

# MINUTES

## BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS PROGRAM COMMITTEE MEETING

Thursday, June 13, 2024 at 5:00 pm

Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

<b>Committee Members:</b>	<b>Present</b>	<b>Excused</b>	<b>Absent</b>	<b>Committee Members:</b>	<b>Present</b>	<b>Excused</b>	<b>Absent</b>	<b>Others Present:</b>
Chris Girard, Ch	X	_____	_____	Pam Schumacher	X	_____	_____	BABH: Heather Beson, Joelin Hahn, Chris Pinter, Amy Folsom, and Sara McRae  Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained
Sally Mrozinski, V Ch	X	_____	_____	Robert Pawlak, Ex Off	X	_____	_____	
Jerome Crete	X	_____	_____	Richard Byrne, Ex Off	X	_____	_____	
Toni Reese	_____	X	_____					

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call	Committee Chair, C. Girard, called the meeting to order at 5:00 pm.	On motion of R. Byrne and support of R. Pawlak, T. Reese was excused. The motion passed unanimously.
2.	Public Input (Maximum of 3 Minutes)	There were not any members of the public present.	
3.	Clinical Program Review 3.1) Madison Clinic Psychiatric Services, A. Folsom	3.1) A. Folsom provided an overview of psychiatric services at the Madison Clinic noting the staff, the co-op program with local high schools, caseload size, and services provided including a telehealth option. A. Folsom reported BABH also provides substance use disorder (SUD) services including supplying Narcan, jail diversion services, and coordinating with local community partners. A. Folsom also reported BABH is providing group therapy options for individuals with private insurance due to the demand on the healthcare system currently. There were discussions regarding caseloads sizes, duration of appointments, no show rates, and evidence-based practices utilized by BABH including Dialectical Behavioral Therapy (DBT) and Eye Movement Desensitization and Reprocessing (EMDR) Therapy.	3.1) No action was necessary

4.	<p>Requests for Clinical Privileges</p> <p>4.1) Mukesha Lathia, M.D. – Renewal privileges for a two-year term to expire 06/30/2024</p> <p>4.2) Nathalie Menendes, Psy. D, LP – Renewal privileges for a two-year term to expire 06/30/2024</p>	<p>4.1-4.2) The Committee reviewed the requests for clinical privileges.</p>	<p>4.1-4.2) On motion of R. Pawlak and support of J. Crete, the clinical privileges for Mukesha Lathia, MD, and Nathalie Menendes, Psy. D, LP, were referred to the full Board for approval. The motion was adopted unanimously.</p>
5.	<p>Unfinished Business</p>	<p>There was not any unfinished business presented to the Board.</p>	
6.	<p>New Business</p> <p>6.1) Conflict Free Access &amp; Planning Update, C. Pinter</p> <p>6.2) Expansion of Inpatient Pediatric Psychiatric Beds Update, C. Pinter</p>	<p>6.1) C. Pinter reported on the updated advocacy in opposition to the Michigan Department of Health and Human Services (MDHHS) interpretation of complying with the conflict free access and planning requirements for persons with Medicaid. MDHHS has conveyed the same agency cannot provide services and have a financial interest. MDHHS has conveyed community mental health (CMH) agencies have a financial interest as they make referrals and payments. However, according to state law, CMHs are a non-profit government entity with transferred responsibility for providing public mental health services. The Arenac County Board of Commissioners passed a resolution this week regarding the conflict free access and planning. The Bay County Board of Commissioners is considering a resolution at their meeting next week. There were general discussions regarding previous efforts to privatize the CMH system and if matters like this could be heading toward privatization again.</p> <p>6.2) C. Pinter reported Representative Tim Beson had funds allocated for a grant for a hospital to increase the number of inpatient pediatric psychiatric beds. BABH, McLaren Bay Region, and representative Beson have a meeting scheduled later in June to discuss the possibility of an expansion of children’s psych beds at McLaren Bay Region. The next step would be to approach HealthSource in Saginaw County. There were general discussions regarding liability, the lack of incentives for private, for-profit hospitals to admit high-needs</p>	<p>6.1) No action was necessary</p> <p>6.2) No action was necessary</p>

<p>6.3) Proposed Waskul Settlement, C. Pinter</p>	<p>patients to the inpatient unit, the high cost to train staff to care and provide for high needs individuals, the limited number of state hospital inpatient beds, the demand for inpatient beds, and the obligation for CMHs to treat all individuals by law.</p> <p>6.3) C. Pinter reported the Waskul agreement which resulted from a lawsuit in federal court, requires self-determination staff that care for individuals on C waiver, to be paid \$31 per hour. Individuals on the C waiver are higher needs individuals typically living in group home arrangements. Community living support (CLS) staff providing the same services to other individuals are not required to be paid the \$31 per hour. Administration would like to submit opposition to the lawsuit in writing noting the benefit of a few is at the loss of many. The pay differential among this classification of staff could be detrimental to the entire system. C. Pinter also reported the legislature will need to fund this agreement. MDHHS has historically underfunded CLS services and has not been meeting the obligations of the system. The Committee concurred with sending an opposition letter.</p>	<p>6.3) No action was necessary</p>
<p>6.4) Revised General Fund (GF) Eligibility Plan Update, J. Hahn</p>	<p>6.4) J. Hahn reported BABH administration is considering implementing a general fund (GF) plan consisting of eligibility criteria and a waitlist procedure. Currently, the GF projected deficit is anticipated to be \$800,000, which requires immediate action. CMHs are required to serve all individuals, however, setting parameters to prioritize which individuals receive services first is allowed. Hospitalizations cannot be waitlisted. Administration is recommending setting parameters on the next level of services to manage the GF deficit moving forward. Parameters will be based on a group model beginning with group therapy and then a referral for individual therapy if needed and referring all case management services to the provider network first. If an individual's needs are higher, the provider network can then refer the case back to BABH. J. Hahn explained the tool utilized during assessment screenings which helps determine the level of care. C. Pinter reported BABH may need to utilize fund balance dollars to assist with the GF deficit this year. There were discussions regarding the process for evaluating the GF</p>	<p>6.4) No action was necessary</p>

	6.5) Board Committee Organizational Structure	<p>plan and making corrections as necessary, BABH trends for GF deficits, the difference between Medicaid and GF dollars, hospitalizations being the main reason for the budget deficits, and the Midstate Health Network (MSHN) budget and funding procedure.</p> <p>6.5) Without objection, Committee Chair, C. Girard, added agenda item, Board Committee Organizational Structure, to the agenda. C. Girard reported the Bylaws &amp; Policies Committee is evaluating the board committee structure as part of the annual Bylaw review process. There have been discussions regarding the duration and number of committee meetings. It was decided each committee would be evaluated. C. Girard asked the members for feedback on whether this committee could possibly meet less frequently or reduce any of its functions. The members concurred Program Committee should continue to meet monthly, and the information provided at the meetings is valuable.</p>	6.5) No action was necessary
7.	Adjournment	On motion of J. Crete and support of P. Schumacher, the meeting adjourned at 5:47 pm. The motion passed unanimously.	



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Chris Girard, Committee Chair