

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS PROGRAM COMMITTEE MEETING

Thursday, July 11, 2024 at 5:00 pm

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

Committee Members: Chris Girard, Ch Jerome Crete Sally Mrozinski Toni Reese	Present _____ _____ _____ _____	Excused _____ _____ _____ _____	Absent _____ _____ _____ _____	Committee Members: Pam Schumacher Robert Pawlak, Ex Off Richard Byrne, Ex Off	Present _____ _____ _____	Excused _____ _____ _____	Absent _____ _____ _____	Others Present: BABH: Heather Beson, Joelin Hahn, Chris Pinter, Amy Folsom, and Sara McRae Legend: M-Motion; S-Support; MA- Motion Adopted; AB-Abstained
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	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Requests for Clinical Privileges 3.1) Sylvia Exum, M.D. – Renewal privileges for a two-year term to expire 07/31/2026 3.2) Bridget Smith, M.D. – Provisional privileges for a one-year term to expire 07/31/2025		3.1-3.2) Consideration of motion to refer the clinical privileges to the full Board for approval
4.	Unfinished Business 4.1) None		

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5.	<p>New Business</p> <p>5.1) Integrated Dual Diagnosis Treatment Program, J. Hahn</p> <p>5.2) Arenac County Narcan Machine Update, J. Hahn</p> <p>5.3) Rose Adult Foster Care Home Update, H. Beson</p> <p>5.4) Advocacy Update, C. Pinter</p> <ul style="list-style-type: none">a. Proposed Waskul Settlementb. Conflict Free Access and Planningc. Medicaid/General Fund Expense Trends		<p>5.1) No action necessary</p> <p>5.2) No action necessary</p> <p>5.3) No action necessary</p> <p>5.4) No action necessary</p>
6.	Adjournment	M -	S - pm MA

Integrated Dual-Disorder Treatment

IDDT involves the treatment of both mental illness and substance use by the same team of staff in the same location at the same time. Programs that use this treatment model share decision making, promote the idea that consumers with dual disorders are capable of making decisions about their own goals and taking control of their illness in their recovery. Recovery allows more knowledge, offers more choices regarding treatment, and allows increased responsibility for consumers and their families to manage their illness.

Persons with mental illness and substance use problems usually receive most of their services from mental health agencies. IDDT brings substance use treatment into the already existing mental health agency.

IDDT Treatment Principles

- **Integration of services**
The same staff, or team of staff provide treatments for symptoms of mental illness and substance use at the same time. This integration is found in treatment services of assessment, treatment planning, and crisis planning.
- **Comprehensiveness**
Comprehensive programs include several types of services, such as case management services, residential services, employment services, family education, social skills training, illness management training, and medication treatment.
- **Assertive outreach**
This approach requires staff to leave the mental health center and meet with consumers where they live, spending clinical time in the community. Practical assistance may include helping consumers with housing needs, basic living skills, or obtaining available income and insurance benefits.
- **Reduction of Negative Consequences**
This model allows the option of helping consumers to eliminate their problems from the use of substances, while also helping consumers to reduce or stop their use of drugs and/or alcohol.
- **Time-Unlimited Services**
In the IDDT model, services are provided based on the long term treatment needs of the consumer. Consumers have time to recover at their own pace. Recovery for people with mental illness and substance use problems can take months and years rather than days and weeks.

- **Stage-Wise Treatment**
Staff provide interventions that are most likely to be helpful for each consumer, based on where the person is at with their stage of treatment.
- **Use of Many Treatment Interventions**
Consumers with mental illness and substance use problems may respond to a variety of different treatment modalities, including individual, group, and family approaches.
- **Hope**
Treatment is provided in a way that increases hope and allows the consumer to make lasting positive changes in his/her life.

Welcome

We are glad you are here to work on feeling better.



You have made the decision to get help with your mental health and your substance use. Together, we will work on both of these problems.

This brochure is to explain to you about the new way we will be working together. It is called **Integrated Dual Disorder Treatment**. Sometimes we call it by its initials: "I-D-D-T."

This new treatment is for people with a mental illness and a substance use disorder. You see the same staff in the same location and at the same time.

Before IDDT, you would have been on two paths of treatment side by side - one for your mental health and one for your substance use problems. Now, the two paths come together. Both problems are treated as you walk toward your recovery. That is the new approach.

You are still moving toward your recovery, but the path is much easier to follow.



Bay-Arenac Behavioral Health (BABH) is the community mental health provider for people who are Medicaid eligible or have very limited financial means.

