

MINUTES

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS CORPORATE COMPLIANCE COMMITTEE MEETING

Thursday, August 7, 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:
Patrick Conley, Ch	X	_____	_____	Shelley King	X	_____	_____	BABH: Richard Byrne, Melissa Prusi, Christopher Pinter, Sarah Holsinger, Jesse Bellinger, Karen Amon, and Sara McRae
P. Schumacher, V Ch	X	_____	_____	Patrick McFarland, Ex Off	X	_____	_____	
Tim Banaszak	X	_____	_____	Robert Pawlak, Ex Off	X	_____	_____	
Christopher Girard	X	_____	_____					
								Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call	Committee Chair, P. Conley, called the meeting to order at 5:00 pm. All members were present.	
2.	Public Input (Maximum of 3 Minutes)	There were not any members of the public present.	
3.	Unfinished Business	There was not any unfinished business.	
4.	New Business 4.1) Corporate Compliance Report	4.1) M. Prusi reported the staffing transitions are completed. She is the new Corporate Compliance Officer effective July 28, 2025. S. Holsinger reported the Commission on Accreditation of Rehabilitation Facilities (CARF) survey was completed in April. It is a three-year accreditation. The 2024 survey was extended by CARF. S. Holsinger reviewed the CARF report noting strengths and findings including improvements needed with policies, trauma screenings, written transition plans, discharge summaries, and referral source follow up. S. Holsinger reported the corrective action was submitted to CARF last week. There were general discussions regarding the Quality Manager position, the accreditation process, the lack of financial rewards for accreditation, and the steps leadership has taken to address the	4.1) No action was necessary

	<p>4.2) Corporate Compliance Committee Notes from the 03/10/25, 05/12/25, and 06/09/25 meetings</p> <p>4.3) Corporate Compliance Semi-Annual Report</p> <p>4.4) Quarterly Fraud & Abuse Report to Midstate Health Network (MSHN) – Fiscal Year (FY) 2025 Quarters 2 & 3</p> <p>4.5) Strategic Initiatives & Dashboard Review</p>	<p>incomplete patient records. CARF accreditation is more suitable for community mental health agencies than the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).</p> <p>4.2) The committee reviewed the notes.</p> <p>4.3) M. Prusi reviewed the semi-annual report including activities for monitoring, auditing, risk assessment, and education for board members, staff, and service providers. M. Prusi reported the record review status has reduced standards from previous years and is being addressed by leadership for improvement. J. Bellinger reported the process utilized for email security drills and training. There were general discussions regarding utilization of Artificial Intelligence (AI) within the community mental health (CMH) system, the obligation to secure protected health information of individuals, and balancing privacy with staff efficiency.</p> <p>4.4) M. Prusi reviewed the FY2025 quarters 2 and 3 reports noting the claims reviewed and funds recouped from providers.</p> <p>4.5) J. Bellinger reviewed the dashboard graphs related to security findings, technology outages, and email phishing tests.</p>	<p>4.2) No action was necessary</p> <p>4.3) No action was necessary</p> <p>4.4) No action was necessary</p> <p>4.5) No action was necessary</p>
5.	Adjournment	On motion of C. Girard and support of P. McFarland, the meeting adjourned at 5:44 pm. The motion passed unanimously.	



 Patrick Conley, Committee Chair