracted vocational providers have been transitioning their services to meet these standards. Technical Assistance offered by the State has been obtained through a grant to implement a rate restructuring of the system to support the outcome of competitive integrated employment.

The pandemic halted all vocational services during the shutdown and reduced the vocational providers' ability to provide services after the shutdown was lifted. The vocational providers were able to benefit from the network provider funding stabilization plan established by MSHN and other pandemic related supports that were offered. These providers currently are working towards a return to a full fee for services contract arrangement, however establishing rates based on current and anticipated utilization has been a challenge. BABHA is exploring the use of a consultant to evaluate our

⁶ CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.5.

vocational contracts in order to explore rate structuring, effectiveness of outcome based contracts, and other ways to improve vocational contracts and improve employment outcome rates.

Review of Past Year Actions to Mitigate Employment Barriers

The vocational providers have continued to gradually been able to increase the volume of the employment services they are providing with the ending of the Public Health Emergency, opening up of the State. However, they are not at full capacity. To preserve the provider network, BABHA was able to continue to support providers through by offering network provider stabilization funds. Over the last year, the vocational providers have returned to a fee for service arrangement with an end of the year cost settlement.

BABHA and Michigan Rehabilitation Services (MRS) began working together through an Interagency Cash Transfer Agreement (ICTA) in 2021. The funding in 2023 and continuing in 2024, has been reduced. MRS did have a significant rate increase and are now offering higher rates for vocational providers than BABHA does. MRS was reimbursing the providers for IPS services but this ended up not working out as well as hoped. The providers were being reimbursed at a much lower rate than they had with a direct contract with BABHA, the consumers were not getting served as quickly as the model required. MRS’s application and on boarding took a very long time causing the IPS providers to be out of compliance with fidelity to the model and having lots of consumers drop out before they ever got engaged. BABHA will need to evaluate our referral process if MRS wants to provide IPS services because they weren’t meeting the model. and extended it through 2022. Even though this arrangement didn’t work out with MRS, Ongoing collaboration and improvement with relationships has begun between MRS, BABHA, vocational providers and and other Case Manager providers continues. The agreement with MRS has identified services that consumers may not be able to access without MRS involvement. Referrals have been slower through the pandemic and has begun to increase. The ICTA with MRS changed to remove payment for IPS services since this arrangement was delaying the rapid employment for people wanting to work.

The Individual Placement Support (IPS), an Evidenced Based Practice continues to be implemented by two providers. Both providers have successfully completed the MDHHS MI FAST Review. The implementation of this EBP has provided individuals with severe and persistent mental illnesses more opportunity to be competitively employed in integrated employment opportunities.

The Outcomes Based contracts have been in place since October 1, 2019 and have continued through 2021. Ongoing monitoring of the changes and outcomes continues on a monthly basis. There was an increase in competitive integrated employment, centered based skill building has been greatly reduced and individuals were referred to Community Living Services when the individual didn’t have an employment goal. CLS was eliminated by the vocational providers throughout the pandemic but has been implemented since the end of the Public Health Emergency.

Barrier(s) to Accessibility	Need for increased availability of meaningful vocational services for the individuals we serve.
Action(s) To Be Taken	A. Ensure that the Provider(s) implementing the IPS model achieve fidelity by completing the Mi-FAST Review and implementing recommendations. B. Continue incentive- based contracts that encourage competitive employment. Increase the number of individuals who are employed in competitive integrated employment. C. Improve collaboration with MRS to offer the individuals served a full array of vocational opportunities that are available to them.
Assigned To	A. Nicole Sweet, <u>Heather Beson</u> B. Nicole Sweet, <u>Heather Beson</u> C. Nicole Sweet, <u>Heather Beson</u>

Actions Taken and Evaluation of Effectiveness (N/A if New)	A. MDHHS MI FAST Reviews for both providers were completed in 202 32 which showed slight decline with Fidelity to the model. The ICTA with MRS delayed rapid employment affecting the outcome of the MIFAST Review. Eliminated the ICTA covering IPS. Ongoing MI FAST Reviews will be completed and areas needing improvement will be addressed accordingly. B. Incentive Based Contracts are in place. Ongoing monitoring and close evaluation to assure successful implementation of this payment method continues on a monthly basis. COVID-19 significantly impacted the employment for consumers as many temporarily lost their jobs or had reduction in hours. Many individuals chose not to continue working. All three Vocational Providers were provided Stabilization funds <u>and are now returning to a fee for service based contract arrangement.</u> C. An Interagency Cash Transfer Agreement (ICTA) that began in Calendar Year 2021 and continued through 2022 was in place to pay for IPS. The is agreement remains but was changed to exclude IPS.
Status (New; Continue; Completed)	A. Continue B. Continue C. Continue
Planned Completion Date	A. Completed and ongoing MI FAST reviews will be conducted. B. Continued monitoring through 9/30/202 43 . C. ICTA e signed Oct. 1, 202 32 to continue through 202 43 .

