

# AGENDA

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

Thursday, January 8, 2026 at 5:00 pm

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

<b>Committee Members:</b>	<b>Present</b>	<b>Excused</b>	<b>Absent</b>		<b>Present</b>	<b>Excused</b>	<b>Absent</b>	
Christopher Girard, Ch	_____	_____	_____	Sally Mrozinski	_____	_____	_____	Others Present: BABH: Karen Amon, Nicole Sweet, and Sara McRae Legend: M-Motion; S-Support; MA- Motion Adopted; AB-Abstained
Pam Schumacher, V Ch	_____	_____	_____	Pat McFarland, Ex Off	_____	_____	_____	
Jerome Crete	_____	_____	_____	Robert Pawlak, Ex Off	_____	_____	_____	
Shelley King	_____	_____	_____					

	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) Request for Clinical Privileges: a) Usha Movva, MD – three-year renewal term expiring 01/30/2029  4.2) Policies Beginning 30-Day Review: a) Videoconferencing, recording, transcribing, and use of Artificial Intelligence (AI), 09-05-10  4.3) Policies Ending 30-Day Review: a) Home and Community Based Rules, 04-05-08		4.1) Consideration of a motion to refer the request for clinical privileges to the full Board for approval  4.2) Consideration of a motion to refer the policy, Videoconferencing, recording, transcribing, and use of Artificial Intelligence (AI), 09-05- 10, to begin 30-day review to the full Board for approval  4.3) Consideration of a motion to refer the policy, Home and Community Based Rules, 04-05-08, to end 30-day review to the full Board for approval

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	4.4) Quality Survey Results, S. Holsinger 4.5) Autism Procurement Update 4.6) Talk Today, Hope for Tomorrow – Saturday, March 14, 2026 4.7) Strategic Plan Initiatives & Dashboard Reviews		4.4) No action necessary 4.5) No action necessary 4.6) No action necessary 4.7) No action necessary
5.	Adjournment	M -	S - pm MA

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY  
POLICIES AND PROCEDURES MANUAL**

<b>Chapter: 9</b>	<b>Information Management</b>		
<b>Section: 5</b>	<b>Technology Safeguards</b>		
<b>Topic: 10</b>	<b>Videoconferencing, recording, transcribing, and use of AI</b>		
<b>Page: 1 of 2</b>	<b>Supersedes Date:</b> <b>Pol:</b> <b>Proc:</b>	<b>Approval Date:</b> <b>Pol:</b> <b>Proc:</b>	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
<b>Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 1/7/2026. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.</b>			

**DO NOT WRITE IN SHADED AREA ABOVE**

**Policy**

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to have processes in place for safeguarding the creation, use, movement, reuse, storage, data backup, or disposal of recordings and/or transcriptions of recordings of videoconferencing meetings with or without the assistance of artificial intelligence (AI), generative AI, or generative AI technology.

**Purpose**

This policy and procedure is established to ensure that all use of software applications, or artificial intelligence, that stores or processes or has the potential to store or process confidential information, or protected health information (PHI), are-is governed by media controls that safeguard such information from unauthorized use and/or disclosure. In addition, this policy also provides additional protections for the privacy of BABHA’s employees using videoconferencing. The directives provided herein contemplate the privacy and security issues that arise during videoconferencing and recording and/or transcription of remote live meetings.

**Education Applies to:**

**Education Applies to**

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers:    Policy Only    Policy and Procedure
- Selected Contracted Providers, as follows:
- Policy Only    Policy and Procedure
- Other:

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY  
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<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/ COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL/ REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION If replacement, list policy to be replaced</b>
M. Prusi	Corporate Compliance	09/10/2025	New	New policy that addresses the use of recording/transcribing/AI in videoconferencing.

## BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter: 04</b>	<b>Care and Treatment Services</b>		
<b>Section: 05</b>	<b>Person Centered Planning</b>		
<b>Topic: 08</b>	<b>Home and Community Based Services (HCBS) Compliance</b>		
Page: 1 of 1	Supersedes Date: Pol: Proc:	Approval Date: Pol: Proc:	<div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 5px;"><i>Board Chairperson Signature</i></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"><i>Chief Executive Officer Signature</i></div>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 12/2/2025. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

### Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to ensure compliance with Home and Community Based Services (HCBS) Program Rule federal and state regulations.

### Purpose:

BABHA will ensure that internal services and contractual providers of HCBS, including residential and nonresidential home and community-based services are compliant with Federal HCBS Final Rule and Person Centered Planning.

### Education Applies to:

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers:     Policy Only     Policy and Procedure
- Selected Contracted Providers, as follows:
  - Policy Only     Policy and Procedure
- Other:

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
K. Amon	SLT	9/23/25	New	To comply with HCBS Final Rule.

**Introduction**

The Michigan Department of Health and Human Services (MDHHS) requires a survey to be administered annually to ask about overall satisfaction. All BABH programs and contract providers serving individuals with a mental illness or developmental disability will have the opportunity to complete the Mental Health Statistics Improvement Program (MHSIP) or the Youth Satisfaction Survey for Families (YSS).

**Survey Response Rates**

Since 2019, the surveys have been distributed through a variety of different methods including face to face, regular mail, electronic, and hybrid versions. The response rates are calculated by dividing the number of surveys that were returned by the number of surveys that were distributed. Figure 1 below shows the breakdown in the surveys distributed and received separated by population groups and survey type.

**Figure 1**

Population Groups	# Distributed	# Received	# Served during Reporting Period	Response Rate
MHSIP Adults - MI	667	248	1461	37.18%
MHSIP Adults - IDD	250	38	207	15.20%
<b>Total</b>	<b>917</b>	<b>286</b>	<b>1668</b>	<b>31.19%</b>
YSS Children/Family - MI/SED	389	66	703	16.97%
YSS Children/Family - IDD	62	4	166	6.45%
<b>Total</b>	<b>451</b>	<b>70</b>	<b>869</b>	<b>15.52%</b>

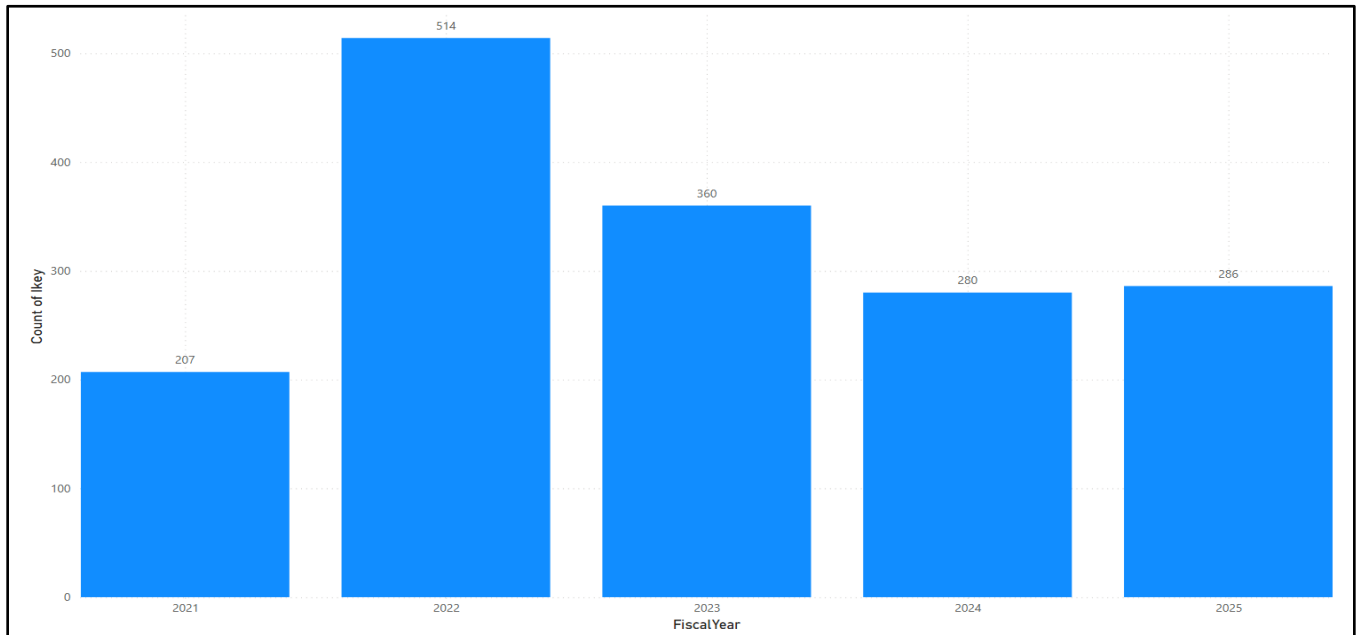
**Analysis:** For 2025, there was a 26% response rate (356/1368) for surveys distributed. The survey rate was significantly higher compared to 2024 (13%). In 2022, the response rate could not be calculated due to an error in tracking the number of surveys distributed; however, the distribution method that year was hybrid (electronic, in-person, and mail). In 2023, surveys were distributed primarily face-to-face. In 2024, distribution was exclusively by mail. In 2025, surveys were distributed primarily face-to-face, with guardians receiving surveys by mail. The increase in response rate from the previous year suggests that incorporating more face-to-face distribution may be more effective in encouraging survey participation. A drawing for five \$10 gift cards was also offered to consumers if they completed the survey and provided their name/phone number. The only staff able to view this information was the Quality Improvement staff.

**Action:** Over the past several years, surveys have been distributed in a variety of different ways with varying degrees of success. Due to the significant decrease in the response rate for both the MHSIP and YSS surveys, it is recommended that, in the future, surveys be distributed during face-to-face contacts. It is also recommended that there continues to be the option of being entered for a gift card.

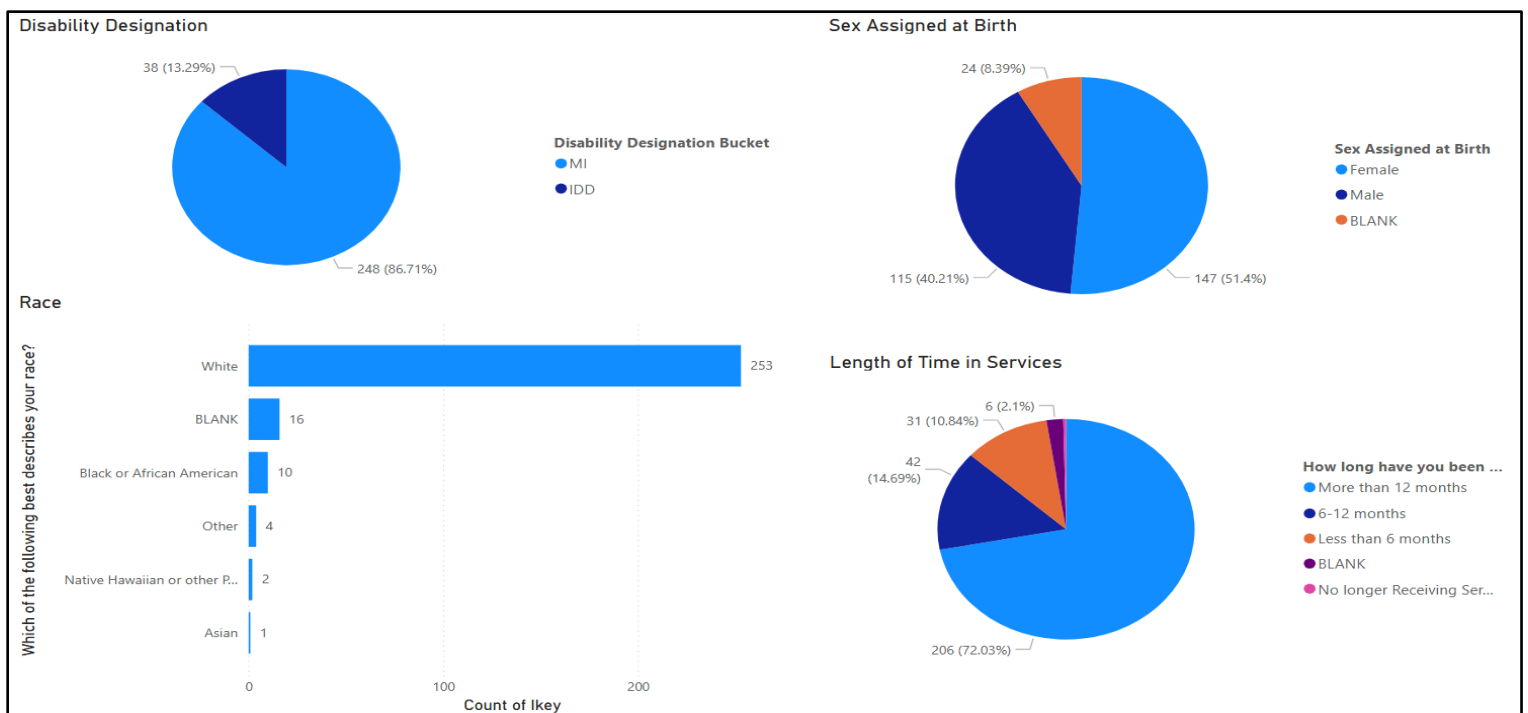
**Survey Findings**

**The Adult Perception of Care Survey (MHSIP)** - A total of 286 MHSIP surveys were returned in 2025 out of 917 distributed, resulting in a 31% response rate and a confidence level of nearly 96%. Figure 2 below displays the total number of surveys returned in 2025 compared to previous years. This was an increase from 2024 (93% confidence level).

