

MINUTES

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS

PROGRAM COMMITTEE MEETING

Thursday, November 13, 2025 at 5:00 pm

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

Committee Members:	Present	Excused	Absent		Present	Excused	Absent	
Christopher Girard, Ch	_____	X	_____	Sally Mrozinski	X	_____	_____	Others Present: Richard Byrne BABH: Karen Amon, Joelin Hahn, Chris Pinter, and Sara McRae Legend: M-Motion; S-Support; MA- Motion Adopted; AB-Abstained
Pam Schumacher, V Ch	X	_____	_____	Pat McFarland, Ex Off	_____	X	_____	
Jerome Crete	X	_____	_____	Robert Pawlak, Ex Off	X	_____	_____	
Shelley King	X	_____	_____					

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call	Committee Vice Chair, P. Schumacher, called the meeting to order at 5:00 pm.	On motion of S. Mrozinski and support by R. Pawlak, P. McFarland was excused. The motion passed unanimously. On motion of S. Mrozinski and support by R. Pawlak, C. Girard was excused. The motion passed unanimously.
2.	Public Input (Maximum of 3 Minutes)	There were not any members of the public present that wished to address the committee.	
3.	Unfinished Business	There was not any unfinished business.	
4.	New Business 4.1) Requests for Clinical Privileges a) Ali Ibrahim, M.D. – Three-year renewal term expiring November 30, 2028 b) Jill LeBourdais, PA-C – Three-year renewal term expiring November 30, 2028	4.1) The Committee reviewed the requests for clinical privileges.	4.1) On motion of S. King and support by R. Pawlak, the requests for clinical privileges were referred to the full Board for approval. The motion was adopted unanimously.

<p>4.2) Strategic Plan Review – Applied Behavioral Analysis (ABA) Cost Containment Review, J. Hahn</p>	<p>4.2) J. Hahn reported the applied behavioral analysis (ABA) services are significantly over budget by a few million dollars. In the Midstate Health Network (MSHN) region, Saginaw and Bay-Arenac community mental health (CMH) agencies have some of the highest ABA referrals per capita. BABHA leadership is developing a new contract model with the goal of administrative efficiencies. The new model includes implementing outcome measures for the provider network, hiring a consultant for creating measurement tools and reports, and issuing a request for proposals (RFP) for ABA providers.</p>	<p>4.2) No action was necessary</p>
<p>4.3) Compliance Medicare Telehealth Requirement Plan Update, J. Hahn</p>	<p>4.3) C. Pinter reviewed the summary of the Continuing Resolution, which temporarily ended the federal government shutdown until January 30, 2026. C. Pinter focused on sections relevant to public health including the extension for certain telehealth flexibilities, which allows BABHA to continue utilizing telehealth services for Medicare eligible individuals. C. Pinter reported there is a bi-partisan bill to permanently allow these telehealth flexibilities that was introduced in Congress a few months ago.</p>	<p>4.3) No action was necessary</p>
<p>4.4) BABHA Crisis Services Template, J. Hahn</p>	<p>4.4) J. Hahn reported that the Michigan Department of Health and Human Services (MDHHS) requested a cost breakdown and projection for all emergency services programs. J. Hahn reviewed the template distributed by MDHHS noting the Mobile Response Team (MRT) is grant funded. The template included estimated cost for MRT and 24/7 Emergency Services. The MRT has been a successful collaboration with local law enforcement. C. Pinter reported the Mental Health Code (MHC) requires community mental health service programs (CMHSPs) provide 24/7 services including crisis intervention and pre-admission screenings. The costs for the MRT program have not been included in the Medicaid actuarial rates due to the limited historical experiences with this model. Bay County did recently forward BABHA grant opportunity for next year to assist with MRT services. There were general discussions regarding the 2024 expenses being lower because there was only a partial MRT implemented due to a lack of funding, the difficulties of recruiting a full MRT currently because</p>	<p>4.4) No action was necessary</p>

		of funding limitations, and team responsibilities when there is not an active crisis in the community include working in the crisis center performing pre-screens and interventions.	
5.	Adjournment	On motion of J. Crete and support of S. Mrozinski, the meeting adjourned at 5:27 pm. The motion passed unanimously.	


Pamela Schumacher, Committee Vice Chair