Communication⁷

Forms requiring signatures (consent to treatment, release of information, ability to pay, etc.) and other vital documents (anything to which individuals must respond) are in a language that is understandable to them. All informational materials are provided in 12-point font and are written in a manner and format that is easily understood and written at a fourth~~6,9~~-grade level. Employees providing services work towards assisting all individuals understand provided materials. Clinical forms, such as Assessments, Person/Family-Centered Plans, surveys, etc., will ask questions assessing their language/communication needs and be presented to individuals in understandable English, Spanish, or other languages and those who are Deaf, Hard of Hearing, and Deaf and Blind. Treatment will be modified to effectively serve individuals who are deaf, hard of hearing, and deaf and blind as determined by their language skills and preferences, as requested/required, with interpretive services, if requested.

BABHA considers the need to have services and paperwork available to those who reside in the community who have limited English proficiency (LEP) to be a priority. Forms will be made -available in Spanish for persons who read Spanish or in other languages as requested, free of charge. Voice interpreter services may will be made available to people with LEP when the population in the community may be too small to justify the translation of forms. Communication assistance is provided to people with sight and hearing impairments for both phone access and clinical services. For individuals who request, written materials can also be provided in large print. Michigan Relay or similar adaptive devices are available for callers with hearing impairments.

BABHA continues to work on ensuring compliance with the new Office of Civil Rights requirements from the Affordable Care Act Section 1557 that require covered entities to post notices of non-discrimination and taglines that alert individuals with limited English proficiency to the availability of language assistance services. The BABHA website, consumer handbook, and local choice provider directory are compliant with the requirements.

Interpreter services are provided at no expense to persons served. Phone interpreter services are available for individuals with LEP who are initially requesting access to services, need crisis intervention services, or need to make ongoing appointments with their primary care coordinator. Phone interpreter services for nearly all languages spoken in North America are available on a 24 hour/7 day a week basis. Recipient Rights training is mandatory for all interpreters. Contracted interpreters sign an agreement regarding the confidentiality of treatment. BABHA ensures that interpreters

⁷ CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.6.

and bilingual staff 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. BABH maintains a list of service providers with multi-lingual personnel.

Communication barriers may also exist for people having access to phones (those who are homeless, living in shelters, etc.), and being able to complete phone screenings for access to service. BABHA addresses such barriers via coordination between BABHA staff and stakeholder staff regarding concerns, issues, etc. that pertain to the people we mutually serve.

BABHA publicizes mental health/behavioral health information on their website and Facebook page.

BABHA has established mechanisms to ensure ongoing communication occurs with key stakeholders, including staff and supervisors, community agencies, law enforcement, schools, contracted service providers and other health care providers among others. The 'Community Relationships' attached to the BABHA Strategic Plan lists these points of contact.

In addition, BABHA asks the contracted service provider network to complete a provider satisfaction survey to give BABHA feedback regarding our working relationship. BABHA surveys people served via perception of care and post treatment surveys, which includes questions about communications with BABHA.

BABHA has implemented new tools for sharing of documentation with persons served in the form of a patient portal called CEHR, from BABHA's electronic health record vendor, Peter Cheng Enterprises, Inc. The portal permits two-way communication between staff and persons served, and the sharing of documents for access, review and signature. Front desk staff and leadership were provided with guides and trained in how to use these tools. For persons served lacking adequate broadband coverage or the resources to access technology, BABHA continues to simultaneously provide face-to-face contact for purposes of sharing documentation and obtaining signatures, as well as US Mail.

BABHA is also modifying its practices to incorporate increased options for text and email communication with persons served. Expansion of these options requires the addition of a notice to persons served that BABHA cannot ensure confidentiality due to the potential transmission of protected health information through non-secure services such as mobile phone networks and internet service providers.

Review of Past Year Actions to Mitigate Communication Barriers

BABHA continues to request input from MSHN and MDHHS sources to help restate the content of notices at a lower reading level. RR/CS Department received MSHN Templates and are making changes to reduce the language to a lower reading level.