**Figure 2**



**Figure 3**



**Summary:** Figure 3 above displays the demographic characteristics of the returned surveys. Overall, 86% of respondents were individuals with a Mental Illness (MI) diagnosis. Of the 329 surveys returned, 251 respondents identified their race as White (76%), and 147 indicated their sex assigned at birth as female (51%). Additionally, 87% of respondents reported being in services for more than 12 months.

**Figure 4**



**Analysis:** Figure 4 demonstrates the percentage of agreement for each domain for the MHSIP survey from 2021-2025. There are three domains that consistently score below the desired threshold of 80%: Outcomes, Functioning, and Social Connectedness. All the other domains scored above the 80% standard and had an increase from 2024, with Quality and Appropriateness having the biggest increase of 8%.

## 2025 Perception of Care Report

Figure 5 below demonstrates the percentage of agreement for each question in the domain for all BABH programs and contract service providers and those highlighted in red were less than 80%.

**Figure 5**

Domain	2021	2022	2023	2024	2025	Difference
<b>General Satisfaction</b>						
1. I like the services that I received.	92%	94%	95.3%	90.7%	94.4%	3.7%
2. If I had other choices, I would still choose to get services from this mental healthcare agency.	88%	90%	90.2%	89.3%	91.6%	2.3%
3. I would recommend this agency to a friend or family member.	89%	91%	92.2%	89.9%	91.6%	1.7%
<b>Access</b>						
4. The location of services was convenient.	91%	91%	91.2%	87.3%	89.8%	2.5%
5. Staff were willing to see me as often as I felt it was necessary.	89%	94%	92.5%	87.5%	92.3%	4.8%
6. Staff returned my calls within 24 hours.	86%	89%	89.7%	86.5%	90.2%	3.7%
7. Services were available at times that were good for me.	91%	97%	94.4%	92.4%	91.9%	-0.5%
8. I was able to get all the services I thought I needed.	88%	92%	92.2%	86.4%	89.9%	3.5%
9. I was able to see a psychiatrist when I wanted to.	79%	85%	87.5%	83.7%	87.1%	3.3%
<b>Quality and Appropriateness</b>						
10. Staff believed that I could grow, change and recover	85%	92%	91.2%	80.7%	93.0%	12.2%
12. I felt free to complain.	83%	89%	87.6%	82.1%	87.5%	5.5%
13. I was given information about my rights.	91%	93%	96.0%	92.7%	95.4%	2.7%
14. Staff encouraged me to take responsibility for how I live my life	85%	93%	91.2%	83.8%	90.8%	7.0%
15. Staff told me what side effects to watch for.	76%	81%	83.6%	81.3%	81.3%	0.0%
16. Staff respected my wishes about who is and who is not to be given information about my treatment services.	94%	95%	94.6%	91.7%	93.6%	1.9%
18. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language, etc.).	84%	92%	92.3%	88.7%	90.6%	2.0%
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness and disability.	89%	94%	93.2%	83.5%	92.0%	8.5%
20. I was encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line,	81%	85%	84.1%	72.6%	79.1%	6.5%
<b>Participation in Treatment</b>						
11. I felt comfortable asking questions about my treatment, services and medication.	90%	93%	93.1%	86.7%	91.9%	5.2%
17. I, not staff, decided my treatment goals.	84%	93%	89.1%	86.8%	89.5%	2.7%
<b>Outcomes</b>						
21. I deal more effectively with daily problems.	69%	74%	76.5%	71.5%	67.0%	-4.5%
22. I am better able to control my life.	68%	72%	75.3%	67.2%	69.1%	2.0%
23. I am better able to deal with crisis.	62%	68%	68.8%	53.7%	53.6%	-0.1%
24. I am getting along better with my family.	64%	69%	67.3%	77.6%	66.3%	-11.3%
25. I do better in social situations.	56%	62%	61.6%	64.8%	65.2%	0.4%
26. I do better in school and/or work.	51%	60%	61.4%	63.1%	68.5%	5.5%
27. My housing situation has improved.	60%	65%	68.6%	77.7%	69.9%	-7.8%
28. My symptoms are not bothering me as much.	54%	60%	58.2%	54.5%	56.2%	1.7%
<b>Functioning</b>						
29. I do things that are more meaningful to me.	65%	68%	69.2%	72.5%	72.1%	-0.4%
30. I am better able to take care of my needs.	65%	73%	71.6%	69.4%	69.6%	0.2%
31. I am better able to handle things when they go wrong.	55%	64%	66.3%	51.9%	54.8%	3.0%
32. I am better able to do things that I want to do.	62%	70%	67.7%	65.7%	66.3%	0.6%
<b>Social Connectedness</b>						
33. I am happy with the friendships I have.	69%	73%	75.9%	78.6%	70.3%	-8.4%
34. I have people with who I can do enjoyable things.	71%	78%	78.2%	80.7%	75.6%	-5.1%
35. I feel I belong in my community.	55%	60%	56.7%	64.8%	57.6%	-7.2%
36. In a crisis, I would have the support I need from family or friends.	73%	77%	74.9%	79.8%	72.8%	-7.0%

**Analysis:** Twenty-five of the 36 statements had an increase in agreeance for 2025 compared to 2024. The statement, "Staff believed I could grow, change, and recover" had a 12% increase. This statement was actioned last year. The statement "I am getting along better with my family" had the highest decrease in agreeance (11%) and "I am happy with the friendships I have" had the second highest decrease in agreeance. All the statements in the Outcomes, Functioning, and Social Connectedness domains were below 80%, which is typical of previous years. There was an increase in seven of the 16 statements.

**Action:** BABH and the primary providers determined that building solid relationships with family and friends and developing connections within the community was a theme of the results of the MHSIP survey. BABH will work with CLS staff to stress the importance of taking consumers on community outings to assist them in building relationships in the community so these can be maintained without the help of CLS staff. The 'Great Lakes Bay Parents' community event Facebook page provides different community events in the area and this could be referenced on the BABH website. Additionally, the Quality of Life Mentor will send out monthly event calendars to be distributed to attendees of the PNOQMC and Specialized Residential/CLS committee meetings.

**Survey Findings**

**The Youth Perception of Care Survey (YSS)** - Figure 6 shows that there were a total of 70 YSS surveys returned out of 451 surveys distributed for 2025 resulting in a 15.5% response rate and a 64% confidence level. This is an increase from 2024 (53% confidence level).

**Figure 6**

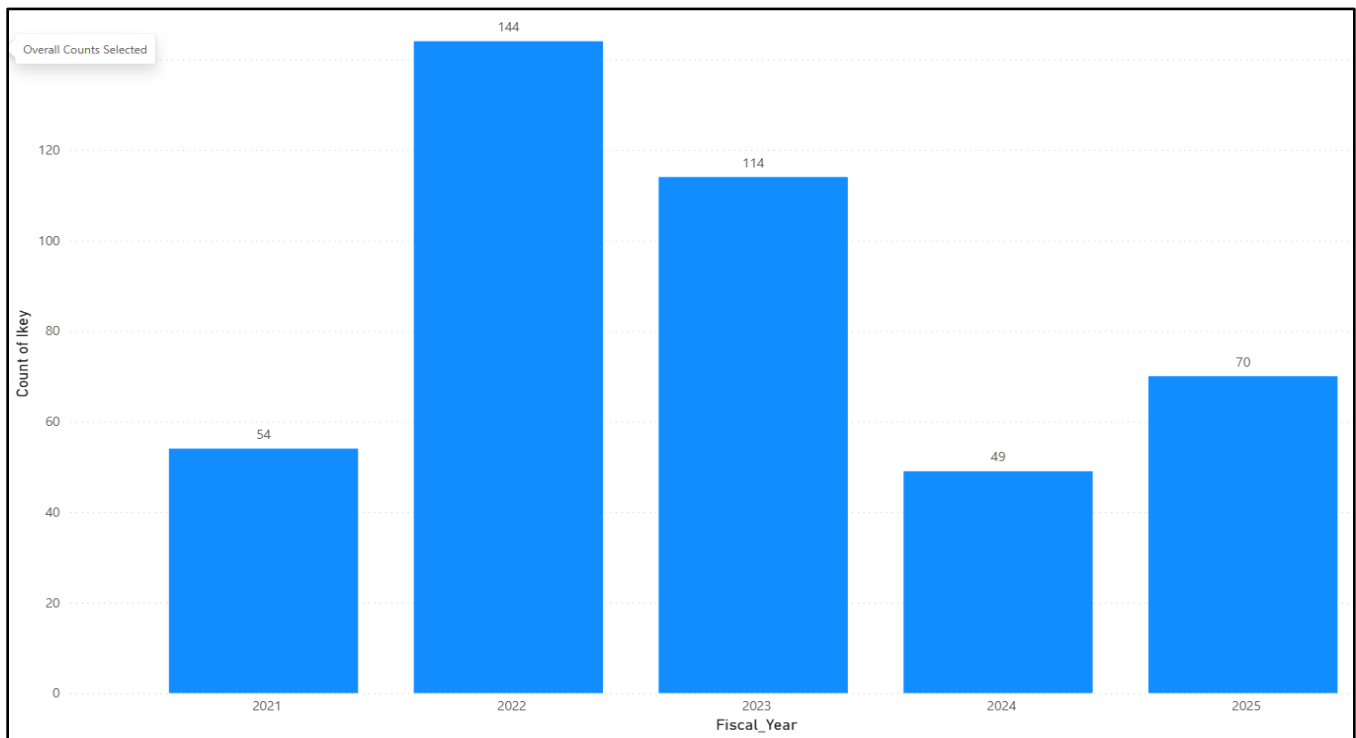
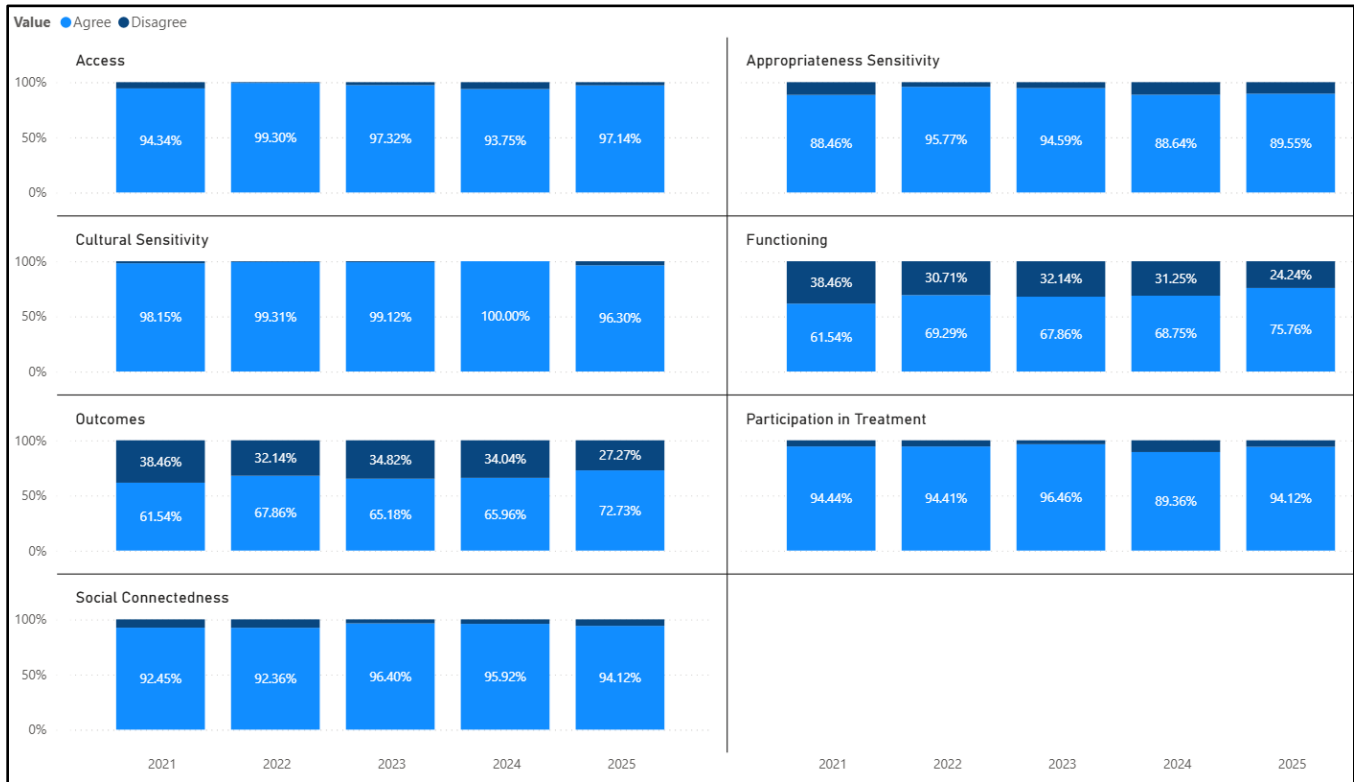


Figure 7



**Analysis:** Figure 7 demonstrates the percentage of agreement for each domain. Five of the seven domains consistently score above the desired threshold of 80%. For 2025, the desired threshold was met in all the domains except the Outcomes and Functioning domains. It should be noted that the Functioning and Outcomes domains contain six out of seven of the same questions. Five of the seven domains had an increase for 2025 compared to 2024. The Functioning and Outcomes domains saw the biggest increase (7% each).

