

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS FACILITIES & SAFETY COMMITTEE MEETING

Thursday, March 6, 2025 at 5:00 pm

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

| | | | | | | | | | |
|--|---------------------------|----------------|----------------|---------------|---------------------------|----------------|----------------|---------------|---|
| | Committee Members: | Present | Excused | Absent | Committee Members: | Present | Excused | Absent | Others Present: BABH: Marci Rozek, Chris Pinter, Eric Strode, and Sara McRae Legend: M-Motion; S-Support; MA-Motion Adopted; AB- Abstained |
| | Jerome Crete, Ch | _____ | _____ | _____ | Carole O'Brien | _____ | _____ | _____ | |
| | Christopher Girard, V Ch | _____ | _____ | _____ | Robert Pawlak, Ex Off | _____ | _____ | _____ | |
| | Patrick Conley | _____ | _____ | _____ | Richard Byrne, Ex Off | _____ | _____ | _____ | |
| | Sally Mrozinski | _____ | _____ | _____ | | | | | |

| | Agenda Item | Discussion | Motion/Action |
|----|---|------------|---|
| 1. | Call To Order & Roll Call | | |
| 2. | Public Input (Maximum of 3 Minutes) | | |
| 3. | Unfinished Business 3.1) None | | |
| 4. | New Business 4.1) Facilities Update a) Annual Drill Report b) Horizon Home Licensing c) 2024 Michigan Occupational Safety & Health Administration (MIOSHA) Reports 4.2) Safety Committee Notes from the February 5, 2025 Meeting 4.3) Emergency Preparedness Plan Update 4.4) Dashboard Review | | 4.1a) No action necessary 4.1b) No action necessary 4.1c) No action necessary 4.2) No action necessary 4.3) No action necessary 4.4) No action necessary |

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BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
FACILITIES & SAFETY COMMITTEE MEETING

Thursday, March 6, 2025 at 5:00 pm
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| | | | |
|----|---|-----|--|
| | 4.5) Madison Building a) Office Renovations b) Roof Repairs | | 4.5a) No action necessary 4.5b) No action necessary |
| 5. | Adjournment | M - | S - pm MA |

**BAY ARENAC BEHAVIORAL HEALTH
EMERGENCY MANAGEMENT PERFORMANCE REPORT
Activities from January 1, 2024 - December 31, 2024**

| Site | Type of Drill | Month Due | Date Completed | On schedule | Score | Response Time | Deficiencies/ Discrepancies | Comments/Areas Needing Improvement If none enter N/A | Actions Steps | Date Completed |
|---|---------------------|-----------|----------------|-------------|-------|-----------------|-----------------------------|---|---------------|----------------|
| Quarter 1 - January - March 2024 | | | | | | | | | | |
| Mulh. - 2nd Floor | Medical Emergency | Mar. | | No | | | Yes | Drill Not Completed | | |
| Mulh. - 3rd Floor | Medical Emergency | Mar. | | No | | | Yes | Drill Not Completed | | |
| Madison Site | Medical Emergency | Mar. | 6/24/24 | Yes | 100% | 30 | No | Real Emergency | N/A | N/A |
| Arenac Center | Medical Emergency | Mar. | 4/2/24 | No | 100% | 4 | No | N/A | N/A | N/A |
| North Bay | Medical Emergency | Mar. | 3/28/24 | Yes | 100% | 5 | No | N/A | N/A | N/A |
| Wirt | Medical Emergency | Mar. | 3/28/24 | Yes | 100% | 4 | No | N/A | N/A | N/A |
| Horizon Home | Fire (1st Shift) | Jan.-Mar. | 1/6/24 | Yes | 100% | 2 | No | N/A | N/A | N/A |
| Horizon Home | Fire (2nd Shift) | Jan.-Mar. | 2/6/24 | Yes | 100% | 1:39 | No | N/A | N/A | N/A |
| Horizon Home | Fire (3rd Shift) | Jan.-Mar. | 3/2/24 | Yes | 100% | 1:45 | No | N/A | N/A | N/A |
| | | | No: | 3 | 0 | < 90% | 2 | Yes | | |
| | | | Yes: | 6 | 7 | ≥ 90% | 7 | No | | |
| Quarter 2 - April - June 2024 | | | | | | | | | | |
| Mulh. - 2nd Floor | Tornado | Apr. | 8/27/24 | Yes | 100% | 25 | No | Real Event | N/A | N/A |
| Mulh. - 3rd Floor | Tornado | Apr. | 8/27/24 | Yes | 100% | 25 | No | Real Event | N/A | N/A |
| Madison Site | Tornado | Apr. | 8/27/24 | Yes | 90% | 15 | No | Real Event | N/A | N/A |
| North Bay | Tornado | Apr. | 4/24/24 | Yes | 100% | 5 | No | N/A | N/A | N/A |
| Wirt | Tornado | Apr. | 4/11/24 | Yes | 100% | 5 | No | N/A | N/A | N/A |
| Arenac Center | Tornado | Apr. | 10/31/24 | No | 90% | 2 | No | N/A | N/A | N/A |
| Mulh. - 2nd Floor | Fire | Jan-Dec | 12/3/24 | Yes | 100% | 5 | No | N/A | N/A | N/A |
| Mulh. - 3rd Floor | Fire | Jan-Dec | 12/3/24 | Yes | 100% | 5 | No | N/A | N/A | N/A |
| Madison Site | Fire | Jan-Dec | 10/31/24 | Yes | 100% | 2 | No | N/A | N/A | N/A |
| North Bay | Fire | Jan-Dec | 5/20/24 | Yes | 100% | 4 | No | N/A | N/A | N/A |
| Wirt | Fire | Jan-Dec | 5/31/24 | Yes | 90% | 14 | No | N/A | N/A | N/A |
| Arenac Center | Fire | Jan-Dec | 12/26/24 | Yes | 90% | 15 | No | N/A | N/A | N/A |
| Mulh. - 2nd Floor | Bomb | Jun. | | No | | | Yes | Drill Not Completed | | |
| Mulh. - 3rd Floor | Bomb | Jun. | | No | | | Yes | Drill Not Completed | | |
| Madison Site | Bomb | Jun. | | No | | | Yes | Drill Not Completed | | |
| North Bay | Bomb | Jun. | 6/20/24 | Yes | 100% | 2 | No | N/A | N/A | N/A |
| Wirt | Bomb | Jun. | 6/25/24 | Yes | 100% | 14 | No | N/A | N/A | N/A |
| Arenac Center | Bomb | Jun. | | No | | | Yes | Drill Not Completed | | |
| Horizon Home | Fire (1st Shift) | Apr.-Jun. | 4/6/24 | Yes | 100% | 2 | No | N/A | N/A | N/A |
| Horizon Home | Fire (2nd Shift) | Apr.-Jun. | 5/4/24 | Yes | 100% | 4:55 | No | N/A | N/A | N/A |
| Horizon Home | Fire (3rd Shift) | Apr.-Jun. | 6/1/24 | Yes | 100% | 7:00 | No | N/A | N/A | N/A |
| Horizon Home | Tornado (2nd Shift) | Apr-Sep. | 4/14/24 | Yes | 100% | 3 | No | N/A | N/A | N/A |
| | | | No: | 5 | 0 | < 90% | 4 | Yes | | |
| | | | Yes: | 16 | 17 | > 90% | 17 | No | | |

| Site | Type of Drill | Month Due | Date Completed | On schedule | Score | Response Time | Deficiencies/ Discrepancies | Comments/Areas Needing Improvement If none enter N/A | Actions Steps | Date Completed |
|--|-----------------------|-----------|----------------|-------------|-------|---------------|-----------------------------|---|---------------|----------------|
| Quarter 3 - July - September 2024 | | | | | | | | | | |
| Mulh. - 2nd Floor | Utility Failure Event | July | | No | | | Yes | Drill Not Completed | | |
| Mulh. - 3rd Floor | Utility Failure Event | July | | No | | | Yes | Drill Not Completed | | |
| Madison Site | Utility Failure Event | July | 4/22/24 | No | 100% | | No | N/A | N/A | N/A |
| North Bay | Utility Failure Event | July | 7/18/24 | Yes | 100% | 4 | No | N/A | N/A | N/A |
| Wirt | Utility Failure Event | July | 7/23/24 | Yes | 100% | 3 | No | N/A | N/A | N/A |
| Arenac Center | Utility Failure Event | July | 1/20/24 | No | 90% | 1:31 | No | N/A | N/A | N/A |
| Mulh. - 2nd Floor | Workplace Violence | Aug. | | No | | | Yes | Drill Not Completed | | |
| Mulh. - 3rd Floor | Workplace Violence | Aug. | | No | | | Yes | Drill Not Completed | | |
| Madison Site | Workplace Violence | Aug. | | No | | | Yes | Drill Not Completed | | |
| North Bay | Workplace Violence | Aug. | 8/20/24 | Yes | 100% | 3 | No | N/A | N/A | N/A |
| Wirt | Workplace Violence | Aug. | | No | | | Yes | Drill Not Completed | | |
| Arenac Center | Workplace Violence | Aug. | | No | | | Yes | Drill Not Completed | | |
| Mulh. - 2nd Floor | Panic Alarm | Sep. | 5/29/24 | No | 100% | 15 | No | N/A | N/A | N/A |
| Mulh. - 3rd Floor | Panic Alarm | Sep. | 5/29/24 | No | 100% | 10 | no | N/A | N/A | N/A |
| Madison Site | Panic Alarm | Sep. | 10/31/24 | No | 100% | 15 | No | N/A | N/A | N/A |
| Wirt | Panic Alarm | Sep. | | No | | | Yes | Drill Not Completed | | |
| Arenac Center | Panic Alarm | Sep. | | No | | | Yes | Drill Not Completed | | |
| Horizon Home | Fire (1st Shift) | Jul.-Sep. | 7/6/24 | Yes | 100% | 1:30 | No | N/A | N/A | N/A |
| Horizon Home | Fire (2nd Shift) | Jul.-Sep. | 8/4/24 | Yes | 100% | 2:30 | No | N/A | N/A | N/A |
| Horizon Home | Fire (3rd Shift) | Jul.-Sep. | 9/7/24 | Yes | 100% | 0:00 | No | N/A | N/A | N/A |
| Horizon Home | Tornado (1st Shift) | Apr.-Sep. | 5/11/24 | Yes | 100% | :46 | No | N/A | N/A | N/A |
| Horizon Home | Tornado (3rd Shift) | Apr.-Sep. | 6/10/24 | Yes | 100% | 0:00 | No | N/A | N/A | N/A |
| | | | No: | 14 | 0 | < 90% | 9 | Yes | | |
| | | | Yes: | 6 | 13 | > 90% | 13 | No | | |
| Quarter 4 - October - December 2024 | | | | | | | | | | |
| Mulh. - 2nd Floor | Fire | Jan-Dec | 12/3/24 | Yes | 100% | 5 | No | N/A | N/A | N/A |
| Mulh. - 3rd Floor | Fire | Jan-Dec | 12/29/24 | Yes | 90% | 5 | No | N/A | N/A | N/A |
| Madison Site | Fire | Jan-Dec | 10/31/24 | Yes | 100% | 2 | No | N/A | N/A | N/A |
| North Bay | Fire | Jan-Dec | 10/17/24 | Yes | 100% | 2 | No | N/A | N/A | N/A |
| Wirt | Fire | Jan-Dec | 5/31/24 | Yes | 90% | 14 | No | N/A | N/A | N/A |
| Arenac Center | Fire | Jan-Dec | 12/26/24 | Yes | 90% | 15 | No | N/A | N/A | N/A |
| Mulh. - 2nd Floor | Active Shooter Drill | Nov. | N/A | Yes | | | No | Removing drill in favor of in-person training | N/A | N/A |
| Mulh. - 3rd Floor | Active Shooter Drill | Nov. | N/A | Yes | | | No | Removing drill in favor of in-person training | N/A | N/A |
| Madison Site | Active Shooter Drill | Nov. | N/A | Yes | | | No | Removing drill in favor of in-person training | N/A | N/A |
| North Bay | Active Shooter Drill | Nov. | N/A | Yes | | | No | Removing drill in favor of in-person training | N/A | N/A |
| Wirt | Active Shooter Drill | Nov. | N/A | Yes | | | No | Removing drill in favor of in-person training | N/A | N/A |
| Arenac Center | Active Shooter Drill | Nov. | N/A | Yes | | | No | Removing drill in favor of in-person training | N/A | N/A |
| Horizon Home | Fire (1st Shift) | Oct.-Dec. | 10/5/24 | Yes | 100% | 5 | No | N/A | N/A | N/A |
| Horizon Home | Fire (2nd Shift) | Oct.-Dec. | 11/2/24 | Yes | 100% | 2 | No | N/A | N/A | N/A |
| Horizon Home | Fire (3rd Shift) | Oct.-Dec. | 12/9/24 | Yes | 100% | 4:22 | No | N/A | N/A | N/A |
| | | | No: | 0 | 0 | < 90% | 0 | Yes | | |
| | | | Yes: | 15 | 9 | > 90% | 15 | No | | |

| Site | Type of Drill | Month Due | Date Completed | On schedule | Score | Response Time | Deficiencies/ Discrepancies | Comments/Areas Needing Improvement If none enter N/A | Actions Steps | Date Completed |
|------|-------------------------------|-----------|----------------|-------------|--------|---------------|-----------------------------|---|---------------|----------------|
| | | Qtr. 1 | Qtr. 2 | Qtr. 3 | Qtr. 4 | | | | | |
| | Scored > 90% | 100% | 100% | 100% | 100% | | | | | |
| | Completed on time | 67% | 76% | 30% | 100% | | | | | |
| | No Deficiencies/Discrepancies | 78% | 81% | 59% | 100% | | | | | |

| | |
|--------------------------|---|
| Annual Summary Analysis: | <div>Active shooter drill are being repalced with in-person and online ALICE training</div> <div>New SSR at different locations accounting for low on time completion percentages</div> <div>Drills not being completed is being addressed with SSR's and Program Managers to divise a plan of correction</div> |
|--------------------------|---|