Barrier(s) to Accessibility	Adverse Benefit Determination Notices include state-required language that exceeds the 4 th grade level requirements for publications.
Action(s) To Be Taken	BABHA will either adapt existing publications obtained from other agencies or will develop a summary publication to be utilized to explain the content of the notices in simple and concise language <u>BABHA will ensure that information noted in the narrative is at the appropriate reading level and easily understood to the recipient and/or their legally responsible party.</u>
Assigned To	RR/CS Manager
Actions Taken and Evaluation of Effectiveness (N/A if New)	Not effective as the state required language cannot be changed as it is required per PIHP contract. A-C. Previously, no direction has been provided despite requests made. In FY22 the notice templates were updated in accordance with State requirements. All notices must comply with the required language. However, all other verbiage used in templates are at a fourth-grade level.
Status (New; Continue; Completed)	Seeking out PIHP standard cover letter language through Customer Service Workgroup <u>Continue</u>

Planned Completion Date	This will remain an area of concern as the notices are completed using the state required templates.
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Barrier(s) to Accessibility	Email and text communication is not secure.
Action(s) To Be Taken	A. Add content to standard cover letters (for requests for signature on documents) to notify persons served of the risk of using texts and emails to transmit protected health information. B. Update privacy notice.
Assigned To	Janis Pinter
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. <u>The E.H.R. has a prompt and verification added to the Consumer demographics that the consumer was informed that security can't be guaranteed.</u> B. Being added to privacy notice.
Status (New; Continue; Completed)	A. Continue B. <u>ContinueNew</u>
Planned Completion Date	A. <u>03/01/23Completed</u> B. <u>03/01/23 9/30/24</u>

Transportation⁸

To minimize transportation barriers, BABHA maintains a fleet of vehicles, both automobiles and vans (some with wheelchair lifts), at all clinical locations and at the North Bay Center. There is a vehicle coordinator at each site to facilitate the availability and safety of vehicles. These vehicles may be used to transport persons served to and from programs and appointments. Sneeze guards have been installed in all agency vehicles for protection against infectious diseases when transporting individuals served. All BABHA clinical facilities are located on established bus lines. In addition, bus passes are issued, and taxi fares are approved based on need.

Arenac County has identified transportation as an issue in the Arenac Community Needs Assessment. Arenac County Commissioners have secured public transit services expanding the transportation options.

Transportation barriers are addressed on an individual basis with persons served through their Person/Family-Centered Plan and support process. They are also addressed on a system-wide basis with local stakeholders. Geographic location, distance, travel time, and transportation options for individuals are primary considerations whenever BABHA contracts with new providers.

[Review of Past Year Actions to Mitigate Transportation Barriers](#)

Internally, the BABHA fleet of vehicles has been evaluated ~~and three new vehicles were purchased during 2022 to replace older vehicles that were removed the fleet.~~ The Facility Manager will continue to assess the agency fleet and recommend replacement vehicles as needed during the next year budget process.

Community Integration⁹

⁸ CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.8.

⁹ CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.9.

BABHA places great value on helping people become a true part of their community by working, volunteering, and developing real friendships. BABHA's goal is to provide necessary supports to people have choices within their lives and achieve the quality of life they are seeking.

All service providers are expected to assist individuals with intellectual/ developmental disabilities to help reach their greatest potential in life through a variety of activities and experiences which are of interest to them. This includes supports and transportation to individuals desiring to do volunteer work, develop vocational or independent skills, develop group social skills and improve their ability to perform daily activities, and encourage connection with their larger community. This includes supporting their wishes to be equal members of any number of civic, recreational, social, religious or political organizations and/or clubs. These opportunities are customized for each individual, are based on his/her interests, and relate to the potential for reciprocating relationships.

BABHA expects all community living supports, employment and skill building service providers to implement models that support individuals in becoming connected to their community. This includes helping the person identify the things they enjoy (e.g. hobbies, leisure activities), the types of job or vocation they would prefer, giving the person power and control over decisions that are made and who supports them, helping people make friends by supporting routines, and ensuring meaningful community activities. Although these are not new concepts, recent changes in Federal requirements for persons receiving services in community-based settings indicate continued evolution is necessary. In addition, Home and Community Based Service (HCBS) Rule requirements are being implemented throughout the State impacting services reimbursed through Medicaid. HCBS rules require complete community integration to the extent that the individual can, with restrictions only allowed for health and safety concerns. BABHA and the Provider Network continue to work together to obtain Compliance with HCBS rules and to maintain this status.