Figure 8 demonstrates the percentage of agreement for each question in the domain for all BABH programs and contract service providers for the YSS.

2025 Perception of Care Report

Figure 8

Domain	2021	2022	2023	2024	2025	Difference
<b>Access</b>						
8. The location of services was convenient for us.	96%	99%	94.6%	95.9%	92.86%	-3.1%
9. Services were available at times that were convenient for us.	89%	94%	92.1%	87.5%	90.00%	2.5%
<b>Appropriateness</b>						
1. Overall, I am satisfied with the services my child received.	89%	96%	93.0%	87.8%	90.00%	2.2%
4. The people helping my child stuck with us no matter what.	85%	92%	93.0%	89.8%	88.24%	-1.6%
5. I felt my child had someone to talk to when he/she was troubled.	83%	91%	94.7%	89.4%	91.43%	2.1%
7. The services my child and/or family received were right for us.	89%	90%	89.5%	81.6%	85.71%	4.1%
10. My family got the help we wanted for my child.	80%	86%	87.6%	79.2%	82.86%	3.7%
11. My family got as much help as we needed for my child.	81%	81%	83.9%	80.4%	82.61%	2.2%
<b>Cultural Sensitivity</b>						
12. Staff treated me with respect.	96%	99%	98.2%	100.0%	95.71%	-4.3%
13. Staff respected my family's religious/spiritual beliefs.	89%	95%	92.9%	95.3%	96.43%	1.1%
14. Staff spoke with me in a way that I understood.	98%	98%	98.2%	100.0%	98.57%	-1.4%
15. Staff were sensitive to my cultural/ethnic background (e.g., race, religion, language).	87%	94%	92.1%	95.0%	91.23%	-3.8%
<b>Outcomes</b>						
16. My child is better at handling daily life.	60%	58%	67.5%	73.5%	81.43%	8.0%
17. My child gets along better with family members.	61%	66%	64.9%	69.4%	69.57%	0.2%
18. My child gets along better with friends and other people.	65%	65%	69.0%	73.5%	80.00%	6.5%
19. My child is doing better in school and/or work.	51%	57%	53.1%	66.7%	71.01%	4.3%
20. My child is better able to cope when things go wrong.	52%	53%	60.5%	46.9%	42.65%	-4.3%
21. I am satisfied with our family life right now.	69%	67%	64.9%	60.4%	75.00%	14.6%
22. My child is better able to do things he or she wants to do.	61%	75%	75.4%	65.3%	77.94%	12.6%
<b>Participation in Treatment</b>						
2. I helped to choose my child's services.	91%	92%	91.2%	91.5%	95.59%	4.1%
3. I helped to choose the goals in my child's service plan.	96%	95%	96.5%	93.9%	94.29%	0.4%
6. I participated in my child's treatment/services.	93%	94%	92.1%	89.8%	92.86%	3.1%
<b>Social Connectedness</b>						
23. I know people who will listen and understand me when need to talk.	92%	92%	93.9%	89.8%	91.18%	1.4%
24. I have people that I am comfortable talking with about child's problems.	92%	92%	91.2%	93.9%	89.71%	-4.2%
25. In a crisis, I would have the support I need from family friends.	92%	88%	86.8%	87.8%	91.18%	3.4%
26. I have people with whom I can do enjoyable things.	83%	90%	93.7%	95.9%	97.06%	1.1%

**Analysis:** Nineteen of the 26 statements scored higher for 2025 than 2024. “I am satisfied with our family life right now” had the biggest increase for 2025 (14.6%) followed closely by “My child is better able to do things he or she wants to do (12.6%). “My child is better able to cope when things go wrong” and “Staff treated me with respect” both had a 4.3% decrease for 2025 compared to 2024.

**Action:** For 2025, there were only 70 YSS surveys returned from 451 distributed which resulted in a 64% confidence level. Actions taken on results that are not statistically significant could change processes/procedures that could negatively impact consumers overall. Therefore, there is nothing specific to action with the results of the YSS for 2025. will continue to provide education and encouragement on the value of completing these surveys and BABH, when possible, will continue to offer the chance to win a gift card.

**General Feedback from the Consumer Council:**

- Make sure staff are encouraging consumers to utilize the Opportunity Center for building relationships
- Putting the event calendar on the BABH website for consumers to access

Submitted by: Sarah Holsinger, LMSW, Quality Manager

Date: 10/28/2025

## Provider Network Survey 2025

The Provider Network Survey obtains feedback from contracted clinical service providers who provide care to individuals within our service area. The survey was sent to all provider types, including the following organizations: residential, vocational, clubhouse, primary care, applied behavioral analysis, community living supports, and inpatient. Thirty-nine responses were received, which was less than previous years. A reminder email was not sent out this year so this may have contributed to this difference. The approximate breakdown of staff completing the survey is as follows: Residential/Community Living Supports/Vocational- 51%, Applied Behavior Analysis- 44%, and Primary Services- 1%.

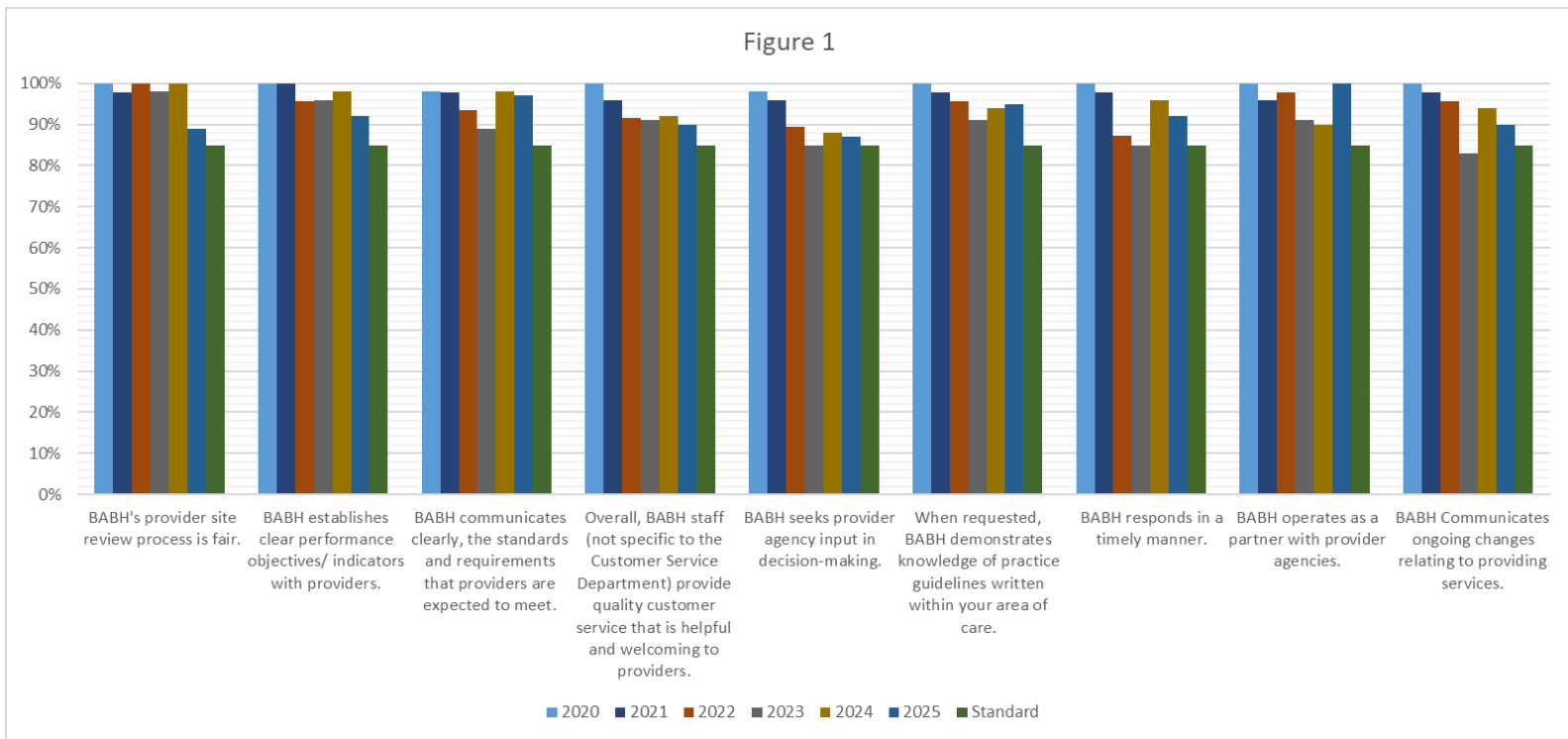


Figure 1 presents the percentage of favorable responses to the nine survey statements. All statements exceeded the 85% standard. Seven statements showed a decrease in favorable responses in 2025 compared to 2024. The largest decrease was for the statement, “BABH’s provider site review process is fair”; however, over 8% of responses were marked as “N/A” because some providers do not receive a site review. In contrast, the statement “BABH operates as a partner with provider agencies” received 100% agreement in 2025, reflecting a 10% increase from 2024.

There were seven surveys out of 39 responses that accounted for the 22 ‘disagree/strongly disagree’ responses. Four of the surveys had three or more ‘disagree/strongly disagree’ responses. There were only a few comments received. The two trends received from these few comments were: 1) Changes occur without communication to providers ahead of time and 2) Primary case holders don’t respond in a timely manner.

There were some positive comments received as well about the site review staff, Applied Behavioral Analysis staff, and finance and contract management staff. “BABH has been a great partner to work with and we look

forward to our continued partnership.” “BABH is on point.” “We really enjoy working with BABH.” “I think the relationship between BABHA, its providers, and the office of Recipient Rights is one of the best I've encountered. Keep it up, it's appreciated!!!” A recommendation was received to have monthly emails that provide updates or any changes (just more regular communication; Applied Behavior Analysis provider).

In addition to nine main survey questions, the survey included two additional questions regarding unmet community need. This information is used in strategic planning and is included by BABH in the State Annual Submission Needs Assessment Stakeholder Survey that is completed every two years.

What do you see as being the most significant mental health needs that are not currently being adequately addressed in our community?
More resources for consumers and parents/caregivers, better collaboration between schools and ABA providers, housing, support for consumers in rural areas, knowledge of respite services, need for Occupational Therapy services,
What mental health trends have you identified that BABH should be aware of?
Drug use, suicide, need for understanding the importance of family guidance sessions in ABA, struggles to meet basic needs (x3), increased need for Outpatient Therapy/Speech/Occupational Therapy, transportation (x3), staff burnout

### **Interventions Based Upon Survey Results:**

All nine survey statements were above 85% standard. The survey results will be taken to provider meetings, leadership meetings, and Consumer Councils to discuss the results and any potential interventions and strategies for improvement.