LOG OF WORK-RELATED INJURIES AND ILLNESSES

Year 20 24

Michigan Department of Labor and Economic Opportunity
Michigan Occupational Safety and Health Administration (MIOSHA)

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Form Approved OMB No. 1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (MIOSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local MIOSHA office for help. You may be fined for failure to comply.

| | |
|--|-------------|
| ESTABLISHMENT NAME Bay Arenac Behavioral Health Authority - All Sites | |
| CITY All | STATE MI |

| IDENTIFY THE PERSON | | | DESCRIBE THE CASE | | | CLASSIFY THE CASE | | | | | | | | | | | |
|---------------------|------------------------|---------------------------------|---|---|---|---|-------------------------------------|-----------------------------|--------------------------|---|---------------------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (A) Case No. | (B) Employee's Name | (C) Job Title (e.g., Welder) | (D) Date of injury or onset of illness (month/day) | (E) Where the event occurred (e.g. Loading dock north end) | (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch) | Using these four categories, check ONLY the one most serious result for each case: | | | | Enter the number of days the injured or ill worker was: | | Check the "injury" column or choose one type of illness: | | | | | |
| | | | | | | Death | Days away from | Remained at work | | Away From Work (days) | On job transfer or restriction (days) | (M) | | | | | |
| | | | | | | | | Job transfer or restriction | Other recordable cases | | | Injury | Skin Disorder | Respiratory Condition | Poisoning | Hearing Loss | All other illnesses |
| | | | | | | (G) | (H) | (I) | (J) | (K) | (L) | (1) | (2) | (3) | (4) | (5) | (6) |
| 1 | | | 1/9/2024 | MVA Bay City | Cuts and bruising to chest | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | 2/8/2024 | MVA Bay City | Cuncussion and Cervical Strain | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | 4/8/2024 | Consumers Home | Lower Back pain | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | | 11/04/2024 | MVA Bay City | Brusing and thumb injury | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Page totals | | | | | | 0 | 4 | 0 | 0 | 63 | 0 | 4 | 0 | 0 | 0 | 0 | 0 |

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact:

Michigan Department of Labor and Economic Opportunity, MIOSHA, TSD,
530 West Allegan Street, P.O. Box 30643, Lansing MI 48909-8143. (517) 284-7788
Do not send the completed forms to this office.

MIOSHA-300 (rev. 03/20) Effective 01/01/2004

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Hearing Standard Threshold Shifts must be recorded under Column 5

Page of (1) (2) (3) (4) (5) (6)

| <u>Log of Employee Accident, Incident and Illness Reports</u> | | | | | <u>Work related:</u> if event or exposure in the work environment either caused, contributed or significantly aggravated; if treatment required but deferred, must still report. | | | | | | | | | | |
|---|---------------|-----------|----------------|------------------|--|--|---------------------------|--|----------|--|--|---|--|---|-------------|
| Year: | 2024 | | | | <u>Motor vehicle accidents</u> not related to commute to work are recordable. Incidents in <u>employee parking lots</u> are recordable. | | | | | | | | | | |
| Type Legend: LIFT = related to lifting consumer or object; STFWI - Slip, trip, fall with injury; STFWOI - Slip, trip, fall without injury; VAWI = Vehicle Accident with injury; VAWOI - Vehicle Accident without injury; SWPVWI = Security/Workplace Violence with injury; SWPVWOI = Security/Workplace Violence without injury; MISCWI = Miscellaneous with injury; MISCSWOI = Miscellaneous without injury | | | | | | | | | | | | | | | |
| Case # | Employee Name | Job Title | BABH Work Site | Date of Incident | Where Event Occurred | What happened? | Was the employee injured? | Description of Injury and Causal Object/ Substance | Type: | Work Related? (if yes, recordable, if other criteria met) | Loss of Consciousness? (if yes, recordable) | Medical Treatment? (if beyond first aid, recordable) | # of Days Lost (if yes, recordable) | # of Days of Work Restrict. (if yes, recordable) | Recordable? |
| 1 | | | North Bay | 01/09/24 | Salzburg Rd Bay City | Turned left in front of oncoming vehicle | Y | Cuts and Bruising to Chest | VAWI | Y | N | Y | 3 | N | Y |
| 2 | | | Madison | 01/25/24 | Madison Parking Lot | Slipped on Slush/Ice | N | None | STFWOI | Y | N | N | N | N | N |
| 3 | | | Madison | 02/08/24 | Center Rd Bay City | Vehicle struck her vehicle | Y | Concussion and Cervical Strain | VAWI | Y | N | Y | 49 | N | Y |
| 4 | | | North Bay | 04/08/24 | Consumer's Home | Assisting Consumer out of Bed | Y | Lower Back Lingering pain | MISCWI | Y | N | Y | 8 | N | Y |
| 5 | | | Mulholland | 04/17/24 | 3rd Floor Office | Cutting paper with cutter and hit blade with knuckle on left hand. | Y | Cut on knuckle of left hand | MISCWI | Y | N | N | N | N | N |
| 6 | | | North Bay | 05/13/24 | Center Rd Bay City | Vehicle struck her vehicle | N | None | VAWOI | Y | N | N | N | N | N |
| 7 | | | Mulholland | 04/30/24 | 3rd Floor Office | Consumer Grabbed Staff | N | None | MISCSWOI | Y | N | N | N | N | N |
| 8 | | | Horizon | 07/12/24 | Living Room Horizon | Aggressive Consumer | y | Right Thumb Sprained | MISCWI | Y | N | Y | N | N | N |
| 9 | | | Arenac | 07/15/24 | Treatment Room Arenac | Consumer kicked desk | Y | Left thigh bruise | MISCWI | Y | N | Y | N | N | N |
| 10 | | | Home | 08/24/24 | Home Office | Thumb hurt while working on laptop | Y | Swelling, red/bruising, unable to bend right thumb | MISCWI | Y | N | Y | N | N | N |
| 11 | | | North Bay | 11/04/24 | Luaria and 2 mile rd. | Staff drove through a stop sign and hit another vehicle | Y | Seatbelt abrasions, sore neck and shoulder | VAWI | Y | N | N | 3 | N | Y |
| 12 | | | Mulholland | 12/23/24 | Consumer's Home | Slipped on ice exiting vehicle | Y | Bruised left knee | STFWI | y | N | N | N | N | N |

BAY-ARENAC BEHAVIORAL HEALTH
SAFETY MEETING MINUTES
Wednesday, February 5, 2025 – 9:00 am
Via Microsoft Teams

Attendees: Eric Strode (Chair), Vicki Atkinson (Recorder), Lynn Blohm, Susan Curtis, Misty Giesken, Jennifer Lasceski, Nicole Popenhagen, Donna Roznowski, Kristin Vanness, Tonia Wilczynski, Justeen Blair (Opt.), Amy Folsom (Opt.)

Excused: Michaela Beck, Cheryl Kusmierz, Tammy Matuszewski, Joelle Sporman, Nicole Sweet, Sarah Van Paris, Kaci Wright-Ahrens, Heather Friebe (Opt.), Joelin Hahn (Opt.), Maria Hewtty (Opt.), Marci Rozek (Opt.), Karl White (Opt.)

| Topic | Key Discussion Points | Next Steps |
|--|--|------------|
| 1. Call to Order Review Agenda Review of Meeting Minutes | <p>The meeting was called to order at 9:00 am. Agenda was reviewed Meeting minutes from November 2024 were approved as written.</p> <p>Eric reported that there have been some Site Safety Rep changes with the closing of the Wirt building and staff moving to Mulholland and North Bay.</p> <p>Mulholland – 3rd Floor:</p> <ul style="list-style-type: none"> - Nicole Popenhagen – Primary Site Safety Rep – front hallway area Cheryl Kusmierz will be her backup - Joelle Sporman – Primary Site Safety Rep – rear hallway area Susan Curtis will be her backup <p>Mulholland – 2nd Floor:</p> <ul style="list-style-type: none"> - Vicki Atkinson – Primary Site Safety Rep Tammy Matuszewski will be her backup | |
| 2. Environmental Concerns | <p>Environmental Concerns:</p> <ul style="list-style-type: none"> - Amy reported that there is still exposures to bed bugs on a regular basis and it's flu season so reminder to disinfect your areas and wash your hands regularly. | |
| 3. Environmental Concerns related to Consumer incident reports | <p>Environmental Concerns related to Consumer incident reports:</p> <ul style="list-style-type: none"> - Eric received a report from staff that they were going to pick up a consumer but the consumer had bed bugs. Situation was handled immediately with alternate arrangements. | |
| 4. Safety Program Performance Measures | <p>New Employee Training:</p> <ul style="list-style-type: none"> - Eric reported these are up to date and saved to the appropriate folders. <p>New Employee Checklist:</p> <ul style="list-style-type: none"> - Eric reported these are up to date and saved to the appropriate folders per location. | |

| | | |
|-------------------------------|---|---|
| | <p>Accidents, Incidents and Illnesses Reports:</p> <ul style="list-style-type: none"> - Eric reported that for 4th quarter there were 2 incidents reported: <ul style="list-style-type: none"> * Staff drove through stop sign and hit another vehicle, seatbelt abrasions, sore neck and shoulder. * Staff slipped on ice exiting vehicle at consumer's home, bruised left knee. * Amy reported a consumer slipped and fell yesterday at the Madison building. Eric reported he knew about it and had contacted the snow removal company to put salt down on the sidewalks immediately. (Accident report for 2025) <p>Vehicle Accident/Reporting Protocol/Cell phone use: See 2024 Incident Totals below</p> <p>Emergency Drills/Real Events/Fire Drill/Tornados: See 2024 Analyzed Drills Report below</p> <p>Update Occupancy Forms: Eric reminded everyone that the sheets need to be updated regularly to reflect staff changes.</p> <p>2024 Incident Totals: – Eric reported the total incidents for 2024:</p> <ul style="list-style-type: none"> - 12 with 4 being recordable, which led to 62 plus days of lost days, 8 being unrecordable. - 4 vehicle accidents, of which 3 were recordables with lost days. - Eric also explained what is considered recordable and unrecordable. <p>2024 Analyzed Drills Report:</p> <ul style="list-style-type: none"> - Eric reviewed the Emergency Management Performance Report which is a requirement for CARF. - Eric made changes to annual Fire Drills, requirement is now 2 fire drills anytime during the year per location. Eric also made changes to Active Shooter drills, this drill has been removed in favor of in-person training. These drills tend to create chaos. | <p>Eric will research Safe Driving Habits information for staff distribution.</p> |
| 5. Monthly Safety Inspections | <p>Site Safety Rep Logs: Eric reviewed the Site Safety Rep Logs and changes he made regarding adding the needed drills throughout the year.</p> | |

| | | |
|------------|--|--|
| | 911 Check Problems/Time: None to report Vehicle Inspections/Maintenance Protocol/Insurance: - Everything is up to date. | |
| 6. Other | Other: - Eric reported that 14 new vehicles are to be delivered in 4-6 weeks. Eric just received notification that all but 3 of the vehicles have been built, should be shipped soon. North Bay will be the base for where the cars will be delivered. SLT is approving the final list of where the new vehicles will be going from there. Seven vehicles can have up to 15,000 miles/year and seven vehicles can have up to 12,000 miles/year | |
| 7. Adjourn | Meeting adjourned at 9:17 am. Next Quarterly Meeting: May 2025 location to be determined. | |



Emergency Preparedness Plan 2025~~3~~

Approved by Strategic Leadership Team:
Full Board Approval Date:

Introduction

The Bay-Arenac Behavioral Health Authority emergency preparedness plan is an all hazards plan that outlines policies and procedures for preparing for, responding to, and recovering from possible hazards faced by the organization. Coordination of planning and response with other healthcare organizations, public health, and local emergency management are emphasized in the plan. The plan also addresses proper plan maintenance, communications, patient care, continuity of operations, management of staff, evacuation, and contingency planning for utilities failure.

This plan supersedes any previous emergency preparedness documents and incorporates related procedures by reference. The plan is reviewed and approved by the Board of Directors on an annual basis and individual procedures may be revised by the Chief Executive Officer as needed to comply with federal, state, and local emergency preparedness requirements.

| Primary Facility | | |
|------------------------------|---|----------------|
| Facility Name | Address (Street, City, State, Zip) | County |
| Bay-Arenac Behavioral Health | 201 Mulholland, Bay City, MI 48708 | Bay |
| Affiliate/Sister Facilities | | |
| Facility Name | Address (Street, City, State, Zip) | County |
| Arenac Center | 1000 W. Cedar, Standish, MI 48658 | Arenac |
| North Bay | 1961 E. Parish Rd, Kawkawlin, MI 48631 | Bay |
| William B. Cammin Clinic | 1010 N. Madison, Bay City, MI 48708 | Bay |
| Horizon Home | 1717 Horizon, Essexville, MI 48732 | Bay |
| Wirt Building | 909 Washington Ave, Bay City, MI 48708 | Bay |

Signature Page

The Bay-Arenac Behavioral Health Board of Directors formally approved the Emergency Preparedness Plan at the regular board meeting held on March 16, 2023.