[Review of Past Year Actions to Mitigate Community Integration Barriers](#)

BABHA, MSHN and the Provider Network continue to review, monitor and assure ongoing HCBS rule implementation. Self-Directed Services continue to be implemented through Self Determination arrangements utilizing a Peer Support Broker. Increase in Self Directed Care arrangements have been implemented. Moving people from sheltered based employment settings to more community employment options has been completed and is ongoing. Centered-based skill building, and community living support services has been reduced significantly and an outcomes-based model has been implemented for community integrated supported employment. [The North Bay CLS program has completely converted to an in community based program. The pandemic forced the program to begin providing CLS services in the community and in consumer's homes. This model continued after the Public Health Emergency ended.](#) The IPS model was implemented for vocational services for people with severe and persistent mental illness. The pandemic has forced the Northbay Community Living Services (CLS) to fast track the elimination of centered based services and has expanded CLS to be provided either in the community or in people's homes. Exploration for more community integrated models of service delivery will continue.

Ongoing communication and education continue to be provided to person's served, family, guardians, staff, Board Members, providers and other stakeholders on the implementation of HCBS rules and mandated changes to residential and non-residential services.

The CLS Committee reviews, approves, authorizes and monitors CLS services to assure consistency and that the services are meeting medical necessity criteria. Policy and Procedures have been developed and approved and are in effect to guide this process. [The recent implementation of the 1915\(i\) authorization and approval process may cause delays in individuals needing CLS and other 1915\(i\) services. BABHA, MDHHS and MSHN have been working on assuring that this authorization process is implemented as effectively and efficiently as possible.](#)

The workforce shortages have greatly impacted providers ability to provide community integration opportunities. BABH has provided provider stabilization funding, wage incentives and ongoing support to stabilize and improve staffing that provide these services.

Barrier(s) to Accessibility	Revision of traditional models of community living supports, residential models, and community living services provided by the vocational providers to expand opportunities for community integration and assure compliance with Home and Community Based Rules.
Action(s) To Be Taken	A. BABHA will continue to obtain feedback from persons served, guardians, family members and other stakeholders related to changes in service delivery. B. Coordinate and collaborate with residential and non-residential service providers to assure HCBS rule compliance and to assist throughout the Heightened Scrutiny Process.
Assigned To	A. Karen Amon and Sarah Holsinger B. Melanie Corrion
Actions Taken and Evaluation of Effectiveness (N/A if New)	A. Development of a satisfaction survey for individuals with intellectual disabilities and their families/guardians is being explored to gather feedback on services. B. The CLS Assessment Committee is operational. The CLS Assessment tool is in the process of revision. The CLS <u>The CLS</u> policy has been finalized. The Heightened Scrutiny (HS) process is continuing and BABHA will continue to assist the Provider Network to obtain full compliance. BABHA and the Provider Network have been involved in Site Reviews reviewing HCBS rule compliance. MDHHS site reviews have been conducted and corrective action plans have been submitted when appropriate. <u>There has been some discussion on including the HCBS elements in BABHA site reviews.</u> If there are providers who aren't able to get off H S status, individuals may need to move from those settings. <u>Implementation of the 1915(i) eligibility and authorization process has been implemented and ongoing efforts to assure that these services are processed in a timely fashion needs to continue.</u>
Status (New; Continue; Completed)	A. Continue B. Continue
Planned Completion Date	A. Sept 30, 202 4 ³ B. Ongoing through 202 4 ³ .

Barrier(s) to Accessibility	Lack of CLS providers and staff to offer community integration opportunities.
Action(s) To Be Taken	A. Northbay will expand community integrated CLS services and reduce the numbers of individuals waiting for other CLS providers . B. Vocational providers will increase community integration CLS opportunities. C. BABH will work with the CLS providers to stabilize the workforce
Assigned To	A. Nicole Sweet; Lynn Blohm B. Nicole Sweet C. Director of Integrated Services; Nicole Sweet
Actions Taken and Evaluation of Effectiveness (N/A if New)	N/A <u>A. Northbay has continued to add CLS services as able. The program has moved to a fully community based service. Transportation and the availability of vehicles has been discussed as a possible barrier to providing more CLS services from that program.</u> <u>B. The CLS services have been returned since the vocation providers are able to provide this service post PHE. The ability for the vocational providers to expand CLS services has also been added to their contracts.</u> <u>C. Efforts have been ongoing to help stabilize the CLS provider network. This initiative has also been identified on the Strategic Plan for 2024.</u> <u>D. AOI has increased CLS services for children.</u>
Status (New; Continue; Completed)	New <u>A. Continue.</u>

	<u>B. Continue.</u> <u>C. Continue.</u>
Planned Completion Date	A. 9/30/2 4 B. 9/30/2 4 C. 9/30/2 4

Technology¹⁰

BABHA considers the needs of all authorized system users with respect to ergonomics, input and output options, operating system ease of use capabilities, and any other tools to assist users with IT system access. BABHA assists users regarding the appropriate ergonomic equipment, furniture, lighting, etc. that ensures correct posture and accessibility to system workstations.