BABH funding is from the Michigan Department of Community Health and the Bay and Arenac County Commissions.

We provide services to people with severe mental illness, developmental disabilities, severe emotional disturbances and substance use disorder needs.



Bay-Arenac Behavioral Health
Assertive Community Treatment
(ACT)
201 Mulholland
Bay City, MI 48708
Phone: 989-895-2300

August 2014

You and IDDT Integrated Dual Disorder Treatment



BEHAVIORAL HEALTH



Bringing together
treatments for substance
use disorders and
mental illness.



What is this new approach?

With the IDDT program, you share in decision-making. The program promotes the idea that individuals with dual disorders can make decisions about their own goals. We believe that when you are feeling and doing better that you can take control of your illness.

When you are in recovery – on your way to feeling better – the program allows you to have more knowledge. You are offered more choices about treatment. You and your family are allowed increased responsibility to manage the illness. We will develop a Person Centered Plan with you that will help you succeed in your recovery.

Most people with mental illness and substance use problems usually get most of his or her helping services from mental health agencies. IDDT brings substance use treatment into the already existing mental health agency. This is new and different.

Tell me about IDDT

First, research shows: this works! How does it work? There are several important key features of the treatment that are new and different. They are:

1. Integration of Services (treatment is combined) The same people (staff) will provide treatment for symptoms of mental illness and substance use at the same time. This integration is found in treatment services of assessment, treatment planning, and crisis planning.

2. More than one service available Programs have many ways to better help with what you need such as ACT, case management services, residential services, employment services, family education, social skills training, illness management training, and medication treatment.

3. Services can come to you The IDDT approach has staff leaving the mental health center and meeting with you where you live. You and your primary worker will spend treatment time together in the community. You'll receive support that may include helping you with housing needs, basic living skills, or obtaining available income and insurance benefits.

4. Individualized Treatment Staff will teach skills, coping techniques, and knowledge that will most likely be helpful based on where you are in your recovery.

5. Fewer bad things to stress your life This new way of treatment that gives you choices in helping eliminate your problems that happen from the use of substances. This treatment also helps you work on reducing or stopping your use of drugs and/or alcohol. This will result in less stress in your life.

The bad things that make you feel unhappy and make life harder will begin to go away. As you get better, chances are you won't go to jail, be evicted from your home, have relationships break-up, go through divorce, be in the psychiatric hospital, lose your job, or even possibly die.

6. Services as long as you need them In the IDDT way, services are provided as long as you need them. You have time to recover at your own pace. Recovery is about your individual needs.

7. Use of many treatment interventions We know that individuals with mental illness and substance use problems may respond to a variety of different treatment methods. So we'll work with you maybe trying different kinds of therapy including individual, group, and family approaches.

8. Hope Treatment is provided in a way that increases hope and allows you to make lasting positive changes in your life! Talk to your case manager at Bay-Arenac Behavioral Health.

To learn more about IDDT call 989-895-2200.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

DEREK WASKUL, *et al.*,

Plaintiffs,

Case No. 2:16-cv-10936-LVP-EAS

v.

WASHTENAW COUNTY
COMMUNITY MENTAL HEALTH, *et*
al.,

Hon. Linda V. Parker
Hon. Elizabeth A. Stafford

Defendants.

**Declaration of Bay-Arenac Behavioral Health Regarding
Impact of Waskul Settlement**

Christopher Pinter, pursuant to 28 U.S.C. § 1746, declares:

1. My name is Christopher Pinter and I am the Chief Executive Officer of Bay-Arenac Behavioral Health.
2. For years, Bay-Arenac Behavioral Health, individually and through the Community Mental Health Association of Michigan, has lobbied the Michigan Department of Health and Human Services (“MDHHS”), our state legislators, and others to fix Michigan’s chronic underfunding of the public behavioral health system.
3. Bay-Arenac Behavioral Health fully supports additional funding going into the public behavioral health system as that funding is critically needed. Indeed, Michigan has been facing a direct care worker (“DCW”) crisis for years, and the low

wages DCWs receive are a primary challenge for recruiting and retaining direct care workers.

4. In the public behavioral health context, DCW wages are a product of the funding that the State of Michigan and MDHHS provide for a specified Medicaid service.

5. Direct care workers are the “front line” worker for a variety of public behavioral health services. For Community Living Supports (“CLS”) services, DCWs work for individuals who self-direct their CLS services as well as agency providers.

6. Agency providers of CLS services are the backbone of the public behavioral health system for CLS services. Bay-Arenac Behavioral Health has an obligation to ensure an adequate and sufficient network of agency providers for CLS services.