Richard Byrne, Chairperson

Date

Christopher Pinter, Chief Executive Officer

Date

Record of Changes

This is a continuing record of all changes to the emergency operations plan.

| Change Number | Date of Change | Description of Change | Initials |
|---------------|----------------|--------------------------|----------|
| 2019-1 | 3-21-19 | Annual Revision | CP |
| 2020-1 | 3-19-20 | Annual Revision | CP |
| 2021-1 | 3-18-21 | Annual Revision | CP |
| 2022-1 | 3-17-22 | Annual Revision | CP |
| 2023-1 | 3-17-23 | Annual Revision | CP |
| <u>2025-1</u> | | <u>Biennial Revision</u> | |
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Record of Distribution

This plan has been provided to the following personnel and/or agencies.

| Recipient Name | Department/Agency | Date Distributed | Initials |
|---|---|------------------|----------|
| Ryan Manz | Bay County Emergency Management Agency | | B. Beck |
| Michael Bowers | Arenac County Emergency Management Agency | | B. Beck |
| Melissa Opheim | Bay County Health Department | | B. Beck |
| Melissa DeRoche <u>Montie Schutz</u> | Central MI District Health Department | | B. Beck |
| All Employees | Bay-Arenac Behavioral Health | | B. Beck |
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Purpose, Scope, Risk Assessment and Assumptions

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to provide a safe, accessible, and effective environment for staff, persons served, and visitors that is consistent with the mission, vision, and values of the organization and applicable standards of accreditation entities and local, state, and federal laws and regulations. The environment is designed to meet the needs of persons served, reduce stigma, and protect their dignity.

This plan is established to provide general information on emergency preparedness measures that are in place at BABHA. The emergency response procedures address the four phases of emergency management: mitigation, preparedness, response, and recovery.

Section 1102 of the Social Security Act (42 U.S.C. 1302); and section 353 of the Public Health Service Act (42 U.S.C. 263a § 491.12) Condition of participation: Emergency preparedness state: The Community Mental Health Center (CMHC) must develop and maintain an emergency preparedness plan. The emergency preparedness plan (EPP) must be reviewed on an at least biennial basis.

The plan must:

- Be based on and include a documented, facility-based, and community-based risk assessment, utilizing an all hazards approach;
- Include strategies for addressing emergency events identified by the risk assessment;
- Address patient population, including, but not limited to, the type of services the Community Mental Health Center (CMHC) has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans; and
- Include a process for ensuring cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation.

Regulatory and Centers for Medicare and Medicaid Services require the following supporting plan documents:

- Hazard Vulnerability Analysis;
- Policies and Procedures;
- Communications Plan; and
- Training and Testing Program.

All response activities will be based on the National Incident Management System (NIMS) guidelines. In the event of a community wide emergency, the agency's incident command structure will be integrated into and be consistent with the community command structure. Staff will receive training on the EPP and their assigned roles and responsibilities to ensure they are prepared to meet the needs of consumers in an emergency.

In addition, BABHA, to the extent that public funds are available will partner with other local response organizations to assess the psychological impact of disasters and/or emergency events on victims and response in coordination with local emergency management in Bay and Arenac counties.

Scope

The BABHA EPP is designed to guide planning and response to a variety of hazards that could threaten the safety of patients, staff, and visitors, or adversely impact the ability of the facility to provide healthcare services to the community. The EPP plan will be activated in response to internal or external threats to the facility. Internal threats could include fire, bomb threat, loss of power or other utility disruption. External threats include events that may not affect the facility directly but have the potential to overwhelm available resources or put the facility on alert. The BABHA EPP is designed to meet local and state planning requirements and minimize the potential impact of these events on employees, operations, and facilities.

The BABHA Chief Executive Officer (CEO) will be responsible for activating the plan. Activation of the plan will be conducted in conjunction with agency leadership staff as well as local emergency management and public health personnel.

Risk Assessment

A hazard vulnerability analysis (HVA) was completed at each site by the EPC and Site Safety Rep in ~~2024~~~~2022~~ to –identify the local hazards most likely to impact the organization and review details including type, effects, impacts, risk, capabilities, and other related data. The HVA typically includes the Bay County Emergency Management Coordinator and the Bay County Health Department. The specific tool utilized is the *Kaiser Permanente Hazard Vulnerability Analysis* identified in the United States Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, Information Exchange (TRACIE). In addition, site-specific HVAs were completed for the Arenac Center, Madison Clinic, Mulholland, North Bay, Horizon Home, and the Wirt Building locations. The site specific HVAs for each service location are included as attachments 1a-1g.

The Bay County Emergency Management Coordinator reported that the largest concern for Bay County would be in the case of a mass evacuation. The Bay County Emergency Management system would be the lead officials in responding to a large-scale emergency including coordinating calls for assistance to the State of Michigan, Red Cross, and the Federal Emergency Management Authority.

BABHA is fully integrated with Smart 911 to ensure that first responders have ~~interior/exterior floor plans, pictures, and other~~ key facility information in an emergency. BABHA has key boxes available at each service location to assist emergency personnel in accessing the facility.

BABHA has identified the following local hazards as most likely to result in a situation requiring activation of the EPP:

1. Epidemic/Pandemic
2. Workplace Violence or other threatening situations toward consumers, staff or visitors;
3. Dangerous weapon brought into the work area;
4. Hazmat Incident with Mass Casualties;
5. Active Shooter.

The first (2) hazards, epidemic/pandemic and workplace violence were determined to have a likelihood of occurrence at nearly all the sites. The epidemic/pandemic concerns were rated 1 or 2 in nearly all BABHA locations due to the spread of the COVID-19 virus in the United States that emerged in March 2020. The BABHA EPP was subsequently activated and has remained in operation for the last 36 months. This has included regular Pandemic Planning updates integrated with Agency Leadership meetings, redirection of personnel and resources to limit community spread of the virus, establishment of regular vaccination clinics and rapid testing options and other strategies to mitigate the risk to the populations of Bay and Arenac Counties. As a result, BABHA implemented specific policies and procedures to respond to pandemic-prone illnesses that are included in the disaster-specific Appendices at the end of this document.

The concerns regarding workplace violence are also replicated in the more specific secondary hazards related to dangerous weapons and active shooter incidents. BABHA has emergency procedures in place for responding to workplace violence or other threatening situations toward consumers, staff or visitors and dangerous weapons. This included significant safety upgrades in prior years at nearly all sites to replace reception windows with shatterproof glass and installation of remote locking systems for main entry doors.

BABHA will pursue and incorporate strategies related to effective Threat Assessment in health care settings to reduce the likelihood of workplace violence directed toward consumers, staff, and visitors. These strategies will be included in training and ongoing testing of the BABHA EPP. In addition, although lead BABHA EPP staff have participated in active shooter trainings, the organization is still planning larger group training exercises related to active shooter events as soon as possible.

It should be noted that a state of emergency was declared by both the President of the United States and the Governor of Michigan in March 2020. BABHA has redirected much of our operations into remote and telephonic service means during this period and social mitigation strategies have reduced our ability to coordinate additional in-person training for workplace violence and active shooter events. The HVAs ~~will be~~ updated once the emergency declarations ~~have been~~ revoked and ~~any remaining~~ action items noted in the risk and capability assessments. ~~_ will be referred to the Emergency Preparedness Coordinator and Safety Committee for consideration in 2023.~~

Planning Assumptions

The following assumptions delineate what is assumed to be true when the EPP was developed.

- Top five hazards most likely to occur are identified.

- Identified hazards will occur at some point in time.
- Healthcare personnel are familiar with the EPP.
- Healthcare personnel will execute their assigned responsibilities.
- Executing the EPP will save lives and reduce damage.

Concept of Operations

Continuity of Operations

It is the policy of BABHA to maintain business operations to the maximum extent possible during an emergency. The EPP is established to provide an overall management structure to existing BABHA policies, procedures, and/or plans for responding to various types of emergencies. This includes defining the process for identifying a state of operational emergency and general strategies for orderly response to a significant loss of staff capacity, facilities, or other organizational resources necessary for normal operations. In addition, BABHA emergency preparedness and response efforts will be coordinated with local emergency authorities in Arenac and Bay Counties, including information concerning the ability of BABHA to render aid and the type of aid to the community.

BABHA sites implement emergency procedures based on the EPP that are intended to alert and protect staff, persons served, and visitors in the event of an emergency. Emergency procedures are developed and implemented to guide staff in responding to emergency situations. The emergency procedures are included in the BABHA Kardex and available at all BABHA sites. Additionally, each site is equipped with a Safety and Emergency Procedures Binder that includes detailed instructions for Site Safety Representatives (SSR), their backups, and supervisors who serve the role of emergency managers during emergency situations and emergency drills.

At the Mulholland site, the McLaren-Bay Region Medical Center's (MBRMC) Emergency Kardex is available for specific situations that may not be covered in the BABHA Kardex. Staff should follow the emergency response procedures in the BABHA Kardex and reference the MBRMC Emergency Kardex if a specific situation is not covered in the BABHA Kardex.

During inclement weather situations, staff follow the Severe Winter Weather/Closure Guide in the BABHA Kardex. Sites are closed and work-related travel is suspended if local county government offices are closed. If the local county government offices are already closed due to a holiday or other circumstances, the Facilities Manager will contact the CEO or designee, with a recommendation regarding closure. Local media will be contacted for the announcement of the closure.

BABHA site managers will coordinate purchasing, restocking and disposal of necessary hygiene, personal protective equipment (PPE) and medical supplies through the Finance department in consultation with the Infection Control Nurse and Emergency Preparedness Coordinator. The Site-Specific Emergency Response Procedures (BABHA Kardex) and the Site-Specific Emergency Response

Procedures for SSRs and Supervisors (Safety/Emergency Procedures Binder) are included as attachments 2 and 3.

Leadership During an Operational Emergency

The Strategic Leadership Team (SLT) of BABHA is responsible for maintaining business operations to the maximum extent possible during an operational emergency and as such, constitutes the organization's emergency management team. The membership of SLT and areas of responsibility relevant to an emergency are as follows:

Chief Executive Officer (CEO)

- Determine when the organization is in a state of emergency, including changes in status;
- Determine when any or all of the business continuity procedures defined herein will be implemented;
- Ensure priority is given to the highest risk consumers and most critical clinical services;
- Determine if non-SLT staff will be added as ad hoc members of the SLT to help maintain business continuity during the emergency;
- Reassign duties and responsibilities of staff when necessary;
- Implement emergency actions defined in the Emergency Warning Sequence table outlined in these procedures;
- Issue official communications to the Bay County Emergency Command Center and Regional Bio-Terrorism Team;
- Ensure continuity of customer service as needed; and
- Communicate with the Board of Directors, SLT, and Board Administrative staff.

Medical Director

- Advise CEO on issues related to biological/infectious disease emergency response;
- Advise CEO regarding critical psychiatric services as necessary; and
- Communicate with medical staff, community psychiatrists and physicians as needed.

Chief Financial Officer (CFO)

- Management of purchasing, accounts payable, receivable, and payroll during activation of the EPP;
- Ensure appropriate action is taken relative to BABHA properties as defined here and in other emergency management procedures, including consolidation of service sites as necessary;

- Communicate and coordinate with the Facility Manager on needed assistance;
- Expedite claims processing as needed;
- Communicate with finance staff; and
- Ensure the availability of public funds to assist the community relative to disasters and/or emergency events.

Directors of Integrated Care (IC)

- Ensure continuity and consumer access to critical services and controlled shut down or consolidation of direct operated clinical services and sites as necessary;
- Communicate and coordinate with the medical staff on needed assistance;
- Work with the Contract Manager to communicate with contracted clinical service providers; and
- Communicate with staff, volunteers, and temps for direct operated clinical programs.

Director of Health Care Accountability (HCA)

- Assist CEO and members of SLT with maintenance of technology to support communications and access to electronic record keeping systems;
- Ensure continuity of telephony and computer network operations for internal and external connectivity, including internet access;
- Activate and maintain emergency communications systems, if any; and
- Communicate with Business Intelligence staff as needed.

Director of Human Resources (HR)

- Ensure continuity of staffing by assisting supervisors with re-assignment of staff to cover critical clinical services and site consolidation;
- Liaison with local media, including preparation and issuance of press releases, site closing information, and other information as directed by the CEO or designee;
- Perform expedited credentialing and privileging of licensed independent practitioners as needed;
- Manage employee leave of absences and return to work processes;
- Refer impacted staff to employee assistance program or arrange crisis counseling;
- Assist CEO with general staff communications and directives; and
- Communicate with HR staff.

In addition, the following staff positions may be utilized by the CEO as ad hoc members of SLT, depending on the nature of the emergency. These individuals may be relocated to the Board Administration Offices to work with the CEO and members of the SLT.

Nursing Manager

- Assist the CEO and/or Medical Director with communications with Bay and Arenac County Public Health Departments, McLaren Bay Region (MBR), and Ascension/St. Mary's Hospital in Standish;
- Monitors public health advisories issued by federal, state and local authorities and advises BABH Leadership as needed;
- Assist the HR Director with communications with Occupational Health; and
- Conduct infection monitoring and surveillance activities if the emergency is related to a biological/infectious disease agent and provide guidance to all service locations to mitigate community spread; and
- Oversee implementation of on-site vaccination clinic operations

Facilities Manager (FM)

- Designated as the primary **Emergency Preparedness Coordinator (EPC)**;
- Assist SLT members or designees with site shut-downs, consolidations and/or emergency repairs;
- Monitoring and surveillance of sites for damage if the emergency is weather, bomb related, or otherwise impacting sites;
- Have authority to halt occupancy of unsafe sites in consultation with CEO or designee;
- Assist CEO and members of SLT with communications with the Bay and Arenac County Emergency Management Teams;
- Assist SLT members or designees with implementation of steps listed in the Safety Management Procedures binders at each site and shelter-in-place protocols;
- Assist with acquisition and maintenance of needed emergency supplies; and
- Monitor sites for safety hazards and have authority to respond to protect staff and consumers in consultation with CEO or designee.

Contract Manager

- Assist CEO and members of SLT with communications to contracted service providers including maintenance of related email and contact lists for EPP activation; and
- Prepare to execute emergency contracts and amendments outside of typical procedures if necessary.