BABHA works with users to accommodate special needs for input/output devices. Some examples of these devices might be large button or braille keyboards, specialized mice or trackballs, voice dictation tools, headsets/speakers, stand up/sit down combination desks, and screen readers or braille printers. BABHA works with users to customize ease of use functions such as display size, screen narration, increased text size or magnification tools, and increased screen contrast. BABHA accommodates system accessibility issues by looking at additional technologies and software where deemed necessary.

BABHA ~~established~~ maintains kiosks at each psychiatric clinic waiting room for consumer access to the electronic health record patient portal so they can access information about their services and communicate with their care team.

BABHA has large monitors in the two main meeting rooms at Mulholland, including the board room. The large screen in the board room provides BABHA staff and the public an easy to view and follow version of all board committee meeting agendas and packets.

~~Remote Work options have been included for employees throughout the agency when appropriate. Policies and procedures have been developed and implemented. Building and office space and equipment needs have been identified as an initiative that has been included in the Strategic Plan for 2024. Hybrid Remote update: We remain committed to promoting ergonomics and ease of access to our systems but need guidance from Senior Leadership on what equipment is appropriate to supply to users in their home environment.~~

Barrier(s):

None identified

Other¹¹

Persons served, personnel, and stakeholders all have numerous methods by which to identify other barriers.

1. Suggestion boxes are readily available in every BABHA operated facility.
2. Employees are encouraged to bring barrier issues to their supervisors.
3. Supervisors for BABHA programs, as well as contracted providers, are encouraged to address barriers across the provider network by maintaining regular communication via phone, email, or face to face meetings. Input from providers is also solicited during CLS Provider Meetings, Vocational Provider Meetings and the Primary Provider/Quality Management Committee meeting.

¹⁰ CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.7.

¹¹ CARF; 1. Aspire to Excellence; L. Accessibility; 1.b.10.a-c.

4. Consumer councils for Arenac and Bay Counties meet multiple times per year to provide input into the accessibility and quality of care.
5. BABHA sits on numerous community advisory groups and committees to address service access and bust barriers to care. See the BABHA Strategic Plan for a listing of community relationships held by BABHA.
6. The annual submission to the State includes a community assessment of needs which is completed by BABHA every two years and updated annually. The needs assessment addresses service capacity and potential service accessibility barriers.
7. Persons served receive annual and end of service satisfaction surveys (English and Spanish versions are available) which ask several questions related to accessibility.

BABHA routinely tracks Performance Indicators that measure access to services. In addition, appeal and grievance logs are monitored for barriers to service on an ongoing basis, customer service, general education of persons served, education specific to primary health conditions, as well as education of stakeholders are examples of barriers that would fall under this category.

Corrective Action¹²

Identified barriers that might limit, impede, or preclude access to services will be addressed by agency Leadership and resolved as quickly as possible, depending on the nature of the barrier. The annual update of the Accessibility Plan will provide a comprehensive review of all identified barriers.

Accessibility Status Report¹³

The status of planned actions outlined in the Accessibility Plan will be reported on at least an annual basis to Senior Leadership Team (SLT) and the BABHA Board of Directors. The status update will outline progress made towards the removal of each barrier identified in the previous year’s Accessibility Plan.

Requests for Accommodations¹⁴

Requests for accommodations will be identified at various times throughout clinical services via the initial assessment, Person/Family-Centered Plan, routine progress notes, periodic reviews, annual review, etc. Accommodations will also be noted at the time of the initial screening for services as well as through facility inspections, employee feedback, community focus groups, internal committees, stakeholder initiatives, incident report forms, consumer surveys, appeal and grievance logs, etc. BABHA is pro-active in its efforts to ensure that persons served receive necessary services and strives to ensure that requests are accommodated whenever reasonable and appropriate for conditions.

Requests will be channeled for review to the appropriate BABHA leadership and/or their designees such as, the Facilities Manager, the BABHA Customer Services Department, the Safety Committee, etc., or to the assigned care manager if a person receiving services is involved. Following the review, a determination will be made as to any remedial action that needs to be taken. Documentation will be maintained regarding the disposition of such requests, either through meeting notes or the electronic health record if a person receiving services is involved.

¹² CARF; 1. Aspire to Excellence; L. Accessibility; 2.b.1-2., c.

¹³ CARF; 1. Aspire to Excellence; L. Accessibility; 2.b.1-2.

¹⁴ CARF; 1. Aspire to Excellence; L. Accessibility; 3.a-d.