7. When a local CMH receives a crisis call from the community, hospital, law enforcement, or others, and an emergency community placement is needed for that individual’s condition, the local CMH and its agency providers are the organizations who step up to serve that individual and ensure they receive the best treatment in the least restrictive environment. As a CMH program, Bay-Arenac Behavioral Health is one of the only health care providers in Michigan with a

statutory obligation to serve the most severely disabled residents of our communities regardless of ability to pay.

8. And when individuals are eligible for CLS services but do not have the ability to navigate the complex Medicaid system or serve as their own employer of record—and do not have the family or other support to serve in that role—the local CMH’s agency providers are the ones who ensure that those individuals receive CLS services and remain in the community.

9. Given the tight labor market for DCWs, any distortion of that market in favor of a particular service or provider will have system wide implications and cause problems. This is why the Community Mental Health Association of Michigan has lobbied for all direct care worker wages to be increased, because the fundamental and most important principle of delivering a behavioral health service is to help the most people possible and do no harm in the process.

10. At Bay-Arenac Behavioral Health, we care about every single recipient of our services because they are our neighbors. And we hold the above principle to our core, for we do not want any individual or group of people to be harmed by a well-intentioned but ill-advised change to the public behavioral health system.

11. I am familiar with the proposed settlement of the *Waskul* case. While Bay-Arenac Behavioral Health applauds MDHHS’s willingness to provide additional funding for CLS services through the *Waskul* settlement, the *Waskul*

settlement itself represents very poor health care policy that will have catastrophic consequences for the public behavioral health system.

12. Presently, MDHHS's funding permits a CLS hourly rate of approximately \$20.50. The *Waskul* settlement seeks to increase that CLS hourly rate to \$31 per hour, but only for the individuals who self-direct their CLS service.

13. By limiting the additional funding to those individuals on the Habilitation Supports Waiver who self-direct their CLS service, MDHHS is skewing the labor market away from agency providers—the backbone of the system—and towards self-directed services.

14. Based on feedback from agency providers, we anticipate the *Waskul* settlement to cause agency providers to lose not only their direct care workers but also their lower level management personnel. This is because MDHHS is funding the CLS service at \$31 per hour for recipients who are able to self-direct their CLS service while providing 40% less funding to agency providers who deliver the exact same CLS service to individuals on the Habilitation Supports Waiver who choose a different service modality.

15. From a system wide perspective, the *Waskul* settlement will harm more individuals than it helps. And the individuals harmed are more likely to be minorities, older, from a less affluent family, and people who do not have family or

other support systems to help them—i.e., the most vulnerable in our patient population.

16. In short, MDHHS is favoring the “haves” over the “have-nots.” And at Bay-Arenac Behavioral Health, we think that is wrong. All individuals eligible for medically necessary CLS services in the state Medicaid program should receive fair consideration for funding those services, not just those that happen to be enrolled in the right waiver at the right time.

17. Through the *Waskul* settlement, MDHHS’s proposed changes to the public behavioral health system present a substantial risk of a collapse of the agency provider network. And Bay-Arenac Behavioral Health CMH, the only provider in these two counties obligated by law to provide CLS services to the most in need, will be left holding essentially an unfunded mandate. The policies in the *Waskul* settlement also materially alter the risk the PIHPs assume by contracting with MDHHS.

I declare under penalty of perjury the foregoing is true and correct.


Christopher Pinter
CEO of Bay-Arenac Behavioral Health

Dated: 6-20-24



BAY COUNTY BOARD OF COMMISSIONERS

515 Center Avenue, Suite 405, Bay City, MI 48708-5125

(989) 895-4136 Fax – (989) 895-4226

VAUGHN J. BEGICK
CHAIRMAN
3RD DISTRICT

June 18, 2024

THOMAS M. HEREK
VICE CHAIRMAN
5TH DISTRICT

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

KAYSEY L. RADTKE
SERGEANT AT ARMS
6TH DISTRICT

To whom it may concern:

KATHY NIEMIEC
1ST DISTRICT

Please be advised that on June 18, 2024, the Bay County Board of Commissioners adopted Resolution No. 2024-87 (copy attached) regarding the current MDHHS proposals for Conflict Free Access & Planning.

TIM BANASZAK
2ND DISTRICT

Should additional information be required, please do not hesitate to contact our office at your convenience.

COLLEEN MAILLETTE
4TH DISTRICT

Sincerely,

A handwritten signature in black ink that reads "Vaughn Begick".