Extended Agency Leadership (EAL) includes Program Managers, Supervisors and Team Leaders

- Assists IC Directors in actions to ensure consumer access to critical services and continuity of care; and
- Assists SLT in the controlled shut-down/consolidation of directed operated service sites and implementation of remote work options as necessary.

Orders of Succession

Orders of succession ensure leadership is maintained throughout the facility during an event when key personnel are unavailable. Each member of SLT will identify a designee(s) who will assume his/her responsibilities, should the member of SLT become incapacitated or otherwise unavailable to perform his/her duties during an emergency. Succession will follow facility policies for the key facility personnel and leadership.

Key Personnel and Orders of Succession

| Command and Control | Primary | Successor 1 | Successor 2 |
|--|---------|-------------|----------------------------|
| Facility Representative | CEO | CFO | HR |
| Incident Commander | CEO | CFO | FM |
| Public Information Officer | HR | HCA | IC |
| Emergency Preparedness Coordinator | FM | CFO | Accounting Manager |
| Information Technology and Medical Records | HCA | IT Manager | CFO |
| Service Continuity | IC | EAL | CEO |
| Finance/Administrative Services | CFO | HR | Accounting/Finance Manager |

Delegations of Authority

Delegations of authority specify who is authorized to make decisions or act on behalf of facility leadership and personnel if they are away or unavailable during an emergency.

| Authority | Type of Authority | Position Holding Authority | Triggering Conditions |
|---|--------------------------|--|--|
| Close facility | Emergency Authority | Site Supervisor and Facilities Manager | When conditions make coming to or remaining in the facility unsafe |
| Represent facility when engaging Government Officials | Administrative Authority | CFO | When CEO is not available |
| Activate facility memorandum of understanding/mutual aid agreements | Administrative Authority | CFO | When the CEO is not available |
| Coordinate with Local Emergency Response Partners | Administrative Authority | CEO | When the FM is not available |
| Secure Patient Medical Records | Emergency Authority | IT Manager | When the HCA is not available |
| Redeploy Clinical Resources | Emergency Authority | HR and Site Supervisors | When the IC is not available |

Service Continuity

In the event of an emergency affecting the facility, the Directors of IC will assess staffing and patient care capacity.

Each clinical program of BABHA will identify the following priorities:

- The highest risk consumers currently receiving services; and
- The most critical clinical services include Assertive Community Treatment, Emergency Services, Prescriber Services, Residential Services, Substance Use Medication Assisted Treatment, and Sub-acute Detox services.

In a disaster, personnel may not necessarily be assigned to their regular duties or their normal supervisor. They may be asked to perform various jobs that are vital to the operation but, may not be their normal day-to-day duties. Staff will be assigned as needed and provided with information outlining their job responsibilities and to whom they report.

Additional staff will be called upon to assist in managing the needs and evacuation of patients as necessary. If program resources fall below normal levels during a state of emergency or if service demand suddenly exceeds capacity, priority will be given to maintaining the most critical clinical services to existing BABHA consumers with the highest level of clinical risk. Patient admission to the facility may be curtailed until the emergency has subsided. All available BABH personnel including leadership, administrative, clinical and direct care staff are subject to redeployment during EPP activation. At a minimum, Emergency Services and Horizon Home operations will be maintained to protect the health and safety of the community. Expanded remote work arrangements and use of telehealth services will be considered based on individual client and program needs. Any non-essential BABH staff may be furloughed or request time off depending upon the nature and duration of the specific emergency.

Clinical Directors and/or Supervisors will direct resources to serve the highest risk consumers in their respective programs.

Minimum Staffing Plans and Back-Up Staff

- Clinical Directors and/or Supervisors are responsible for determining if staff levels are adequate to continue operations. If staff levels are too low, the CEO will evaluate the need for program consolidation or site shut down.
- All Directors and/or Supervisors will plan for emergent situations by ensuring redundancy in staff skill sets wherever possible and having back-up plans for critical work processes. Staff should be cross-trained to permit back-filling for each other's positions wherever possible to avoid disruptions to critical clinical and operational functions.
- Where feasible and appropriate, staff may be re-deployed to provide the most critical clinical services depending on their skill set.

Base of Operations in an Emergency

- The Base of Operations for SLT and Bay County sites will be the Board Administration Offices located on the 2nd Floor or Emergency/Access Services on the 3rd floor at 201 Mulholland.
- The base of operations for Arenac County will be the Arenac Center located at 1000 W. Cedar St. in Standish.
- The alternative or back-up site for either Base of Operations is the Madison Building at 1010 N. Madison in Bay City and/or the North Bay site in Kawkawlin.

Shut down of BABHA Sites; Use of Alternative Sites

If an event causes the destruction of a BABHA site or renders it no longer safe, a decision will be made to shut down that site. A site may also be closed if the volume of available BABHA staff decreases to the point that program consolidation is required. If necessary, sites may be relocated to alternative or back-up sites or consolidated into another building.

The decision to shut down a site or move to an alternative location will be made by the responsible site supervisor in consultation with the EPC and the normal chain of command. Follow the instructions in the BABHA Kardex in the event utilities need to be shut off.

Evacuate or Shelter-in-Place

The decision whether to evacuate the facility or shelter-in-place will rest with the Site Supervisor in consultation with the EPC, who will be responsible for deciding which action to take and when evacuation or shelter-in-place should commence. The decision will be made in consultation with facility staff and external stakeholders such as emergency management, fire department or public health personnel.

Both internal and external factors will be considered in deciding whether to evacuate or shelter-in-place.

- Internal factors could include the physical structure of the facility, patient acuity, staffing, accessibility to critical supplies, availability of transportation assets for evacuation, and accessibility of possible evacuation destinations.
- External factors to be considered in making the decision to evacuate or shelter-in-place include the nature and timing of the event; the location or projected path of the threat, such as a flooding incident, ice storm or hurricane; and the vulnerability of the facility to the threat.

Shelter-In-Place for Residential Services

If residential consumers cannot shelter-in-place in their own homes, arrangements will be made for them to shelter elsewhere by their residential provider corporations. Such arrangements will be made by BABHA for the direct operated Horizon Home and apartment settings.

If no alternatives exist, BABHA's North Bay site may be used. This location had been previously approved by FEMA as a non-congregate emergency shelter during the COVID pandemic. The North Bay Emergency Sheltering for Residential Consumers and related documents are included as attachment 4.

Evacuation

If evacuation is called for, patient care will be coordinated with the receiving facility. Evacuation floor plans are posted throughout each site to ensure that employees and visitors know the exit routes to take in an emergency and are also included with related procedures in the BABHA site-specific Safety/Emergency Procedures binder at each location.

Staff are required to assist persons served and visitors during emergency drills and real emergency situations. At the Mulholland site, a Paraslyde® evacuation device for people with mobility issues is available for use by paramedics and/or staff, when necessary.

Patient Provisions/Personal Effects

During an evacuation, provisions for patient care will also be moved with the patient to ensure adequate medical care is maintained throughout the evacuation and care at the receiving facility. This will include necessary medications, medical equipment, supplies, staff, and psychological first aid to care for patients. Procedures are in place to ensure patient's personal effects are also transferred with the patient.

Securing Equipment

The Site Supervisor in consultation with the Facilities Manager is responsible for ensuring facility equipment is secure or is safely moved in the event of an evacuation of the facility. The facility should keep in mind that some medical and diagnostic equipment must be re-calibrated after being moved or disconnected from a power source.

Essential Records Management

Patient Records and Maintenance

In the event of an evacuation, patient records, all of which are stored in a cloud based electronic health record system, will be accessible via the intranet by the receiving facility. The HCA is responsible for granting the receiving facility electronic access to the records during an event. Facility patient records may be stored digitally and accessed via a web portal. Computers will be unplugged and moved to a safe location in the building or moved offsite. Assessing the backup of the electronic data retrieval system will be a function of the annual review of the emergency preparedness system.

Critical data includes:

Consumer information (e.g., face sheets, clinical data, physician orders, care plans):

- Basic Demographic Information (Name, Social Security Number, Date of Birth, Name and Contact of Next Kin/Responsible Person/Power of Attorney, Family Contacts)
- Fund Source Information (Medicaid or Other Health Insurance Number)
- Diagnosis
- Current drug/prescriptions and dietary regimens
- Crisis and/or Safety Plan

The HCA will ensure each BABHA office location serving individuals has a supply of at least ten sets of core clinical documentation blank forms and intake packets for use by clinical staff should all electronic health record technology become unavailable. Core clinical documents include clinical assessments; plans of service; crisis/safety plans; progress notes; and contact notes.

Securing Vital Records

All BABHA vital records, i.e. Board Meeting Minutes, Financial Records, Annual Submission Records, Recipient Rights Records, Human Resource Records, and Performance Improvement Records are stored in an electronic format and can be accessed online and retrieved on system hard drives when applicable and appropriate. Access to and use of these records and systems enables the performance of essential functions and reconstitution to normal operations.

Continuity Facilities

BABHA has established broad mutual aid agreements with the two primary community hospitals in Bay City and Standish. These facilities are in very close proximity to BABHA operations. In addition, BABHA continues to explore other community options for additional continuity facilities in order to conduct business and/or provide clinical care if the original property, host facility or contracted arrangement where the facility conducts operations is unavailable for the duration of the continuity event.

Organization and Assignment of Responsibilities

Local Emergency Operations Center Coordination

This organization will coordinate fully with Bay County Emergency Services, (989) 895-4112, and Arenac County Emergency Management, (989) 846-9156, follow the prescribed Incident Command System, and integrate fully with community agencies in activation for a disaster event or during exercises. In addition, the facility will provide the following information: facility needs and a list of essential services the facility is able to provide. The BABHA EPC will also participate in the Region 3 Health Care Coalition Emergency Planning Committee, 1575 Concentric Blvd., Saginaw, MI 48604, (989) 746-7757. This includes participation in disaster planning exercises and training geared toward disaster behavioral health planning, response and recovery.

Emergency Warning Sequence

The Bay County Emergency Plan includes a Disaster Emergency Action Level Classification System. Arenac County will follow the Bay County classifications unless the Arenac County Government issues their own classifications. The following table lists the actions BABHA will take in response to each level of alert as announced by the Bay County Emergency Coordinator. If an event is localized only to a BABHA site or sites (i.e., no county involvement), the BABHA CEO or designee will determine the level of emergency and initiate the corresponding Emergency Action.

| Bay Co. Classification | Initiating Condition | BABHA CEO Emergency Action |
|----------------------------|---|--|
| Normal (no classification) | Routine monitoring | Information regarding a change in status will be received from the Bay County Emergency Preparedness Coordinator by the BABHA EPC or ES staff, or via local media. Any change in status will be communicated to the CEO or designee immediately upon receipt. |
| Watch | Conditions exist which may cause an emergency to occur. | <ol style="list-style-type: none">1. Place SLT on alert.2. Ensure adequate coverage of Board Administration Office phones; assign additional staff resources as necessary.3. Depending on the nature of the emergency, designate a member of SLT or designee as responsible for monitoring the situation and providing updates to the CEO or designee. |

| | | |
|-------------------|---|--|
| | | <ol style="list-style-type: none"> Depending on the nature of the emergency, ensure subject matter experts or their designees are available for consultation (i.e., medical director, nursing manager, EPC, etc.). Each member of SLT to notify staff in their department. Responsible members of SLT and/or Contract Manager to notify contractors. Assigned subject matter expert to continually assess the situation and report regularly to CEO or designee(s). |
| Warning | An imminent threat of an emergency exists. | <ol style="list-style-type: none"> Notify SLT of change in status. SLT members to notify staff of escalation in status and any emergency actions being taken; remind staff to follow Business Continuity procedures, adhere to relevant Plans such as Infection Control, and follow relevant emergency procedures. Consult with subject matter experts or their designees as appropriate (i.e., medical director, nursing manager, EPC, etc.). Initiate shut down of facilities and relocation of staff and programs as necessary as preventative measures. Relocate critical records if in the path of potential destruction. Clinical staff to inform consumers of alert status and provisions for service continuity; clinical staff to address any associated socio-emotional needs. Responsible members of SLT and/or Contract Administrator to notify contractors as appropriate, including regarding any site closures and relocations. Initiate media announcements as appropriate. Assigned subject matter experts to continually assess the situation and report regularly to CEO. |
| Limited Emergency | An emergency has occurred that does not affect the entire organization, however, requires a coordinated response. | <ol style="list-style-type: none"> Notify SLT of change in status. Communicate with county and regional emergency management personnel as appropriate. Activate SLT designees if some or all members of SLT are incapacitated. Consult with subject matter experts or their designees as appropriate (i.e., medical director, nursing manager, EPC, etc.). Initiate shut down of sites and consolidate/relocate programs as necessary as a reactive measure. Re-assign staff from unaffected sites to effected sites if staff capacity impacted; reduce services at effected sites if adequate staff capacity cannot be sustained. Clinical staff to inform consumers of change in alert status and additional provisions for service continuity; clinical staff to address any associated socio-emotional needs. Clinical managers to notify community referral sources of any closed facilities, relocations or other service consolidations. Responsible members of SLT and/or Contract Administrator to notify contractors as appropriate, including any site closures and relocations. Initiate media announcements as appropriate. Assigned subject matter experts to continually assess the situation and report regularly to CEO or designee. |

| | | |
|-----------------------------|---|---|
| Organization-Wide Emergency | A widespread emergency has occurred that effects the entire organization. | <ol style="list-style-type: none"> 1. Notify SLT of change in status. 2. Activate additional SLT designees if additional members of SLT are incapacitated. 3. Communicate with county and regional emergency management personnel as appropriate. 4. Consult with subject matter experts or their designees as appropriate (i.e., medical director, nursing manager, EPC, etc.). 5. Initiate shut down of additional sites and consolidate/relocate programs as necessary as a reactive measure; consolidate SLT members at the Base of Operations in an Emergency or alternative site if necessary. 6. Reduce services to critical clinical services at effected sites if staff capacity is grossly impacted; initiate consolidation plans for critical services if needed. 7. Clinical staff to inform consumers of change in alert status and additional provisions for service continuity; clinical staff to address any associated socio-emotional needs. 8. Clinical managers to notify community referral sources of any closed facilities, relocations or other service consolidations. 9. Responsible members of SLT and/or Contract Administrator to notify contractors as appropriate, including any site closures and relocations. 10. Initiate media announcements as appropriate. 11. HR staff, in consultation with CEO or designee, to make arrangements for professional support for staff as needed. 12. Assigned subject matter experts to continually assess the situation and report regularly to CEO or designee. |
| Recovery | Long term actions to return organizational operations to normal. | <ol style="list-style-type: none"> 1. De-activate SLT designees as situation de-escalates. 2. Authorize reactivation of previously closed or consolidated sites and services as feasible. 3. Perform physical plant repairs, inspections and associated tasks to bring sites back to operational levels. 4. Replace lost equipment and supplies. 5. Conducting hiring and training activities as necessary to bring staff capacity back to pre-emergency levels. 6. Inform staff, consumers, contractors and community partners as operations resume. 7. Address potential post-traumatic stress of consumers and staff and secure appropriate counseling and other services as needed. 8. Continually assess situation and respond accordingly in support of recovery efforts. |

Public Health Coordination

The EPC will coordinate planning and response activities with the public health departments for Bay and Arenac Counties. This includes the Bay County Health Department, 1200 Washington Ave., Bay City, MI 48708 and the Central Michigan District Health Department, 2012 E. Preston, Mt. Pleasant, MI 48858, respectively. These activities may include:

- Following disease reporting requirements for the Michigan Department of Health and Human Services;
- In the event the emergency operation plan is activated by the facility, the Michigan Department of Health and Human Services Emergency Response Coordinator shall be notified along with both the Bay County Emergency Services and Arenac County Emergency Management Agencies;
- Participating in public health planning initiatives; and
- Participating in any after-action planning as requested from public health officials.