- Reminder to staff to communicate timely with providers and encourage providers to reach out to supervisors if they are not receiving replies. BABH supervisors will re-educate staff on the policy related to expectations for response times.
- Explore the possibility of having at least semi-annual provider meetings with all provider types.
- Send reminder emails during the period the survey is open to encourage and remind staff to complete the survey

The information from the survey results will be incorporated into the annual BABH Strategic Plan and Annual Submission Needs Assessment.

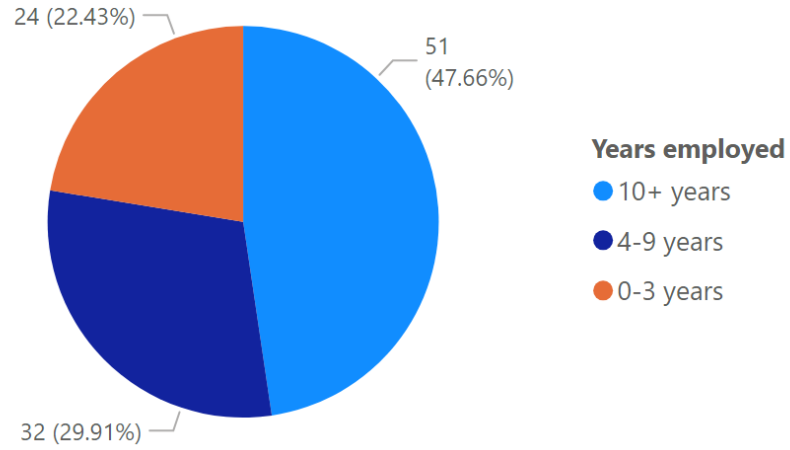
**Submitted by:** Sarah Holsinger, LMSW, Quality Manager

**Date:** 7/31/2025

# Bay Arenac Behavioral Health Authority Employee Survey 2025

Prepared by: Sarah Holsinger, LMSW- Quality  
Manager

### Completed Survey by Years of Service



107

Survey Count

254

Employee Count

42 %

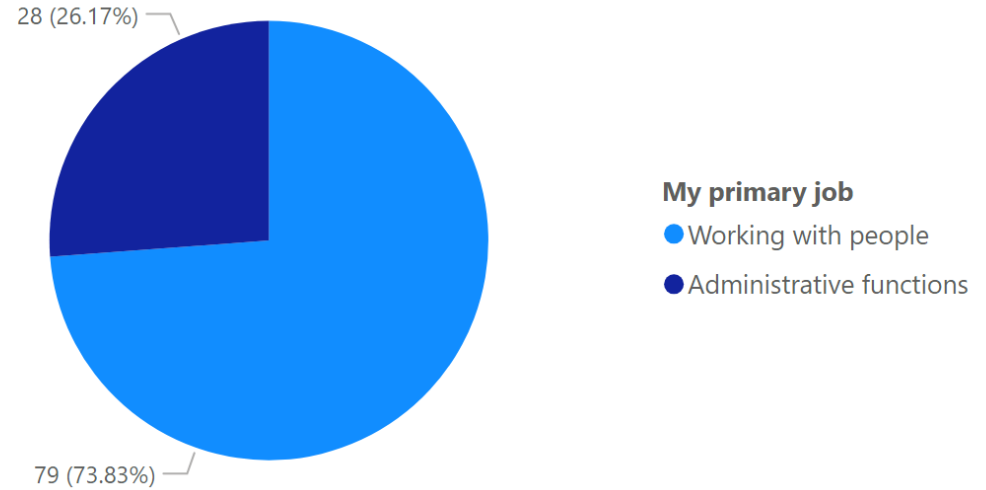
% of Surveys

Survey Year

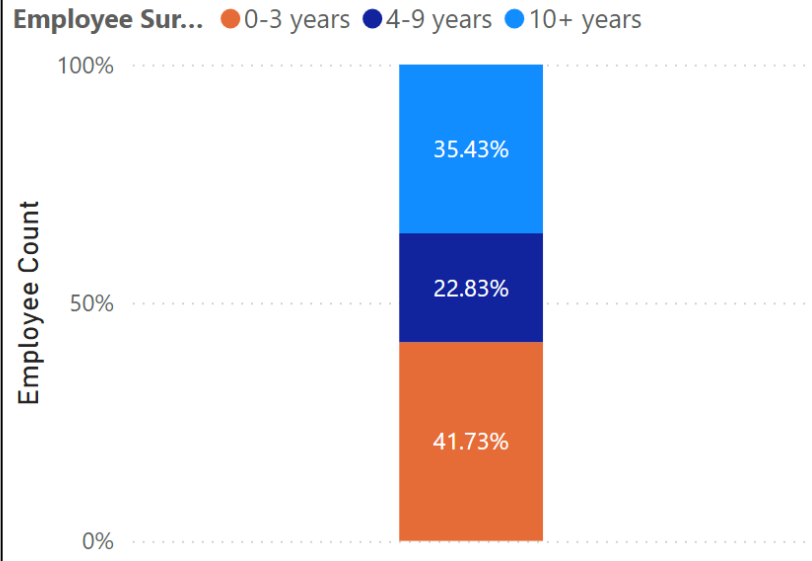
2025



### Survey Count by Primary Job

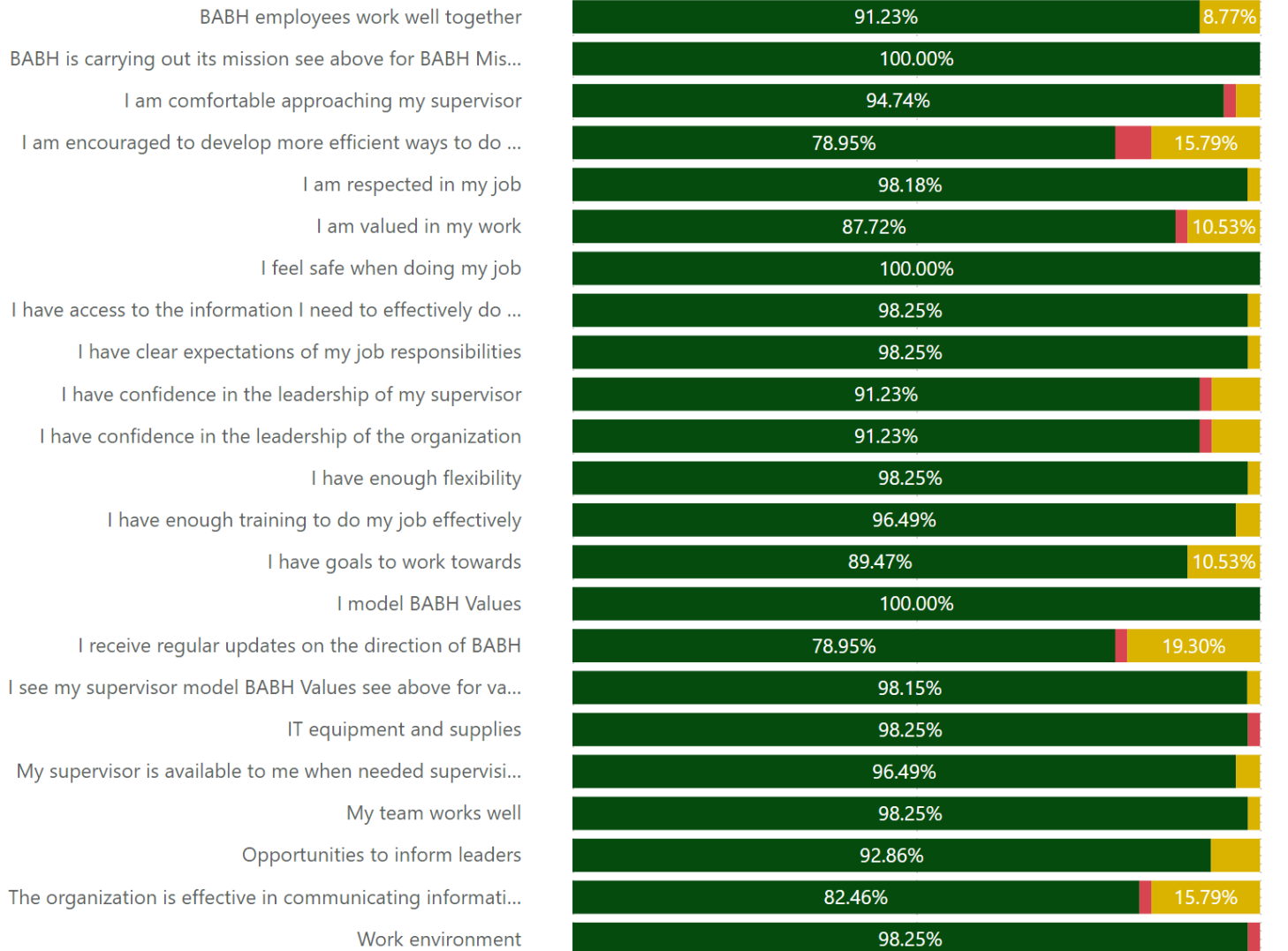


### Employee Count as of 6/4/2025 (HR System)

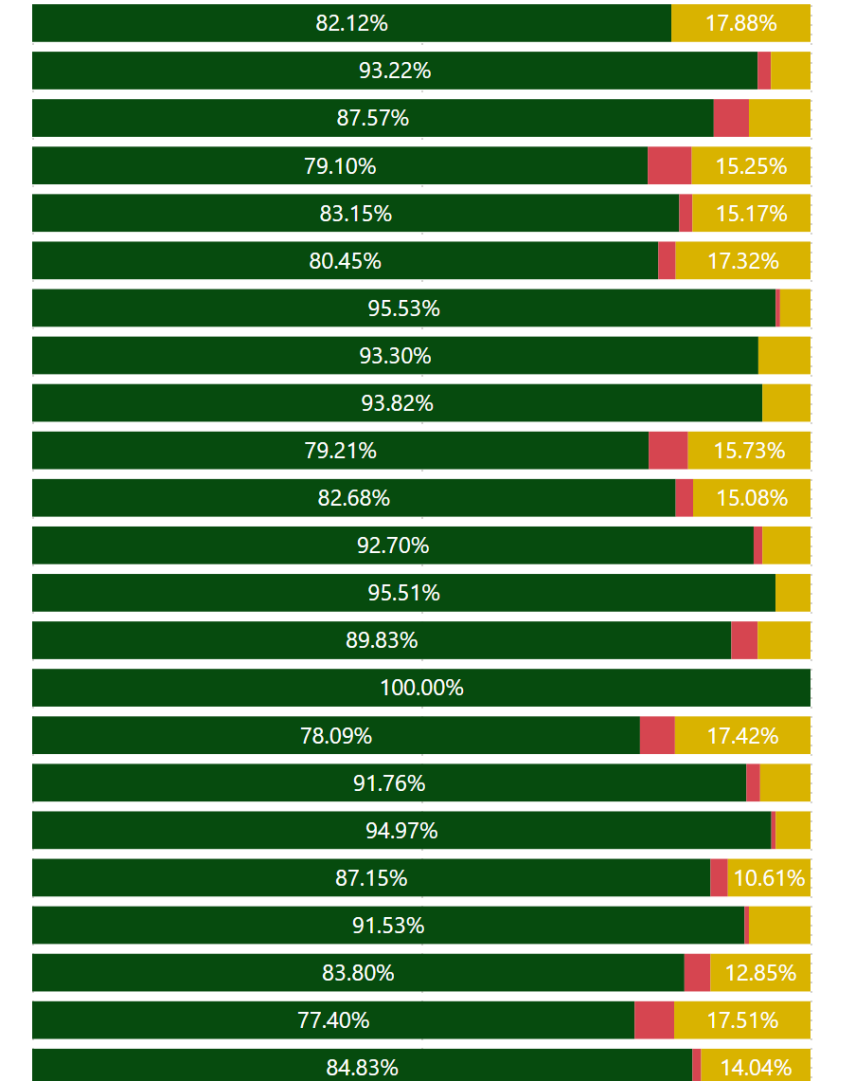


**Analysis:** Of the 254 employees at Bay Arenac Behavioral Health during the time of the survey, 107 staff completed the employee survey resulting in a 42% response rate. This calculates out to approximately an 82% confidence level which was less than the 91% confidence level in 2022. Although staff that have been hired under 0-3 years accounts for 41% of BABH, only 24% of the overall survey completion came from this group. 47% of the survey results came from staff that have worked for BABH for 10 or more years.

### Administrative functions



### Working with people



Question

**Analysis:** Overall, the Administrative staff have a higher rate of agreeance compared to staff that Work with People. For Administrative staff, 18 statements showed over 90% agreeance compared to 10 statements for staff that Work with People.