LINDSEY ARSENAULT
BOARD COORDINATOR
(989) 895-4136
Arsenaultl@baycounty.net

Vaughn Begick
Board Chair
Bay County Board of Commissioners

CC: Elizabeth Hertel
Derek Melot

515 Center Avenue, Suite 405, Bay City, Michigan 48708
Tel: (989) 895-4136 | Fax: (989) 895-4226
Web: www.baycounty-mi.gov

BAY COUNTY BOARD OF COMMISSIONERS

JUNE 18, 2024

RESOLUTION

- BY: BAY COUNTY BOARD OF COMMISSIONERS (6/18/24)
- WHEREAS, The State of Michigan is required by MCL 330.1116 "...to promote and maintain an adequate and appropriate system of community mental health services programs" (CMHSPs) and "shift primary responsibility for the direct delivery of public mental health services from the state to a community mental health services program..."; and
- WHEREAS, The State of Michigan is required by MCL 330.1202 to "financially support, in accordance with chapter 3, community mental health services programs that have been established and that are administered according to the provisions of this chapter."; and
- WHEREAS, Bay-Arenac Behavioral Health is required by MCL 330.1206 and 1208 to "provide a comprehensive array of services and supports to residents of Bay and Arenac Counties with the most severe forms of mental illness, intellectual/developmental disabilities, and serious emotional disturbances"; and
- WHEREAS, Nearly 5,000 Bay and Arenac County residents and their families with serious mental illness, intellectual/developmental disabilities, addictive disorders, and children with severe emotional disturbances depend on the public mental health system and its community partners for both acute and long term supports and services; and
- WHEREAS, Bay County supports a CMHSP safety net that carries out its obligations to every citizen by prioritizing and serving persons with the most severe and persistent forms of mental illness, intellectual/developmental disabilities, and addictive disorders in the context of broader public health and safety instead of short term considerations of private gain and profit; and
- WHEREAS, The Michigan Department of Health and Human Services (MDHHS) is applying Medicaid requirements for Conflict Free Access & Planning for the purpose of re-interpreting this established legislative policy to erroneously imply that in some instances county CMHSPs have a pecuniary conflict of interest for some of the services included in this delivery system; and
- WHEREAS, CMHSPs are instruments of county government 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; and
- WHEREAS, 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; and
- WHEREAS, The MDHHS position also ignores the comprehensive CMHSP service requirements

under state law, disregards the importance of consumer/family choice of providers, adds unnecessary administrative duplication and expense to the Medicaid program, and will fail to improve care for the residents of Bay County; Therefore, Be It

RESOLVED That Bay County strongly opposes the current MDHHS proposals for Conflict Free Access & Planning and the October 1, 2024 implementation date as it significantly mischaracterizes the mission and public obligations of CMHSPs, creates unnecessary havoc throughout state-wide provider systems, and will have absolutely no benefit to the consumers and families receiving care; Be It Further

RESOLVED, That Bay County respectfully asks the Governor to urge MDHHS to rethink their proposal for the Conflict Free Access & Planning requirements within the context of the 61 year state and county statutory relationship for public mental health services and collaborate with the Michigan Community Mental Health Association to identify pathways for compliance that build on the strengths of the existing CMHSP system; Be It Finally

RESOLVED That a copy of this resolution be provided to Governor Gretchen Whitmer, Senate Majority Leader Winnie Brinks, Speaker of the House Joe Tate, Senator Kristen McDonald-Rivet, Senator Michele Hoitenga, Representative Timothy Beson, Michigan Department of Health and Human Services Director Elizabeth Hertel, the Michigan Association of Counties, and all Michigan counties.

**VAUGHN J. BEGICK, CHAIR
AND BOARD**

Board of Commissioners - County Resolution Opposing Conflict Free Access & Planning (BABH)

MOVED BY COMM. HEREK
SUPPORTED BY COMM. MAILLETTE

COMMISSIONER	Y	N	E	COMMISSIONER	Y	N	E	COMMISSIONER	Y	N	E
KATHY NIEMIEC	X			COLLEEN M. MAILLETTE	X			DENNIS R. POIRIER			
TIM BANASZAK	X			THOMAS M. HEREK	X			* Deceased 6/16/2024			
VAUGHN J. BEGICK	X			KAYSEY L. RADTKE	X						

VOTE TOTALS:

ROLL CALL: YEAS NAYS EXCUSED
VOICE: YEAS 6 NAYS 0 EXCUSED 0

DISPOSITION: ADOPTED X DEFEATED WITHDRAWN
AMENDED CORRECTED REFERRED NO ACTION TAKEN