Disaster Behavioral Health

Disaster Behavioral Health is the provision of mental health, substance abuse, and stress management services to disaster survivors and responders. BABHA offers mental health first aid training for both adults and youths developed by the National Council for Community Behavioral Health Care to community responders multiple times throughout the year.

The BABHA Employee Assistance Program offers confidential support for staff to mitigate the impact of the stress and trauma involved in a disaster response. These services may be accessed via the following web address www.guidanceresources.com or phone, 800-964-3577. In addition, the Disaster Distress Helpline is a free, confidential 24/7 hotline service that also provides support for disaster survivors, responders or anyone experiencing the stress of an event. The Disaster Distress Helpline may be accessed at (800) 985-5990. BABHA continues ongoing internal initiatives relative to assessment and monitoring of both vicarious trauma and compassion fatigue among agency personnel. The BABH Human Resources Department will provide reminders to staff of the mental health resources that are available during EPP activation.

BABHA will provide emergency response support to the community in collaboration with both public and private sector organizations such as the American Red Cross, Region 3 Health Care Coalition, McLaren Bay Region, Ascension/St. Mary's Standish, and/or the Michigan Crisis Response Association for the following purposes:

- Coordinate local community assessments of disaster behavioral health to determine the psychological impact on survivors and response personnel.
- Provide psychological triage of persons impacted.
- Provide appropriate disaster behavioral health services including mental health first aid, crisis intervention, bereavement counseling, critical incident stress management, post-traumatic stress counseling, and substance use counseling.
- Requesting support from other disaster behavioral health resources according to established emergency management channels.

In addition, BABHA maintains its long-term commitment to the community via permanent deployment of clinical resources to the McLaren Emergency Department during evenings and weekends. These

staff provide crisis intervention and response capabilities for persons accessing services through the hospital emergency room.

Mutual Aid Agreements/Memorandum of Understanding

BABHA also maintains formal mutual aid agreements (MAA) with neighboring CMHCs in Huron and Tuscola Counties. The purpose of these agreements is to offer bi-lateral mutual support for continuity of existing services and behavioral health surge needs related to a disaster event. The MAAs are listed below. BABHA also has MAAs with the local hospitals in Bay City and Standish for emergency response consistent with FEMA requirements. BABHA also had an agreement with Bay County Public Health to assist with establishing vaccination clinics during the COVID-19 pandemic that ended last year.

| Facilities/Agencies in Agreement | Nature of Agreement | Expiration Date (if applicable) | Date Verified/Point of Contact |
|--|---|---------------------------------|--------------------------------|
| McLaren Bay Region | Personnel, Equipment, Supplies and Services | 12-31-22 | 4-21-20/Heather McAllister |
| Mi Michigan St. Mary's Standish | Personnel, Equipment, Supplies and Services | 12-31-22 | 1-9-19/Rose Goick-Saddler |
| Tuscola County CMHSP | Resources and Personnel | N/A | 3-21-18/Sharon Beals |
| Huron County CMHSP | Resources and Personnel | N/A | 3-21-18/Tracey Dore |
| | | | |

MAAs are included as attachments 5a-5d.

Communications Plan

Continuity Communications

BABHA maintains a robust and effective communications system to provide connectivity to internal response players, key leadership, and state and federal response and recovery partners. The facility has established communication requirements that address the following factors:

- Facilities possess, operate, and maintain or have dedicated access to communication capabilities at their primary facilities, off-sites, and pre-identified alternate care sites;

- Facility leadership and members possess mobile, in-transit communication capabilities to ensure continuation of incident specific communications between leadership and partner emergency response points of contact; and
- Needed accommodations will be provided to the greatest extent possible given any limitations on communications technology or translation service availability that may exist during a state of emergency.

Communication with Staff

All employees scheduled for work in BABHA facilities will be notified that the EPP has been activated through communications with staff via the use of the “mass notification system” including texting and email messages to agency and personal cell phones. This will continue throughout the course of emergency response activities to ensure that personnel are adequately informed with updates and general information until the all-clear signal is given. Staff not scheduled to work during the EPP activation period will be alerted by their assigned supervisors on an “as needed” basis. The HR Department will ensure that the agency has adequate contact information to reach all staff including employees, physicians, and volunteers in the event of an emergency.

Telephones and Backup Communications

Business Intelligence staff will work to maintain telephone service as it is currently configured. This may consist of either trunk phone lines or a voice-over-internet-protocol (VOIP) system using network (i.e., Switched Ethernet Service) line circuits. If the network (i.e., computer) line circuits are disrupted, VOIP phone services will also be affected. Redundant Wide Area Network (WAN) links have been established via updated routers and Software-Defined WAN (SD-WAN) technology to minimize disruption during states of emergency.

If external land line phone service is disrupted, four digit dialing between BABHA sites may still be available if the lines between the sites are operational. If four-digit dialing is not available, cell phones have been assigned to each BABH site, which are kept at the front desk at each location.

The assigned cell phone numbers for each site are as follows:

- Arenac Center (989) 297-0549
- Mulholland/3rd Floor (989) 233-4099
- Children/Family Services/Madison Site (989) 233-5981
- Mulholland/ES office downstairs (989) 415-5533
- Mulholland/2nd Floor (989) 415-9772
- ~~Wirt/1st Floor (989) 415-3507~~
- ~~Wirt/Basement (989) 412-3492~~
- North Bay (989) 737-5449

National Oceanic and Atmospheric Administration (NOAA) All Hazard Alert Radios are located at each BABHA site and some specialized residential settings. The radios are to be kept programmed to receive alerts for the relevant county. Specialized residential settings without NOAA radios may rely on their local radio or television broadcasts.

Site Closure Announcements

Closure of BABHA sites, or its operations in their entirety, will be handled by the CEO, or Site Supervisor, in consultation with the Facilities Manager. The following local news stations will be alerted:

- Arenac and Bay Counties - WNEM-TV5

Communication with Consumers and Families

Each clinical program will be responsible for communicating with their consumers in the manner requested by the consumers and as appropriate to the consumers' mental health condition. All agency programs/staff have access to cell phones for direct communication with persons being served. Broadcast communications from the CEO or designee will be limited to the announcement of site closures using local television and radio stations. BABHA will include such information in the standard message system for all incoming calls during the emergency event.

Individuals and families in service with BABHA will be provided with information regarding BABHA emergency procedures at the time BABHA receives warning of an impending emergency. If an event occurs without warning, information will be provided at the earliest opportunity. The BABHA site managers at Arenac Center, North Bay, Madison Clinic and Mulholland will use mass messaging tools such as Omni-Alert or Phoenix messaging to communicate with consumers/families in the event of need to rescheduling appointments or re-assigning care due to EPP activation.

BABHA will refer consumers and contracted service providers to local subject matter experts and authorities, such as the Public Health Department, or will obtain and distribute informational materials prepared by such organizations, to ensure consistency of communications with public policy and local authorities.

Communication with External Response Partners

BABHA works closely with several external partners, contracted service providers, community agencies and will implement mechanisms to ensure effective communications during an emergency or time of need. The primary method of communication will be through either cellular or land line phone systems that are enrolled and receive priority via the Government Emergency Telecommunications Service (GETS) and the Wireless Priority Service (WPS). The secondary communication method will include mass text notifications and intranet-based electronic mail.

The EPC and/or designee will notify McLaren Bay Region of any emergency affecting BABHA, and the Emergency Services and/or designee will coordinate any necessary arrangements regarding consumers in the inpatient unit. In addition, SLT and the Contracts Manager will retain email distribution lists

available through the BABHA Intranet site or in Microsoft Outlook so they may be used by the CEO or designees.

External Contacts

| Agency | Contact Name/Title | Phone |
|---|--|-------------------------------|
| Bay County Emergency Management Agency | Ryan Manz | 989-895-4112 |
| Arenac County Emergency Management Agency | Michael Bowers | 989-701-5126 |
| Bay County Health Department | Melissa Opheim | 989-895-2032 |
| Central MI District Health Department (Arenac County) | Melissa DeRoche Montie Schutz | 989-773-5921 |
| McLaren Bay Region | Kathy Warzowski Daniel Miller | 989-894- 3000 3975 |
| St. Mary's Mi Michigan Standish | Rose Goick-Saddler | 989-846-4521 |
| Huron County CMHSP | Tracey Dore | 989-269-9293 |
| Tuscola County CMHSP | Sharon Beals | 989-673-6191 |

Public Information

The HR Director will serve as the Public Information Officer and have the responsibility for coordinating media and public information. All media inquiries should be directed to the HR Director. No other staff member should interact directly with the media unless they have approval from the CEO or HR Director. This includes messaging related to activation and status of EPP and disaster behavioral health services.

Records Management

Desktop Computing

If normal desktop computing workstations are not available or staff are working from remote sites, supervisors will encourage staff to access the VDI external site to the extent possible using any available laptops with wireless connectivity. The external site for accessing VDI is external.babha.org. Additional laptop computers with wireless internet access technology are available at the Staff Development Center in the Arenac Room of the Madison site.

Given warning of an impending emergency, such as an emerging pandemic, the CEO or designee may decide to purchase additional laptops with wireless connectivity.

Network Data Center

The primary network data center is in a secure site with a 300kVA diesel generator that can provide power during extended power outages. The secondary network data center is in a secure site that is SOC 2, TYPE 2 compliant. If the data centers are no longer operable, staff would not be able to access the network. Access to the electronic health record system is available for anyone with a functional internet connection. In addition, BABHA has disaster recovery services through our Microsoft IT cloud vendor.

Record Keeping

Electronic records will be maintained per usual practices unless circumstances dictate otherwise. In such instances SLT members or their designees will advise staff of appropriate documentation procedures. The BABH Records Specialist will ensure each BABH site serving consumers has a file of hard copies of templates for current clinical intake and treatment documentation forms on file, as well as a limited supply of copies.

In a state of emergency, staff will work to ensure the preservation of any hard copy files. If warning of an impending event is received, the CEO or Director of HCA may act to remove selected records from facilities expected to be impacted by the event in order minimize damage and facilitate organizational recovery after the event.

Communication about Patients to Third Parties

The BABHA procedures related to the Health Insurance Portability and Accountability Act (HIPAA) are included as attachment 6.

Administration, Finance and Logistics

Staff Debriefing and Support

A debriefing will be conducted within 24-36 hours of the incident to collect lessons learned from the incident or exercise. These lessons learned will be used to revise and update the plan. In addition, disasters can create considerable stress for those providing medical care. The HR Director will be responsible for coordinating the debriefing after an emergency event and assisting professional staff in accessing crisis counseling and/or other individual services as needed.

After Action Report/Improvement Plan (AAR/IP)

After any real incident or exercise where the emergency operations plan is activated, an after-action report and an improvement plan will be developed. The purpose of the after-action report is to document the overall performance of the organization during the exercise or real event. It will contain a summary of the scenario or events, staff actions, strengths, issues, opportunities for improvement, and best practices.

The purpose of the improvement plan is to ensure issues and opportunities for improvement are adequately addressed to improve response capabilities to future events. The improvement plan will include a list of issues to be addressed, tasks that will be performed to address them, individuals responsible for completing the tasks, and a timeline for completion.

The EPC will be responsible for coordinating the development of the after-action report and improvement plan and will ensure identified corrective actions are completed within the targeted timeframes.

Back-Up Power Sources

The Mulholland site has full back-up power capabilities including phones, heat, and battery back-up. The North Bay, Horizon Home and Arenac sites also have back-up generator capability. The Madison Clinic does not have a back-up power supply, but power loss is monitored by the alarm system and communicated to the EPC. When directed, each site will follow the steps listed in their Safety Management Procedures binder and/or instructions in the Kardex to activate back-up power sources.