Administrative staff scored 80% or less in the following statements:

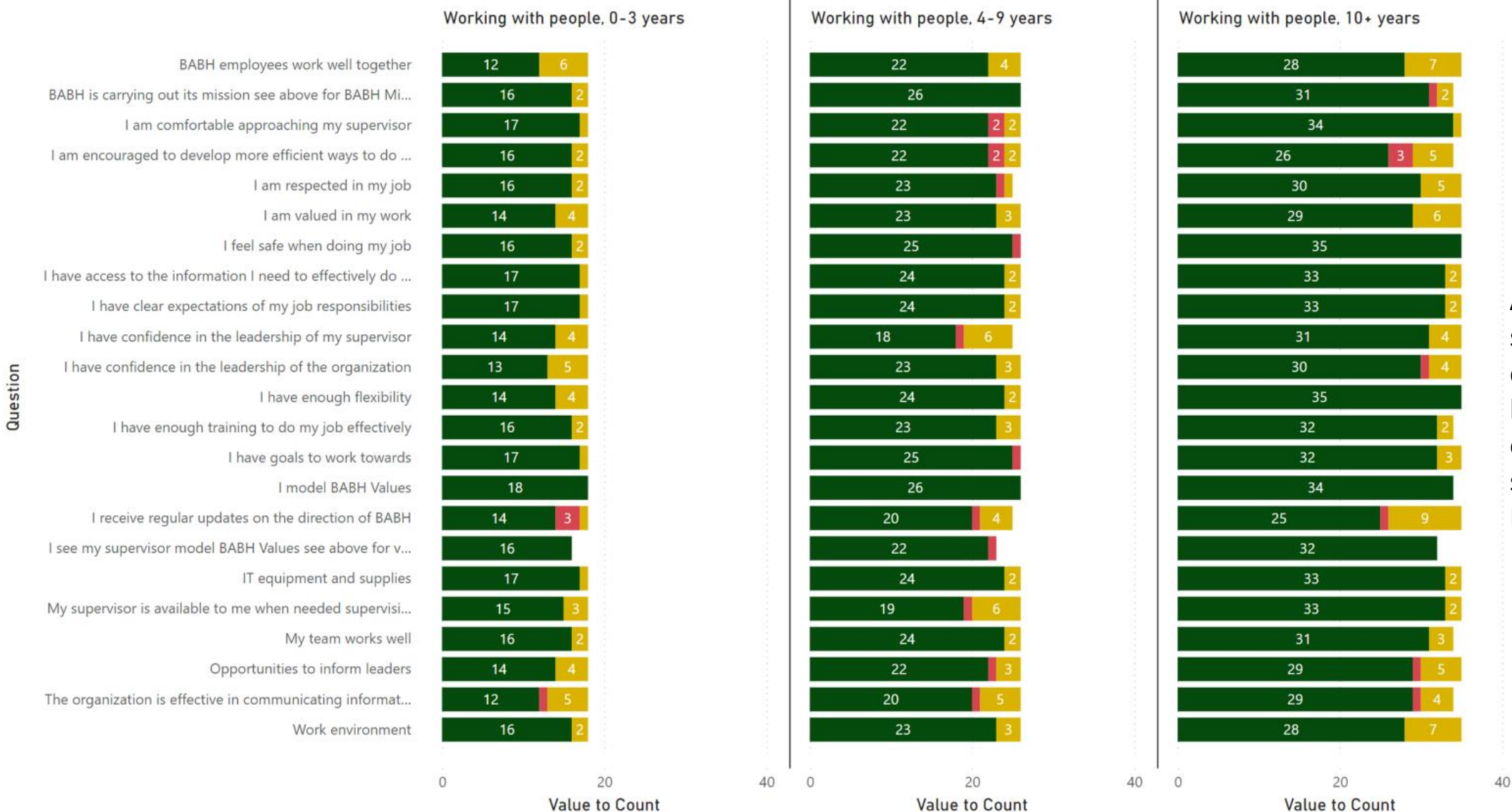
- **I am encouraged to develop more efficient ways to do my job.**
- **I receive regular updates on the direction of BABH.**
- **The organization is effective in communicating information.**

Staff that Work with People scored 80% or less in the following statements:

- **I am encouraged to develop more efficient ways to do my job.**
- I am valued in my work.
- I have confidence in the leadership of my supervisor.
- **I receive regular updates on the direction of BABH.**
- **The organization is effective in communicating information.**

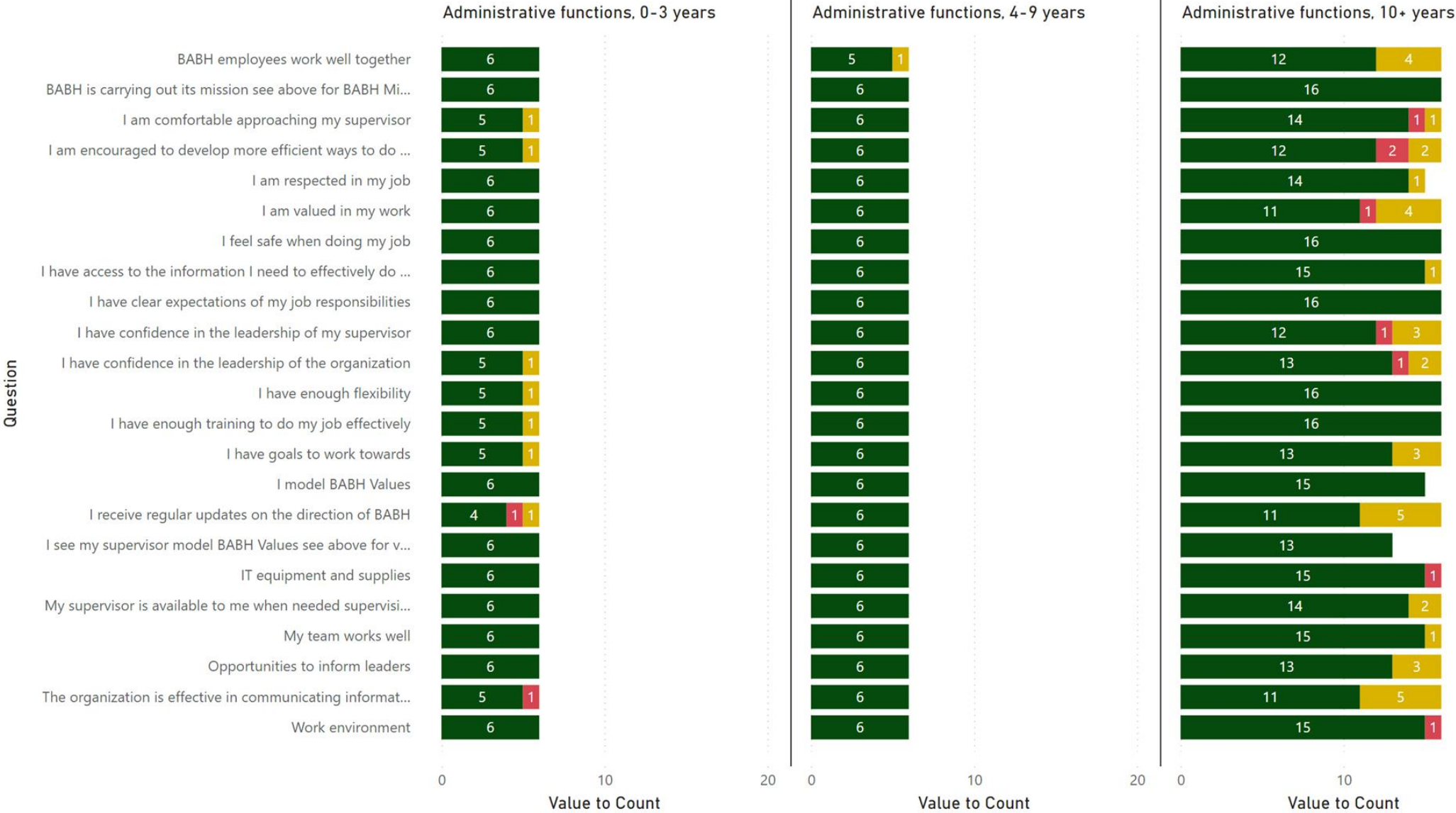


Answer Red/Yellow/Green ● Green (Most / Always) ● Red (Never/Rarely) ● Yellow (Some of the time)



**Analysis:** This slide shows the total count of surveys based on the years of service for those staff Working with People.

Answer Red/Yellow/Green ● Green (Most / Always) ● Red (Never/Rarely) ● Yellow (Some of the time)



**Analysis:** This slide shows the total count of surveys based on the years of service for Administrative Staff. Based on this slide and the previous slide, staff Working with People accounted for 66% of the responses for 0-3 years of service, 75% of the responses for 4-9 years of service, and about 50% of the responses for 10+ years.

**Analysis:** Overall, the staff that have worked at BABH for 4-9 years have a higher rate of agreeance compared to the staff that have worked 0-3 years and 10+ years. For staff that have worked 4-9 years, there were 15 statements that scored over 90% agreeance compared to 12 statements for those that have worked 0-3 years and 12 statements for those that have worked 10+ years.

Staff that have worked 0-3 years scored 80% or less in the following statements:

- **BABH employees work well together.**
- I have confidence in the leadership of the organization.
- I have enough flexibility.
- I receive regular updates on the direction of BABH.
- **The organization is effective in communicating information.**

Staff that have worked 4-9 years scored 80% or less in the following statements:

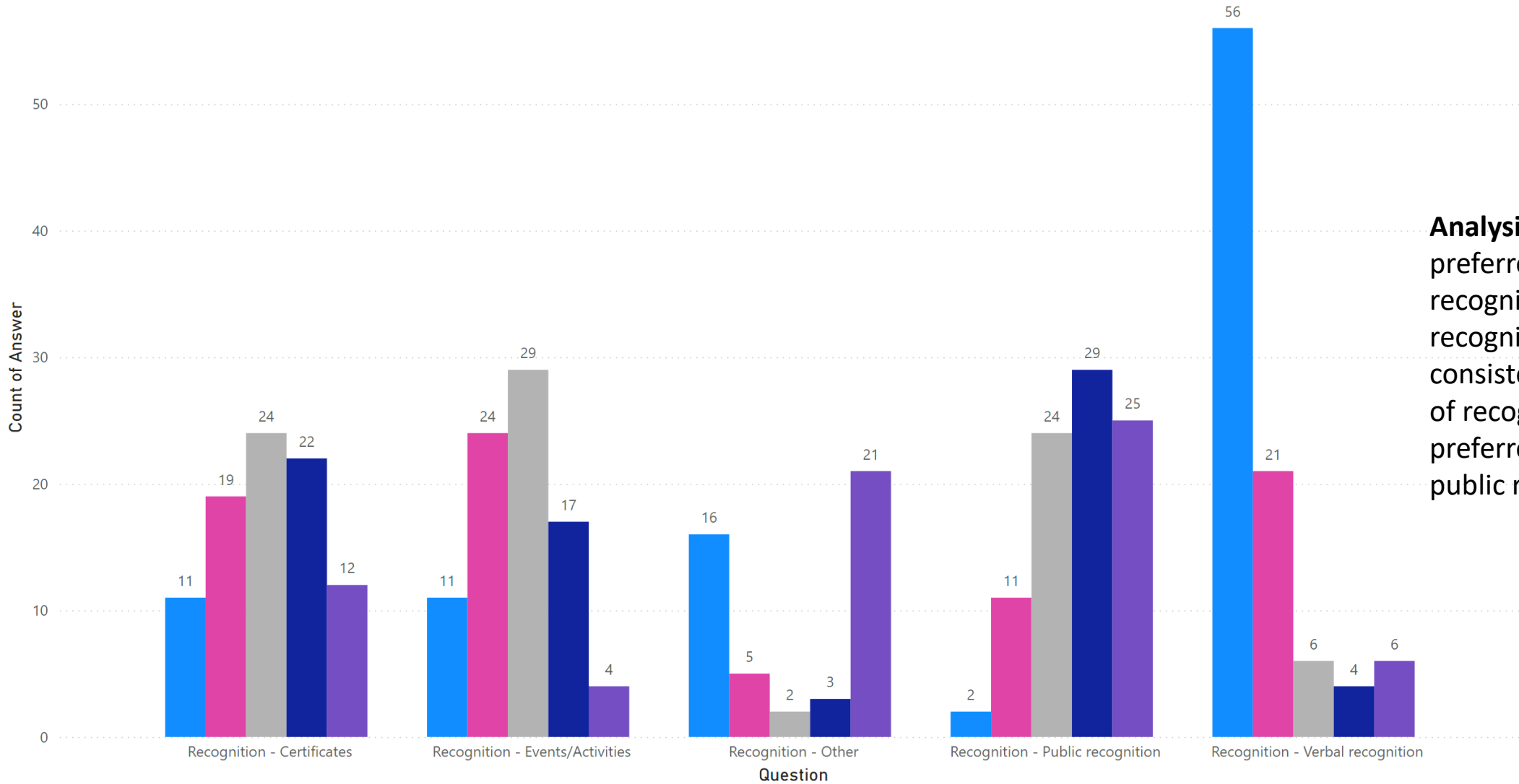
- I have confidence in the leadership of my supervisor.
- My supervisor is available to me when needed supervision, questions, consultation, etc.
- The following three statements scored above 80% but under 85%:
  - **BABH employees work well together.**
  - I have confidence in the leadership of the organization.
  - **The organization is effective in communicating information.**

Staff that have worked 10+ years scored 80% or less in the following statements:

- **BABH employees work well together.**
- I am encouraged to develop more efficient ways to do my job.
- I am valued in my work.
- I receive regular updates on the direction of BABH.
- **The organization is effective in communicating information.**

### What type of recognition do you prefer? (1=Most Preferred, 5=Least Preferred)

Answer 1 2 3 4 5



**Analysis:** The most preferred type of recognition is verbal recognition with equal consistency of other types of recognition. The least preferred recognition was public recognition.

## Comments on Recognition

### **Financial and Benefit Increases:**

- Money - bonus since I'm at top of pay scale
- Increased pay/benefits (eg: bonus for performance)
- Extra ETO
- Raise or bonus
- Merit raises or bonuses
- An increase in pay would be very helpful.
- Increased wages or bonus incentives
- A competitive salary is the best way to show you appreciate your employees time and effort they give to their job. Most of us can go to another agency and get about \$10,000 more per year or more in some cases, and it has been this way for several years. I do not think BABH is doing enough to address this issue.
- Higher pay to show that my work is valued
- Compensation (mentioned 3 times)
- Pay increase, incentives
- Forms of compensation - bonus, increased pay, ETO, etc.
- Salary increase
- Bonuses are always appreciated when in the budget
- Recognition via financial bonus for working hard, doing a great job, going above and beyond

### **Verbal Recognition:**

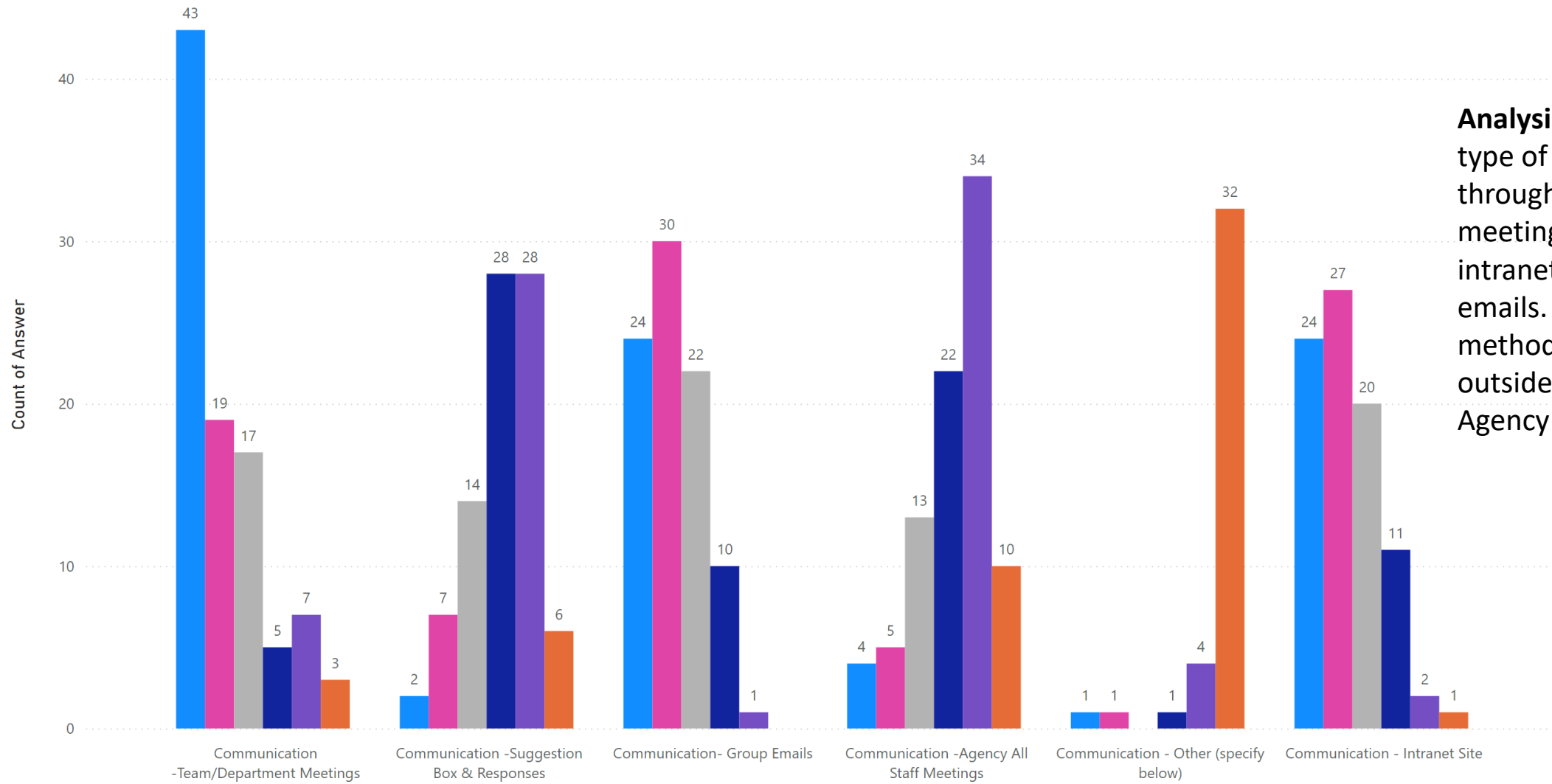
- A simple email to the staff about their hard work and dedication to the company. Recognizing Social Work Month in March.
- Verbal compliments are great but also needs to go in annual review
- Just having my supervisor recognize is enough for me!
- Just verbal recognition that we are doing a good job and that we matter.
- A heart felt "thank you" or some time to help
- Consistent appreciation to the few people that help with management jobs outside their own set of shift responsibilities. Appreciated rather than expected.
- Verbal recognition from the person appreciative for my efforts in evaluation, documented with HR

### **Other Recognition:**

- Different swag( BABH apparel, etc.) for different years of service.
- Listen to feedback and recommendations that are beneficial to both staff and consumers. Raise or compensation for those that do not have the work from home option. Those that had to be in office throughout the pandemic.
- Allowing you to participate in discussions regarding your job

### What methods of communication do you prefer?(1=Most Preferred, 6=Least Preferred)

Answer 1 2 3 4 5 6



**Analysis:** The most preferred type of communication is through team/department meetings followed by the intranet site and group emails. The least preferred method of communication outside of 'other' is the Agency All Staff Meetings.

## Comments on Communication

- Email or staff meeting is great
- I would prefer to have information given during team/department meetings if our team department meet was more structured and the information was given by someone prepared to answer questions. However, I feel when information is currently shared in our meetings, the meeting has a lot of side bar conversations, the individual providing the information is not prepared, topics are glossed over, etc., which makes it difficult. Therefore, I find it best to have access to the information through the intranet/group emails to ensure it is accurate and includes all relevant information.
- Personal emails and contacts.
- Overall increased communication.
- Anonymous so there's not a direct reaction to how we feel
- Communication from my supervisor
- Agency newsletter

## Domains

Question Domains	Question
Development	I am encouraged to develop more efficient ways to do my work
Development	I have goals to work towards
Development	I model BABH Values
Job	I feel safe when doing my job
Job	I have access to the information I need to effectively do my job
Job	I have enough flexibility
Job	I have enough training to do my job effectively
Job	IT equipment and supplies
Job	Work environment
Leadership	BABH is carrying out its mission see above for BABH Mission statement
Leadership	I receive regular updates on the direction of BABH
Leadership	Opportunities to inform leaders
Leadership	The organization is effective in communicating information to staff
Longevity	BABH employees work well together
Longevity	I am respected in my job
Longevity	I am valued in my work
Longevity	I have confidence in the leadership of the organization
Longevity	My team works well
Supervision	I am comfortable approaching my supervisor
Supervision	I have clear expectations of my job responsibilities
Supervision	I have confidence in the leadership of my supervisor
Supervision	I see my supervisor model BABH Values see above for values
Supervision	My supervisor is available to me when needed supervision questions consultation etc

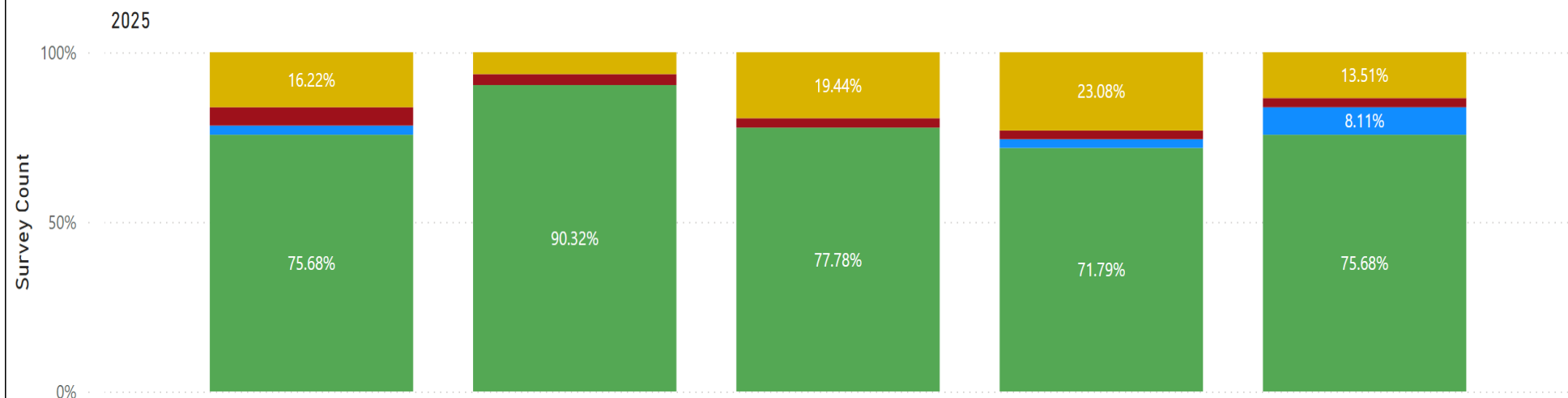
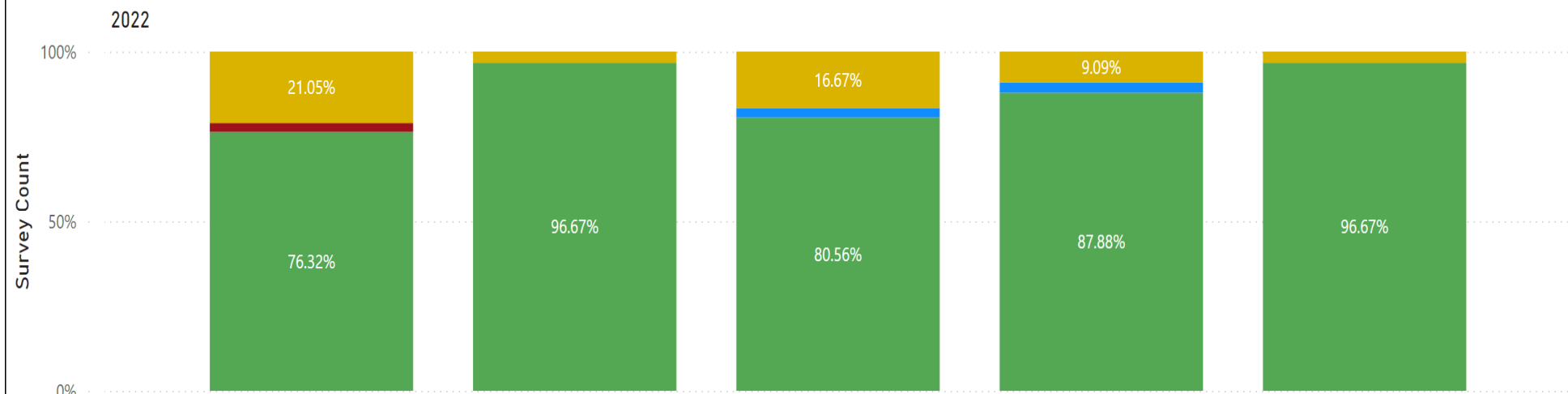
My primary job responsibility is

Administrative functions



### Administrative functions

Answer Red/Yellow/Green ● Green (Most / Always) ● Other ● Red (Never/Rarely) ● Yellow (Some of the time)



Development

Job

Leadership

Longevity

Supervision

Question Domains

**Analysis:** All domains for 2025 decreased compared to 2022 for Administrative staff. There was a 56% completion rate of surveys in 2022 compared to 42% for 2025. The Supervision domain saw a 21% decrease and the Longevity domain saw a 16% decrease. Each domain had some 'never/rarely' responses compared to only the Development domain in 2022.