Equipment and Supplies

The Base of Operations in Bay and Arenac Counties were strategically selected for their proximity to health care facilities, so no medical supplies will be maintained beyond First Aid Kits. However, BABHA has stockpiled significant amounts of personal protective equipment (PPEs) at the North Bay and Mulholland locations for distribution to provider sites as needed.

Given warning of an impending emergency, such as an emerging pandemic, the CEO or designee may decide to stock the Base of Operations in each county with two (2) to three (3) days of food, water, and other emergency supplies for a core team of staff.

Transportation

The Agency's supply of vehicles is considered adequate to meet any critical transportation needs for consumers and/or staff.

Coordination with Municipal Liability Carrier

BABHA is a member of the public entity risk pool Michigan Municipal Risk Management Authority (MMRMA) for general liability, property and crime, vehicle physical damage and network and information security and liability coverage. MMRMA is a member association to provide self-insurance protection against loss and risk management services.

MMRMAs coverage limits are \$15 Million for liability, \$1.5 Million for vehicle physical damage, and \$10 Million for property (including \$350 Million for combined aggregate property coverage) and \$2 Million for network and information security (including \$17.5 Million combined for members aggregate coverage). BABHA is responsible for a \$250 deductible per vehicle for vehicle physical damage, \$1,000

per occurrence for property and crime, and \$25,000 per occurrence for network and information security claims. There is no deductible for general liability coverage.

As a member of this pool, BABHA is also responsible for paying all losses for each occurrence that falls within the member's self-insured retention. If a covered loss exceeds MMRMA's limits, all further payment for such loss is the sole obligation of BABHA. BABHA must satisfy the deductible before any payments are made from the member's self-insured retention or by MMRMA. The most MMRMA will pay is the difference between the member's self-insured retention and the limits of coverage.

Training and Testing Program

Maintenance and Testing of EP Procedures

The BABH EP procedures will be activated to test for efficiency and effectiveness. The EPC will test the BABHA plan and operational readiness at least annually. This includes obtaining input from local emergency management authorities during annual EPP review processes. BABHA will participate in a full-scale community-based exercise or, if not available, an individual, facility-based, functional exercise every two years (42 CFR 491.12). This requirement may be exempted if an actual event occurs in the intervening period requiring activation of the EPP.

BABHA will conduct an additional exercise every two years, opposite the full-scale community or facility-based functional exercise such as a 2nd full-scale community exercise or facility-based functional exercise, a mock disaster drill or a tabletop exercise/workshop led by a facilitator using group discussion of a narrated, clinically relevant emergency scenario, problem statements or prepared questions designed to challenge the emergency plan. This is accomplished through exercises in which many planned disaster functions are performed as realistically as possible under simulated disaster conditions. The activation will include a table-top review at all sites with Site Safety Representatives and Supervisors reporting back on gaps, barriers to implementation, and problems with procedures as well as procedures that effectively served to maintain Business Continuity.

A full-scale community-based exercise had not been completed since March 2020 due to the onset of the pandemic. However, a full-scale exercise was completed in May of 2022 in conjunction with the Region 3 Healthcare Coalition. An AAR (After Action Review) for the 2022 Full Scale Exercise that was completed in May was finalized with data collected from all participating agencies and was included in the regional report. The report contains the main strengths, gaps, and improvements taken from all the AAR's submitted.

All exercises will incorporate elements of the National Incident Management System and will be compatible with the Homeland Security Exercise and Evaluation Program. Information on the Homeland Security Exercise and Evaluation Program can be found at <https://www.preptoolkit.org/web/hseep-resources>.

BABHA will also participate in regional emergency preparedness drills as permitted by local authorities. Future exercises will be planned and conducted according to improvement items identified during previous exercises. A copy of the EPP will be provided to all staff via intranet postings and local emergency management partners as noted in the Record of Distribution noted above. In addition, the EPP will be available for public inspection on the agency website at babha.org.

Training Plan

All new employees, students and volunteers will review the EPP and the BABHA Kardex during New Employee Orientation. At least every two years, all staff will receive training on emergency response procedures. All employees, students, volunteers, persons served, and visitors will participate in emergency drills. BABHA will maintain an active documentation of all trainings completed in relation to the EPP.

At a minimum, unannounced tests of emergency procedures are conducted at accredited program sites at least annually on each shift for fire, bomb threats/explosions, natural disasters, utility failures, medical emergencies, and violent or other threatening situations, and include complete actual or simulated physical evacuation drills, when appropriate. The Emergency Drill Schedule is included as attachment 7.

Some program sites may choose to hold additional drills, as deemed necessary. At the Mulholland site, unannounced fire drills are held in accordance with MBRMC's fire drill schedule, up to four (4) times per year. All staff, persons served, and visitors are required to participate in emergency drills. The following exceptions apply during drills only:

- Clinical staff involvement in an emergency related to a person served;
- Access staff who are on the phone with a person whose situation could be negatively affected if the worker discontinued the call;
- Emergency Services staff who are with a person whose situation could be negatively affected by participation in the drill; and
- At the Mulholland site, one clerical staff and one Emergency Services staff stay at their workstations to handle emergent calls and/or situations.

All other staff are required to respond and ensure immediately that persons served, and visitors are assisted in both emergency drills and real situations. Participation in emergency drills is addressed in the annual performance evaluation process.

In addition, BABHA is planning an active shooter training for all staff within the next year.

Documentation

Emergency drills are documented on the Emergency Drill Report (includes an evaluation and scoring process and required corrective action planning, as necessary). The Emergency Management Drills

Performance Report is included as attachment 8. Real emergency situations that occur and are responded to may be counted as a drill and documented. A copy of the drill report is sent to the Environment of Care Office for publication to the Documentation Folder at G:/Safety Materials. Drill performance data is entered into the Emergency Management Drills Performance Measure and is reported to the Safety Committee.

The EPC monitors performance of emergency drills and real situations that are responded to on a continuous basis and develops and implements corrective action/performance improvement plans, as necessary. The AAR/IP will be completed within sixty days after the event. Items/gaps identified in the improvement plan will be incorporated into the gaps of the emergency operation plan as soon as it is feasible. The EPC will be responsible for coordinating the exercises, AARs/IPs and improvement planning. A corrective action process will be instituted and maintained in the plan to ensure lessons learned and action items identified from exercises and real events are properly addressed and documented.

Analysis of Agency Response to Events and Exercises

The Safety Committee reviews and analyzes emergency management drill performance and corrective action on a quarterly basis and may make additional recommendations for improvement to the Environment of Care Office. Completion of corrective action is documented on the Emergency Management Drills Performance Report. An aggregate report of safety drill performances is forwarded to the Business Intelligence Department for incorporation into the annual report of the Quality Assessment and Performance Improvement Plan.

The EPP will be reviewed and updated at least every two years incorporating the latest NIMS elements, data collected during actual and exercise plan activations, changes in the hazard vulnerability analysis, changes in emergency equipment, and changes in external agency participation, etc. Emergency procedures are evaluated and revised as necessary at least every two years via the following methods:

- Involvement of SSRs/Supervisors from each site;
- Involvement of the Safety Committee;
- Consideration of lessons learned from drills and actual events;
- Feedback from staff training events;
- Review of the agency's hazard assessment;
- Maintaining information to reflect physical plant, practice changes, or staffing changes; and
- Consultation with community resources, i.e. Bay County Emergency Management Division.

Plan review will also consider changes in contact information, new communications with the local emergency management agency, review of evacuation routes and alternate care sites, and staff and departmental assignments. The review will be conducted by the Safety Committee in consultation with SLT. Plan updates will be the responsibility of the EPC.

Authorities and References

Social Security Act, Section 1102 (42 U.S.C. 1302) and the Public Health Service Act, Section 353 (42 U.S.C. 263a § 485.920) Condition of participation: Emergency Preparedness

Federal Emergency Management Agency Emergency (FEMA)

- Management Guide for Business and Industry
- National Incident Management System (NIMS)
- Developing and Maintaining Emergency Operations Plans
- Threat and Hazard Identification and Risk Assessment Guide

Michigan Occupational Safety and Health Administration (MIOSHA)

- General Industry Safety Standards, Part 1, General Provisions

Council on the Accreditation of Rehabilitation Facilities (CARF)

- Health and Safety Standards
- Risk Management Standards

Bay County Emergency Operations Plan

Centers for Disease Control

- Planning Checklist for Medical Offices and Clinics
- Long-Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist
- Health Insurer Pandemic Influenza Planning Checklist
- Get Your Workplace Ready for the Pandemic Flu

Disaster Resiliency and NFPA Codes and Standards

Refer to the National Fire Protection Association (NFPA) Standards in NFPA 101 Life Safety Code, and NFPA 1600, Disaster/Emergency Management and Business Continuity Programs

International Association for Healthcare Security and Safety Foundation (IAHSS)

- Threat Assessment Strategies to Mitigate Violence in Healthcare

Glossary

Activation - When all or a portion of the plan has been put into motion.

After Action Report (AAR) - A report that includes observations of an exercise or real event and that makes recommendations for improvements. The purpose of the after-action report is to document the overall performance of the organization during the exercise or real event. It will contain a summary of the scenario or events, staff actions, strengths, opportunities for improvement, and best practices.

Base of Operations - A central site used by an organization to conduct its business operations out of in the event of an emergency.

Business Continuity - Actions taken by an organization to ensure that critical business functions will remain available to consumers, providers, stakeholders, and other entities that must have access to those functions. These activities are performed to maintain operations, ensure service consistency and facilitate recoverability.

Critical Clinical Services - The following programs are defined as critical clinical services due to the vulnerability of the persons served: Assertive Community Treatment (ACT), Emergency Services (ES), Psychiatric Clinic, Specialized Residential, Substance Abuse Disorder (SUD) Methadone Assisted Treatment (MAT) and SUD Sub-Acute Detox Services.

Delegations of Authority - Specifies who is authorized to make decisions or act on behalf of facility leadership and personnel if they are away or unavailable during an emergency.

Emergency Preparedness - An organization's ability to respond to and address emergency management in the event of an unforeseen disaster and to be ready to implement the four phases of emergency management: mitigation, preparedness, response and recovery.

Emergency Warning Sequence Table - A disaster emergency classification system that lists the actions BABHA will take in response to each corresponding level of disaster alert.

Hazard Vulnerability Analysis (HVA) - Identifies possible hazards, including their probability, severity, frequency, magnitude, and locations/areas affected.

High Risk Consumers - Individuals receiving services from BABHA who are most vulnerable to exacerbation of psychiatric and medical symptoms and having the greatest potential for de-compensation to the point of requiring inpatient care or presenting with risk for suicide or homicide.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) - U.S. government legislation that ensures a person's right to buy health insurance after losing a job, establishes standards for electronic medical records, and protects the privacy of a patient's health information.

Incident Command System (ICS) - A standardized, on-scene, all hazards incident management approach that: allows for the integration of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure; enables a coordinated response among various jurisdictions and functional agencies, both public and private; and establishes common processes for planning and managing resources.

Mitigation - Emergency preparedness activities that are aimed at lessening the effects of a disaster (installing a generator, ongoing monitoring of facilities for safety hazards, building a tornado shelter, etc.)

Mutual Aid Agreements (MAA) - Arrangements made between governments or organizations, either public or private, for reciprocal aid and assistance during emergency situations where the resources of a single jurisdiction or organization are insufficient or inappropriate for the tasks that must be performed to control the situation. These are also referred to as inter-local agreements or memorandums of understanding (MOU).

National Incident Management System (NIMS) - A systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment.

Natural Disasters - The effect of a natural hazard that affects the environment and leads to financial, environmental, and/or human losses. These include severe weather events such as hurricanes, tropical storms, thunderstorms, snow and ice storms, mudslides, floods, and wildfire events.

Orders of Succession - Ensures leadership is maintained throughout the facility during an event when key personnel are unavailable.

Operational Emergency - A catastrophic or emergent event of a significance that requires specific action to maintain business continuity, such as the destruction of a BABHA site, the absence of a significant portion of the staff population due to illness or injury, or another event that would preclude BABHA from accessing and utilizing critical operational resources. Examples of potential causes of such events include acts of terrorism, chemical spills, natural disasters, fire, and pandemics. Operational emergencies may impact the entire organization or a portion of BABHA's covered service area, sites, staffs or programs.

Pandemic - A widespread infectious disease prevalent throughout an entire country, continent, or the entire world.

Preparedness - Focuses on preparing supplies, equipment and procedures for use when a disaster occurs.

Recovery - Focuses on restoring the affected area to its previous state after an emergency situation.

Response - Focuses on the implementation of planned response mechanisms and the staff's role in carrying out successful emergency response activities.