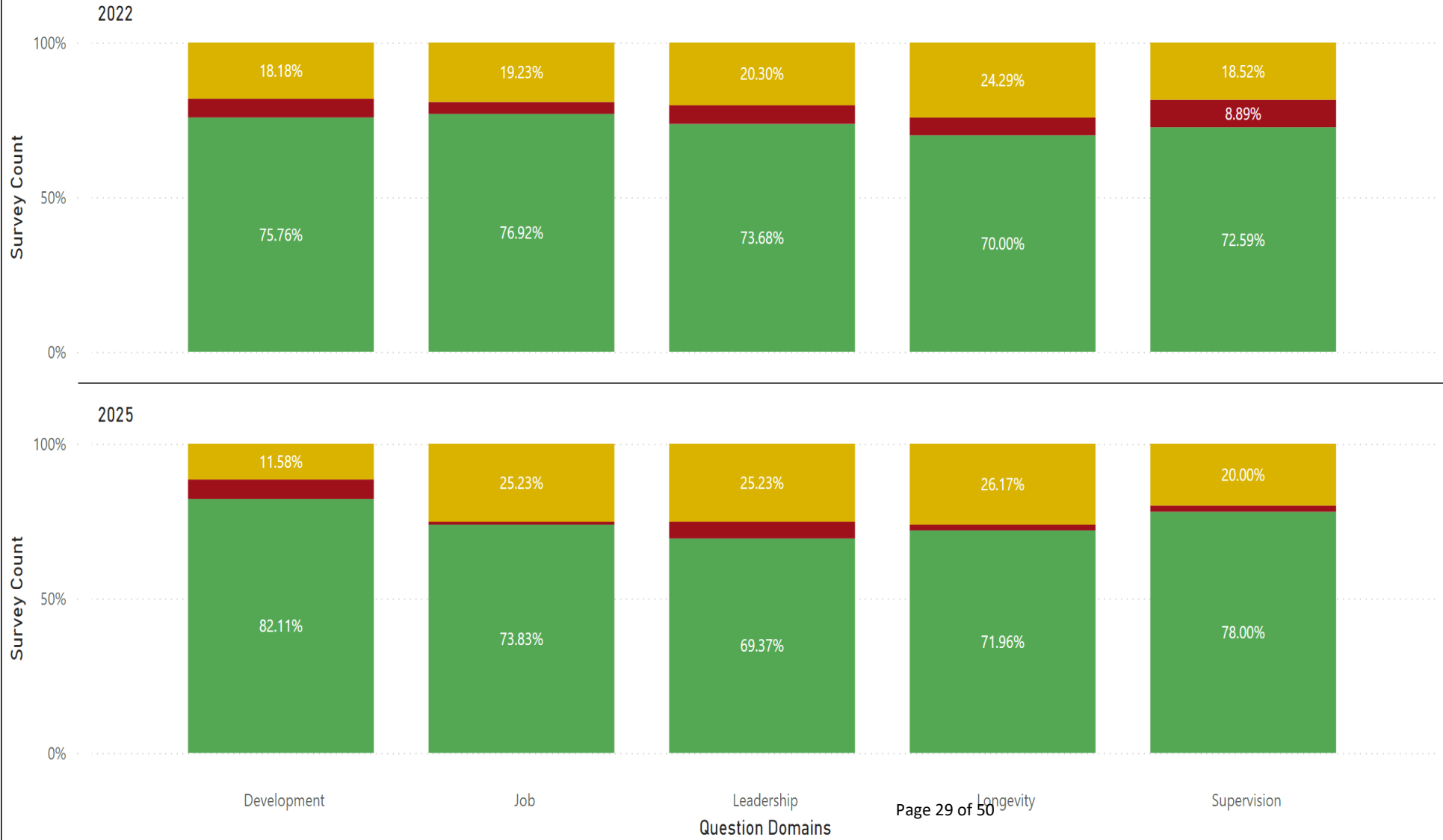
My primary job responsibility is

Working with people



### Working with people

Answer Red/Yellow/Green ● Green (Most / Always) ● Red (Never/Rarely) ● Yellow (Some of the time)



**Analysis:** Two domains for 2025 decreased compared to 2022 for staff Working with People. There was a 56% completion rate of surveys in 2022 compared to 42% for 2025. The Job domain had a 3% decrease and the Leadership domain had a 4% decrease. The Development and Supervision domains both had a 7% increase.

My primary job responsibility is

Administrative functions

Answer Red/Yellow/Green ● Green (Most / Always) ● Red (Never/Rarely) ● Yellow (Some of the time)

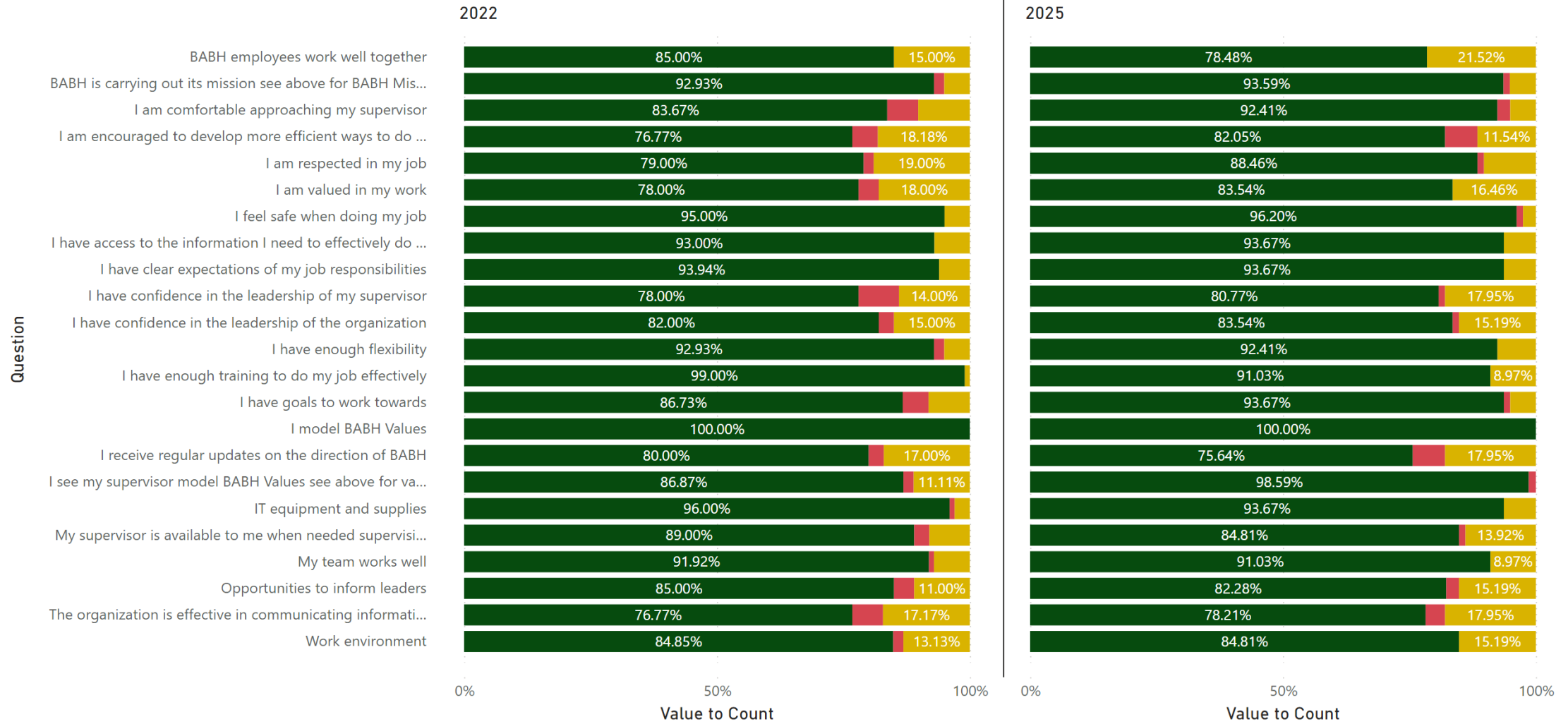


**Analysis:** Overall, there was a decrease in agreeance for Administrative staff in 2025 compared to 2022. The statement that saw the biggest decrease was “BABH employees work well together” (18% decrease). The four statements that had an 11% decrease were related to their supervisor and/or leadership of the organization and feeling valued in their work.

My primary job responsibility is

Working with people

Answer Red/Yellow/Green ● Green (Most / Always) ● Red (Never/Rarely) ● Yellow (Some of the time)

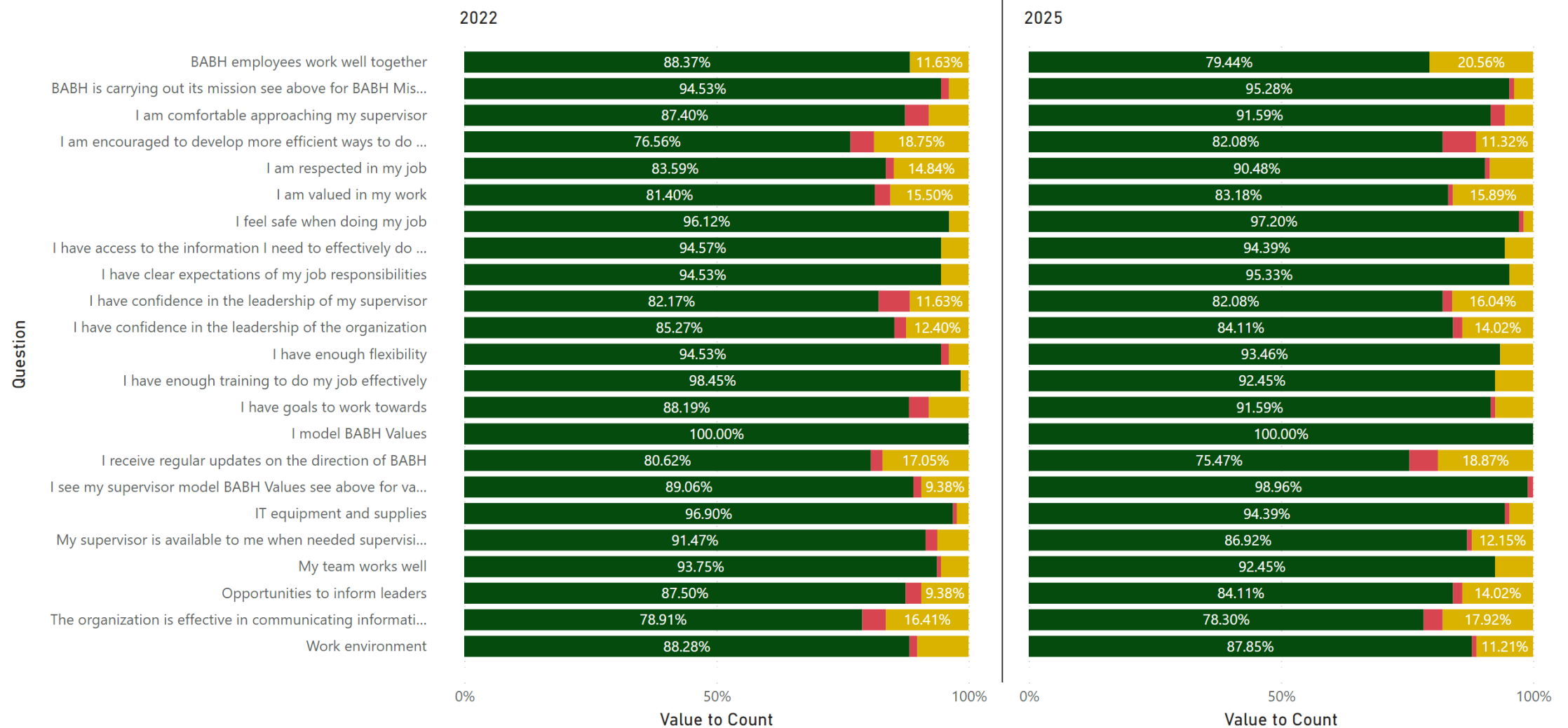


**Analysis:** Overall, there was an increase in agreeance for staff Working with People in 2025 compared to 2022. The statement that saw the biggest decrease was “I have enough training to do my job effectively” (8% decrease). The two statements that had the biggest increase were “I am comfortable approaching my supervisor and I am respected in my job.”