Attachments

1. [Hazard Vulnerability Analysis \(HVA\) Files](#)
 - a. [HVA for Arenac Center](#)
 - b. [HVA for Horizon Home](#)
 - c. [HVA for Madison Clinic](#)
 - d. [HVA for Mulholland 2nd Floor](#)
 - e. [HVA for Mulholland 3rd Floor](#)
 - f. [HVA for North Bay](#)
 - g. ~~[HVA for Wirt Building](#)~~
2. [BABHA Site-specific Emergency Response Procedures \(“Kardex”\)](#)
3. [BABHA Site-specific Emergency Response Procedures for Site Safety Representatives and Supervisors \(“Safety/Emergency Procedures Binder”\)](#)
4. [North Bay Emergency Sheltering for Residential Consumers](#)
5. [BABHA Mutual Aid Agreement \(MAA\) Files](#)
 - a. [BABHA MAA with Huron Behavioral Health CMHC](#)
 - b. [BABHA MAA with Tuscola Behavioral Health CMHC](#)
 - c. [BABHA MAA with McLaren Bay Region](#)
 - d. [BABHA MAA with St. Mary’s of Michigan Standish Hospital](#)
6. [BABHA Health Information Portability and Accountability Act \(HIPAA\) Policies and Procedures](#)
7. [Emergency Drill Schedule](#)
8. ~~[Emergency Management Drill Performance Report](#)~~[Emergency Management Drill Performance Report](#)
9. [Full Scale Exercise After Action Review \(AAR\)](#)

Incident Specific Appendices

[Appendix A Workplace Violence](#)

[Appendix B Active Shooter](#)

[Appendix C Tornado and Severe Weather](#)

[Appendix D Fire Safety and Prevention](#)

[Appendix E Management of Epidemic/Pandemic-prone Illnesses](#)

Appendix F Pandemic Protocol Directory

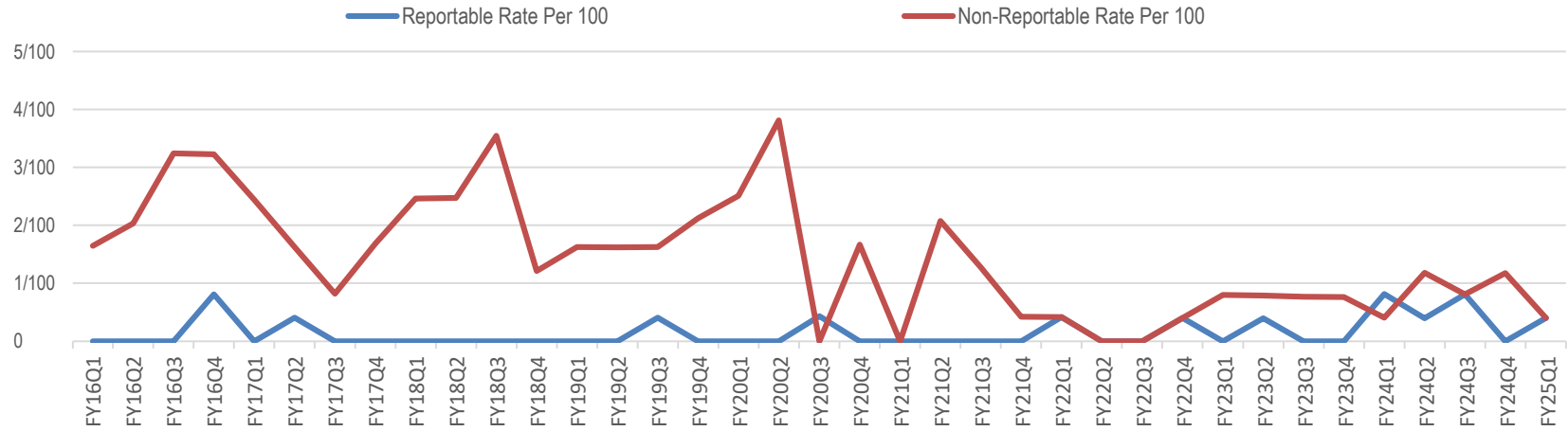
Appendix G Recovery from COVID-19 Preparedness and Response

Indicators for Facilities and Safety Committee

Employee Accidents/Illnesses/Injuries Per 100 Employees; By Reporting Status; Per Quarter

Updated 1/6/2025

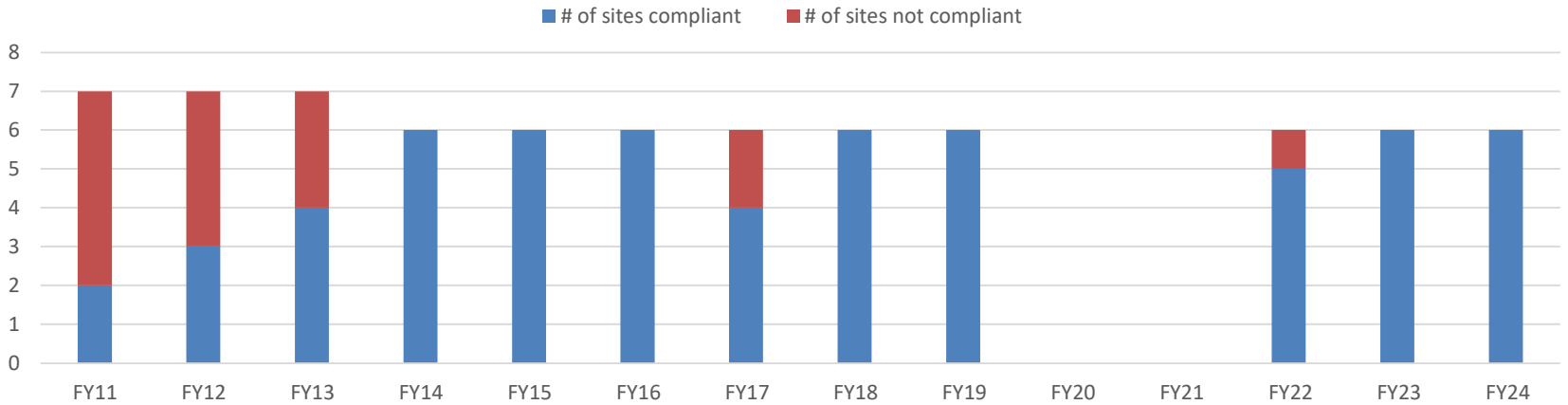
Through FY25Q1



Facility Site Review Compliance

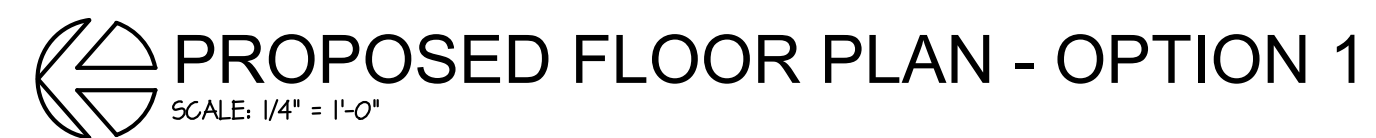
Updated 11/12/2024

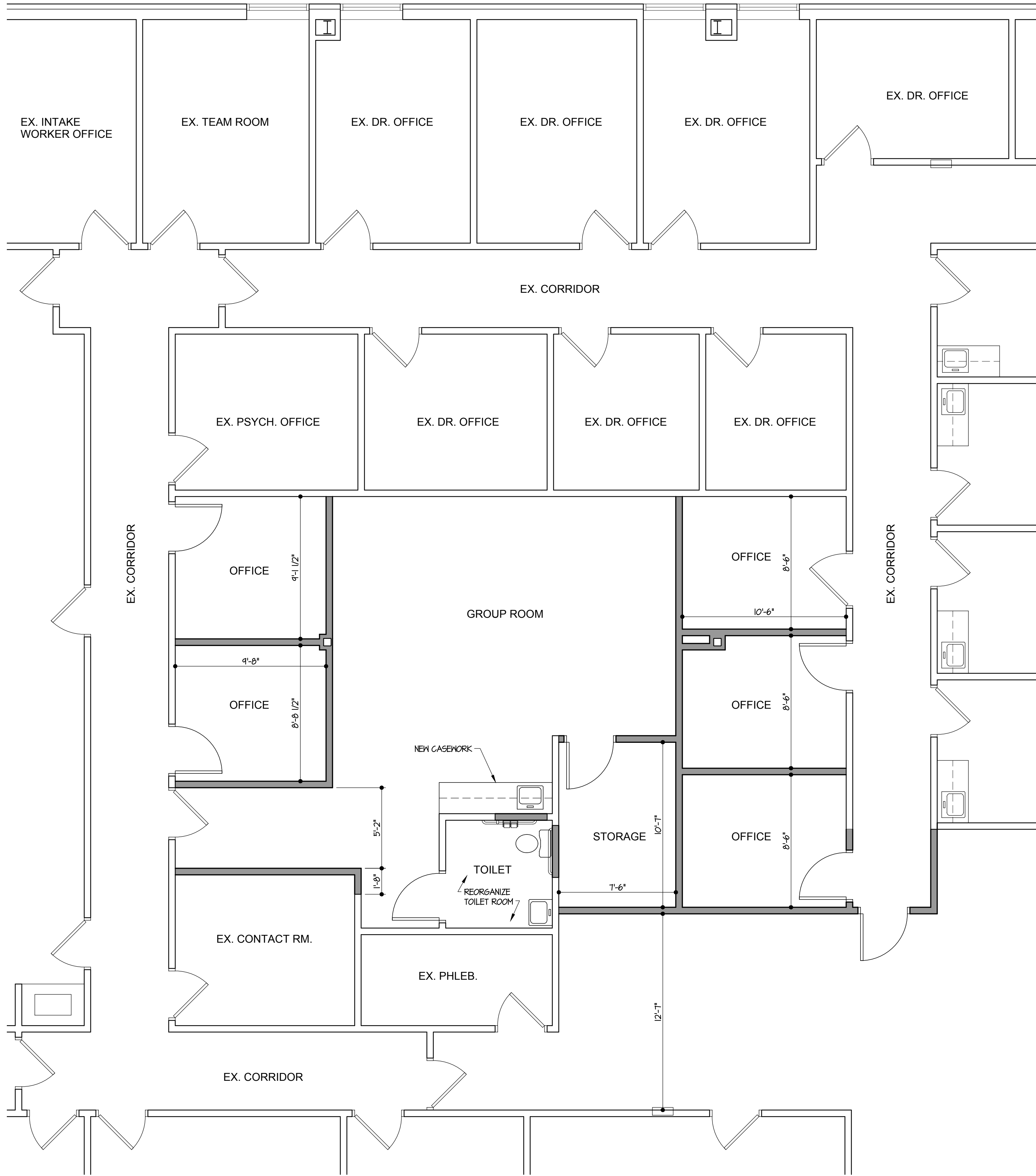
Through FY24



Notes:

FY 20 was not completed due to COVID and for FY21 MMRMA only conducted an insurance appraisal of BABHA properties.
FY14 eliminated one site.





 **PROPOSED FLOOR PLAN - OPTION 2**
SCALE: 1/4" = 1'-0"

A PROPOSAL/AGREEMENT FOR THE PROVISION OF SPECIFIED PROFESSIONAL SERVICES

CLIENT: Bay-Arenac Behavioral Health

DATE: November 11, 2019

1010 N Madison Ave,
Bay City, MI 48708

TSSF PROJECT NO. 1936

Attn: Karl White
Accounting Manager
Bay-Arenac Behavioral Health
kwhite@babha.org

P: 989-895-2242
F: 989-895-2248

PROJECT:

Preliminary Architectural Design Services for **Bay-Arenac Behavioral Health** located in Bay City, MI.

BRIEF DESCRIPTION OF PROJECT:

Preliminary Conceptual Design/Schematic services *(Part A Service Agreement)*

SCOPE OF SERVICES: (Part A Services)

1. Preliminary Designs for owner/representative review and recommendations:

Areas of consideration

- Rework former Pharmacy Space-currently unused.
- Add new walls to create (2) offices and a group room on north side of space.
- Expand existing contract room into new Group Room Space.
- Remove existing door from Lobby to into toilet room.
- Removed existing Pharmacy transaction windows (3).
- Additional areas for consideration:
 - Create a new Entry in Corridor 121 and expand area into waiting 103 for office expansion.

2. Preliminary Designs for owner/representative review and suggestions.

- Preliminary Floor Plan schemes
- Preliminary Building Cost Estimate based on approved concept designs.

3. Meetings with owner/representatives at Bay-Arenac Behavioral Health site for the following:

- ✓ Preliminary Design Meetings to review schemes/concepts
- ✓ Evaluate building options and costs
- ✓ Develop milestone schedules

(Part B Services)

Construction Document Service Including:

1. Mechanical
2. Electrical
3. Plumbing
4. Architectural

Construction documents?
Material + Bid specifications
To distribute to contractors

- Building authority submissions for Review
- Assistance with bidding or contractor negotiations — Final Pick 5

SCHEDULE: At direction of the owner

PROFESSIONAL FEE:

Part A: Lump Sum Amount.....\$3,000.00

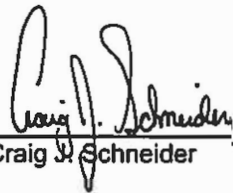
Part B: Lump Sum Amount.....\$5,500.00

SPECIAL CONDITIONS: The following services are available for additional fee if requested:

- Environmental Testing and abatement if needed
- Civil Engineering-Boundary and Topographic Survey work- if needed.
- Data and cabling for phone and computers
- Furniture design and layout

The attached Terms and Conditions are a part of this Agreement (two pages).

Offered By:



(Signature) Craig J. Schneider

President

(Title)

November 11, 2019 Rev. 12-06-19

(Date Offered)

For: TSSF Architects, Inc.

Accepted By:

Note: Proposed fee remains valid when accepted within 30 days of date offered.

(Signature)

(Title)

(Date Accepted)

For:

(Company)

TERMS AND CONDITIONS

TSSF Architects, Inc. (TSSF) shall perform the services outlined in this agreement for the stated fee arrangement.

Access to Site

Unless otherwise stated, TSSF shall have access to the site for activities necessary for the performance of the services. TSSF will take precautions to minimize damage due to these activities, but has not included in the fee the cost of restoration of any resulting damage.

Fee

The total fee shall be a lump sum, unless indicated otherwise, and is valid for 30 days from date of Agreement. Where the fee arrangement is to be on an hourly basis or additional services are required, the rates shall be those that prevail at the time services are tendered. (Fee and rate schedule are as attached.) Rates and multiples for services as set forth in this agreement shall be adjusted in accordance with the Architect's normal salary review procedures.

Billings/Payments

Invoices for services will be submitted on a monthly basis and shall be payable within 30 days of invoice date. Invoice shall be considered PAST DUE if not paid within 30 days after the invoice date at which time TSSF may, without waiving any claim or right against the Client, and without liability whatsoever to the Client, terminate the performance of the service. A monthly service charge of 1.5% of the unpaid balance may be added to PAST DUE accounts. In the event any portion or all of an account remains unpaid 90 days after billing, the Client shall pay cost of collection, including reasonable attorney's fees. (Retainers shall be credited on the final invoice.)

Insurance

TSSF shall during the course of this project maintain (1) statutory workmen's compensation insurance coverage, (2) comprehensive general liability insurance coverage and automobile liability insurance coverage and (3) professional liability insurance.

Indemnification

The Client shall, to the fullest extent permitted by law, indemnify and hold harmless TSSF, its officers, directors, employees, agents and sub-consultants from and against all damage, liability or cost, including reasonable attorneys' fees and defense costs arising out of or in any way connected with this project or the performance of services by any of the parties above named under this Agreement, excepting only those damages, liabilities or costs attributable to the sole negligence or willful misconduct of TSSF.

Dispute Resolution

In an effort to resolve any conflicts that arise during the design or construction of the project or following the completion of the project, the Client and TSSF agree that all disputes between them arising out of or relating to this Agreement shall be submitted to non-binding mediation unless the parties mutually agree otherwise. The Client and TSSF further agree to include a similar mediation provision in all agreements with independent contractors and consultants retained for the project, thereby providing for mediation as the primary method for dispute resolution between the parties to those agreements.

Standard of Care

TSSF shall endeavor to perform its Professional Services with the standard of care, skill and diligence normally provided by a competent professional in the performance of such services.

Risk Allocation

In recognition of the relative risks, rewards and benefits of the project to both the Client and TSSF, the risks have been allocated such that the Client agrees that, to the fullest extent permitted by law, TSSF's total liability to the Client for any and all injuries, claims, losses, expenses, damages, or claim expenses arising out of this agreement from any cause or causes, shall not exceed \$500,000 or remaining insurance coverage available at the time of settlement or judgment, whichever is less. Such causes include, but are not limited to TSSF's negligence, errors, omissions, strict liability, breach of contract or breach of warranty.

Termination of Services

This agreement may be terminated upon seven days written notice by either the Client or TSSF should the other party fail to perform its obligations hereunder. In the event of termination, the Client shall pay TSSF for all services rendered to the date of termination, including all reimbursable expenses, and reimbursable termination expenses.

Assigns and Subcontractors

Neither Client nor TSSF shall assign, sublet or transfer any rights or interest in the Agreement without written consent of the other. TSSF may employ independent consultants, associates, and subcontractors to assist in the performance of these services as deemed appropriate by TSSF.

Changes

The Client may direct TSSF to make changes, including additions or deletions to the Services originally described herein. TSSF shall promptly notify Client in writing if such changes, additions, or deletions affect the time for performance of TSSF's services. An additional 8% to 10% A/E fee on Change Orders will be applied.

Ownership of Documents

The Client acknowledges that all reports, plans, specifications, field data, field notes, laboratory test data, calculations, estimates and other similar documents produced by TSSF and their consultants are instruments of professional service, not products. (The distinction is that the TSSF Design team provides services and does not sell plans or drawings) Ownership of all documents produced by TSSF shall remain the property of TSSF. The Client recognizes that documents produced by the TSSF Design team shall not be subject to re-use by the Client on any project other than what they were intended.

Alteration and Reuse of CAD Information

Client may be provided with copies of the work performed by TSSF in either electronic form or hard copy, (such as Record Drawings, As-Built Drawings, etc.) provided such service is specifically included under the terms of this agreement. Since computer aided design/drafting (CAD) information stored in electronic form can be modified by other parties, intentionally or otherwise, without notice or indication of said modifications, all electronic copies will be provided in PDF format only. Copies shall be used for information by Client for the specific purpose for which TSSF was engaged. Said material shall not be used by Client, or transferred to any other party, for use in other projects, additions to the current project, or any other purpose for which the material was not originally intended, without TSSF's express written permission. Any unauthorized modification or reuse of the materials shall be at Client's risk, and Client, therefore, agrees to defend, indemnify, and hold harmless, TSSF from all claims, injuries, damages, losses, and expenses, including attorney's fees arising out of the unauthorized modification of these materials.

Confidentiality

TSSF agrees to keep confidential and not to disclose to any person or entity, other than TSSF employees, sub-consultants, or general contractor and subcontractors, if appropriate, any data and information not previously known to and generated by TSSF or furnished to TSSF and marked CONFIDENTIAL by the Client. These provisions shall not apply to information in whatever form that comes into the public domain, nor shall it restrict TSSF from giving notices required by law or complying with an order to provide information or data when such order is issued by a court, administrative agency, or other authority with proper jurisdiction, or if it is reasonably necessary for TSSF to defend itself from any suit or claim.

Administration of the Contract

TSSF Architects will not have control over or charge of and will not be responsible for construction means, methods, techniques, sequences or procedures, or for safety precautions and programs in connection with the Work; will not be responsible for the Contractor's failure to carry out the Work in accordance with the Contract Documents; and will not have control over or charge of and will not be responsible for acts or omissions of the Contractor, Subcontractors, or their agents or employees, or of any other person performing portions of the Work.

Applicable Laws

Unless other specified, this Agreement shall be governed by laws of the State of Michigan.

TSSF Architects, Inc.
PROFESSIONAL SERVICES
 Compensation/Reimbursable Expenses Rate Schedule
 Effective January 1 thru December 31, 2019

Services Compensation

Where our compensation for services is based on hourly billing rates, time expended on behalf of the client/owner will be charged at the following rates:

| CLASSIFICATION | HOURLY RATE |
|--------------------------------|-------------|
| Project Architect/Principal | 128.00/hr |
| Sr. Project Manager | 119.00/hr |
| Project Manager | 105.00/hr |
| Senior CAD Technician/Designer | 100.00/hr |
| Interior Design Specialist | 87.00/hr |
| Administrative Assistant | 83.00/hr |
| CAD Technician/Designer | 78.00/hr |
| Word Processor/Clerical | 68.00/hr |

Overtime authorized in advance by the client/owner will be charged at a rate equal to 1.5 times the above listed standard rate.

The above rates include overhead, profit and costs incidental to the performance of services.

Reimbursable expenses:

Expenses incurred on behalf of the client/owner and not normally included as part of our Basic Services compensation package will be charged at our cost plus 10% for administration. Such expenses include, but are not limited to, the following:

- Printing/reproduction, mailing/delivery costs for multiple sets of drawings, specifications and addenda for bidding and construction purposes
- Same printing etc., as above for other special purposes
- Travel lodging, meals, etc. for overnight duration
- Fees charged by Regulatory Agencies (Michigan DLEG, Bureau of Construction Codes, Bureau of Fire Services, Department of Community Health, Local Building and Zoning Officials, etc.)
- Costs of perspective renderings and models

Consultants:

When consultants are utilized to perform services for which the basis of our compensation is hourly billing rates, such services will be billed at our cost +12%, unless hourly unit rates have previously been established.

Bay Arenac - Behavioral Health

| | | | | |
|----------------|-----------------------------------|-----|----------------------------|------------------|
| Demo | \$ 36,175 ⁰⁰ | R { | - TOUGH SHEET FLOOR REMOVA | \$4K + |
| Walls | \$ 20,250 ⁰⁰ | | - DEMO OF OLD ADULT \$4K | |
| Ceilings | \$ 10,552 ⁰⁰ | | - STEEL PORTAL FRAMES ? | |
| Doors/Fins/Hud | \$ 10,300 ⁰⁰ | | - FULL MORTISE LOCKSETS | |
| Casework | \$ 6,975 ⁰⁰ | | - OPT. 2 | |
| Plumbing | \$ 5,550 ⁰⁰ | | - OPT. 2 | |
| Elect | \$ 18,375 | | - POWER/DATA EVERYWHERE | - NEW HANDEDNESS |
| Floors | \$ 18,650 ⁰⁰ | | | |
| Paint | \$ 20,300 ⁰⁰ | | | |
| HVAC | \$ 40,000⁰⁰ | | | |
| | 209,452 ⁰⁰ | | | |

\$24,900

| | | |
|-------------------|----------------------|--------------------------------|
| General Sub M. H. | 7,000 ⁰⁰ | $116,052 \times .06 = 6963.00$ |
| Gen Cond | 20,945 ⁰⁰ | |
| Contingency | 10,473 ⁰⁰ | |

Option #2 →

Total 247,870⁰⁰
A & E Fees ?

Option 1 Deduct \$17,539⁰⁰
POTENTIAL \$20K

- No Roof Repairs
- No New HVAC Curb
- Ceilings 2x2 Mars Climate Plus
- Dust Barriers/Temp Wall included
- No Premium Time
- No Repairs of Elect/HVAC in areas outside defined envelope.
- No Access control
- No Security
- No Fire Alarm (Reinstall devices currently in Suite)
- No Corridor Flooring

-15,100

-22,375

\$192,856

| | | | | |
|-------------|--|------------------------------------|-------------------|---|
| <u>Demo</u> | Wall Demo - ^{36"} 25" (44') | 3 ind x 650 | 1,950 - | x |
| | Soft " " - 20' (8-14') | 1.5 ind x 650 | 975 - | x |
| | Carl Doors (Remove) - 8 8 | 8 ind x 650 | 5,200 - | x |
| | Demo Lfs 20 | 3 ind x 650 - | 1,950 - | x |
| | Demo Bathroom (Remove Floor) + Fixtures - | 4 ind x 650 - | 2,600 - | x |
| | Demo Casework 8' (Lower/Upper/Alnd Cap) - | 1 ind x 650 - | 650 - | x |
| | Demo Ceiling, Devices - 5 | | 500 - | x |
| | Demo Ceilings | 1392 sq ft - 5 ind x 650 - | 3,250 - | x |
| | Ductwork | 150 ft - 3 ind x 650 - | 1,950 - | x |
| | Power | 30 devices - 1.5 ind x 650 - | 975 - | x |
| | Flooring - Difficult (Sheet G' welded) | 1392 sq ft - 4 ind + 2 ind x 650 - | 3,900 - | x |
| | Misc | 2 ind x 650 ⁰⁰ | 1,300 - | x |
| | 3 dumpsters x 500 - | | 1,500 - | x |
| | Demo Structural @ Carl Doors - | 2 ind x 650 | 1,300 - | x |
| | Demo Carl Doors. | 2 ind x 650 | 1,300 - | x |
| | Clean up / Plastic / Temp Walls | | 3,600 - | x |
| | Traverse Time to / from Dumpster. 50 trips x .25 x 2 = 35 ^{no} x 650. | | 2,275 - | x |
| | Reroute Power? / Cap | | 1,000 - | x |
| | | | <u>\$36,175 =</u> | ✓ |

| | | |
|--------------|---|--------------------|
| <u>Walls</u> | 14' H (5/8") - 3 5/8" (sqa) - Sound (Rockwell) - 170' ⁴² x 100 | 17,000 - |
| | - Repairs e Doors - 8 Hard x 650 | 2,600 - |
| | Misc Touchup - 1 wd x 650 | 650 - |
| | | <u>\$ 20,250 -</u> |

| | | |
|-----------------|---|--------------------|
| <u>Ceilings</u> | - Tile 4.00 psi ² x 1392 sq ft | 5,568 - |
| | Grid 2.00 psi ² x " " | 2,734 - |
| | Labor 1392/500 - 3 wd x 650 | 1,950 - |
| | Misc | 250 - |
| | | <u>\$ 10,552 -</u> |

| | | |
|--------------|--|--------------------|
| <u>Doors</u> | 6 - 30x70 Oak Veneer / Hm KD / Monitor Lock | 9,000 - |
| No Glass | (1500) | Non Effect |
| | Install F(.5) D(.5) Hwd (2.0) Stgc (.5) 3.5' ⁴² x 6' 2 wd x 650 | 1,300 - |
| | | <u>\$ 10,300 -</u> |

| | | |
|-----------------|-----------------------------------|-------------------|
| <u>Casework</u> | 8' ⁴ up/down | 6,000 - |
| | Labor inc Blocking - 1.5 wd x 650 | 975 - |
| | | <u>\$ 6,975 -</u> |

| | | |
|-----------------|--------------------------------|------------------|
| <u>Plumbing</u> | New San 1 wd | 800 - |
| | New Dom 1 wd | 800 - |
| | Plumbing Fixtures | 1200 - |
| | L/R Accessories — + 1 wd x 650 | 1400 - |
| | Trim Labor 1 wd | 800 - |
| | Misc (all value etc) | 500 - |
| | | <u>\$ 5850 -</u> |

Elect.

| | | |
|----------------------------------|----------------|---------------|
| Plugs > | 65 unit x 250- | |
| Data | | 16,250- |
| Loglets - | 25 unit x 500- | 12,500- |
| Exhaust Pan - | 1 unit x 500- | 500- |
| Exit/F.A./ | 6 unit x 500- | 3,000- |
| New Home Run | | 3,000- |
| New Data Home Run & Steuers only | | 3,000- |
| Misc. | | 1,000- |
| Power to New HVAC | | 39,250- |
| | | <u>1,500-</u> |
| | | ✓ \$40,750- |

Fitted Floors.

| | | |
|--------------------------|-------------------------------------|-------------|
| Floor Covering (M&M) | 1400 sq ft x 6.00 | 8,400- |
| Floor Prep / Glue Remove | 3rd x 650 = 1950 + 4 grip (500) | 2,450- |
| Lay Floor / Vinyl Base | 140' x 2' = 280' + 500' x 5' = 250' | 5,300- |
| Re-Pave R/Rm - | | 2,500- |
| | | ✓ \$18,650- |

Paint

| | | |
|--------------------------------------|---------------------------------|-------------|
| Door Frames | 9 x 250 | 2,250- |
| Walls → | 500 ft x 9' H = 4500 sq ft x 3" | 13,500- |
| Paint Corridors & Connecting Rptars. | 150' x 9' = 1350 sq ft x 3" | 4,050- |
| Frames (doors) Corridors (Ext) | | 500- |
| | | ✓ \$20,300- |