My primary job responsibility is

Multiple selections ▼

Answer Red/Yellow/Green ● Green (Most / Always) ● Red (Never/Rarely) ● Yellow (Some of the time)



**Analysis:** Overall, there was a decrease in agreeance in 2025 compared to 2022 (13 statements). The statement that saw the biggest decrease was “BABH employees work well together” (8% decrease). The statement that had the biggest increase was “I see my supervisor model BABH values” (9% increase).

## Trends:

- Cleanliness at various buildings including bugs, mice, unsanitary bathrooms, cleaning crews not doing a thorough job.
- Building issues: leaky roofs, unreliable elevators, parking far away without proper lighting, need for cameras
- Staff working 0-3 years wanting more in office support.
- Desire for more communication
  - From leadership about the organization and changes being made.
  - Between departments
- Space available for staff; offices, consumer meeting rooms, etc.

## Action Steps:

- The meeting minutes from the monthly Agency Leadership meeting will be put on the intranet for staff to review to show transparency and directly receive communication.
- Discussion occurred at the monthly Agency Leadership meeting to be on-site and available for new staff hired.
- Staff development will explore ways to improve the new employee orientation process to include walk throughs of BABH locations.
- Encourage supervisors and managers to periodically attend other team/department staff meetings when necessary to help build unity, make a visual presence with other staff, and answer specific questions.
- Cleanliness of locations will be addressed with cleaning crews.
- Leadership will explore building space as appropriate.



The Saginaw Spirit and Barb Smith Suicide Resource & Response Network invite you to join us for Mental Health and Suicide Awareness Night

To order tickets, scan the QR CODE:



Or visit the website:  
saginawspirit.net/groupsales  
Group ID: mentalhealth0314  
Password: Spirit26

Tickets are \$19 ~ \$5 of each ticket will go back to our Network.



# TALK TODAY

## ...HOPE FOR TOMORROW



**SATURDAY, MARCH 14, 2026**  
**FLINT FIREBIRDS vs SAGINAW SPIRIT**  
**DOW EVENT CENTER**



DOORS OPEN: 5:30PM

PUCK DROP: 7:05PM

**MENTAL HEALTH & SUICIDE AWARENESS NIGHT**

BARB SMITH

**SUICIDE RESOURCE**  
& RESPONSE NETWORK



*Adaboys!*

**PLAYING IN THE JOLT CELEBRATION CLUB**  
**PRIOR TO THE GAME!**

QUESTIONS? Contact Anne at 989.781.5260 ext 1 or info@srrn.net



**OUR MISSION: TO PREVENT SUICIDE THROUGH EDUCATION, ADVOCACY, CONNECTION TO RESOURCES, AND SUPPORT FOR THOSE IMPACTED BY SUICIDE.**

# SPONSORSHIP FORM 2026

# TALK TODAY

...HOPE FOR TOMORROW

BARB SMITH



## MENTAL HEALTH & SUICIDE AWARENESS NIGHT



SATURDAY, MARCH 14, 2026  
FLINT FIREBIRDS  
VS  
SAGINAW SPIRIT  
DOW EVENT CENTER

*Adaboy!*

PLAYING IN THE  
JOLT CELEBRATION CLUB  
PRIOR TO THE GAME!

### SPONSORSHIP LEVELS



**\$5,000**  
**GAME DAY SPONSOR**

- Logo on all promotional materials
- Logo on Jumbotron
- Recognition on Network's social media
- One person invited on the ice for puck drop
- Two zamboni riders
- Ten complimentary event tickets



**\$2,500**  
**SWAG BAG SPONSOR**

- Logo on swag bags
- Logo on Jumbotron
- Recognition on Network's social media
- Logo displayed on sponsor board
- Six complimentary event tickets



**\$1,000**  
**PRE-GAME SPONSOR**

- Logo on Jumbotron
- Recognition on Network's social media
- Logo displayed on sponsor board
- Four complimentary event tickets



**\$500**  
**HOPE GOAL SPONSOR**

- Recognition on Network's social media
- Logo displayed on sponsor board
- Two complimentary event tickets

### SPONSORSHIP FORM

Logos must be submitted by February 1, 2026 to be included on marketing materials.

Sponsor Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Sponsorship Level (circle one) \$5,000 \$2,500 \$1,000 \$500

Credit Card

Mailing Check

Mail checks PO BOX 6712 SAGINAW MI 48608  
(payable to Barb Smith SRRN)

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

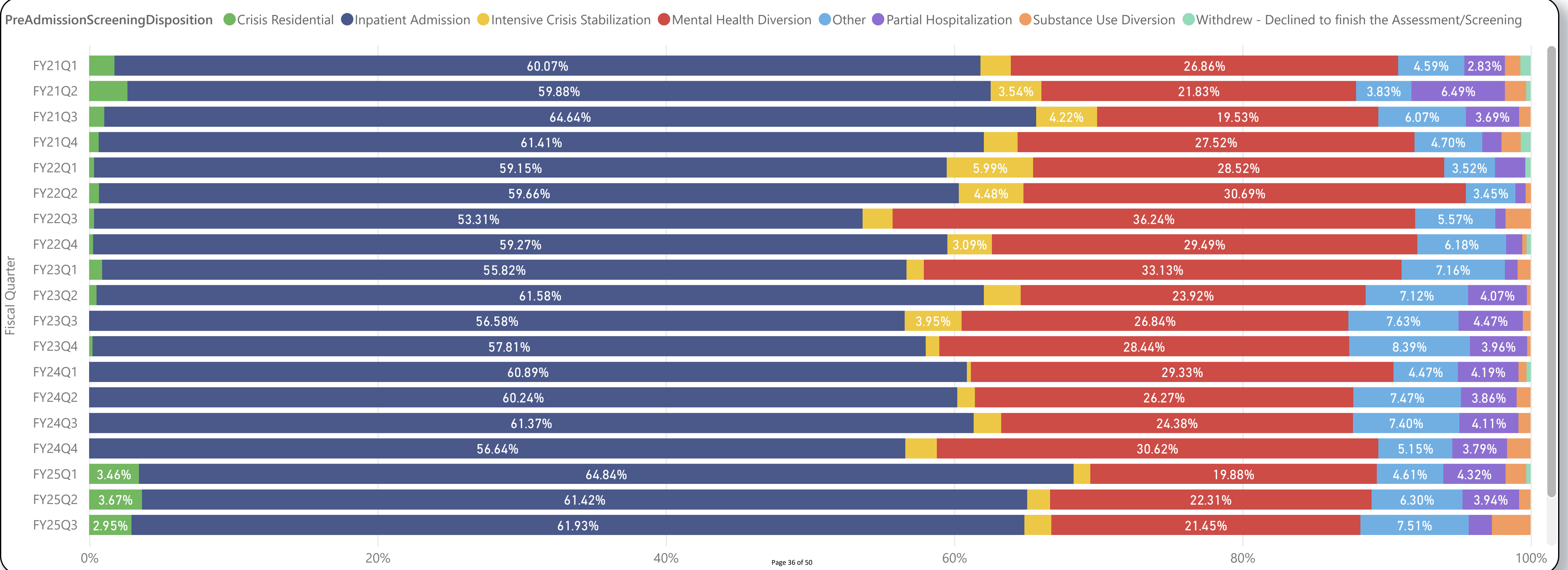
Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Complete form and email to Anne at info@srrn.net along with your logo QUESTIONS? 989.781.5260 ext 1

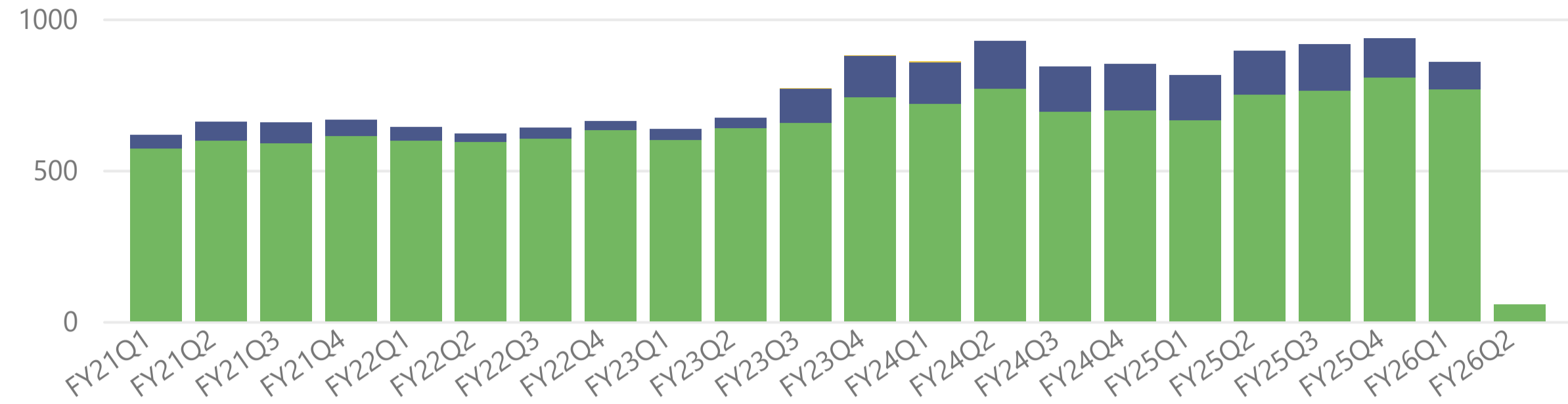
Adult or Child	FY21Q1	FY21Q2	FY21Q3	FY21Q4	FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	FY25Q1	FY25Q2
Child (0 -17)	45	70	60	61	75	68	73	55	75	112	86	76	63	81	72	57	54	64
Adult (18+)	238	269	319	237	209	222	214	301	260	281	294	353	295	334	293	312	293	317

Procedure Code	Value to Count
H0039	170
H2011	27
T1023	7129
<b>Total</b>	<b>7326</b>



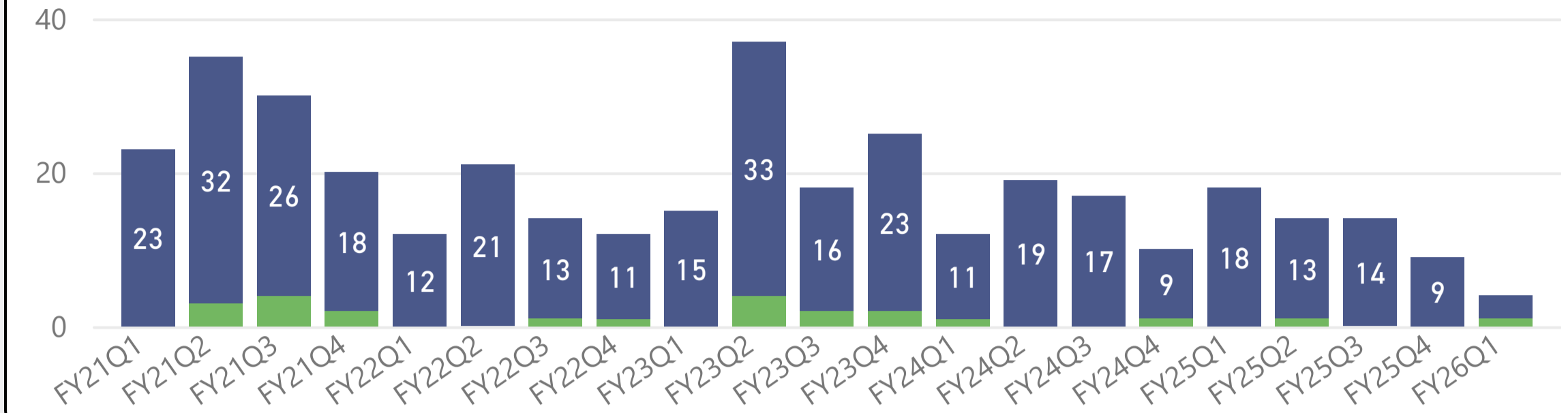
### Crisis Intervention (H2011)

Encounter Status ● Not Sent ● Sent ● Unreportable



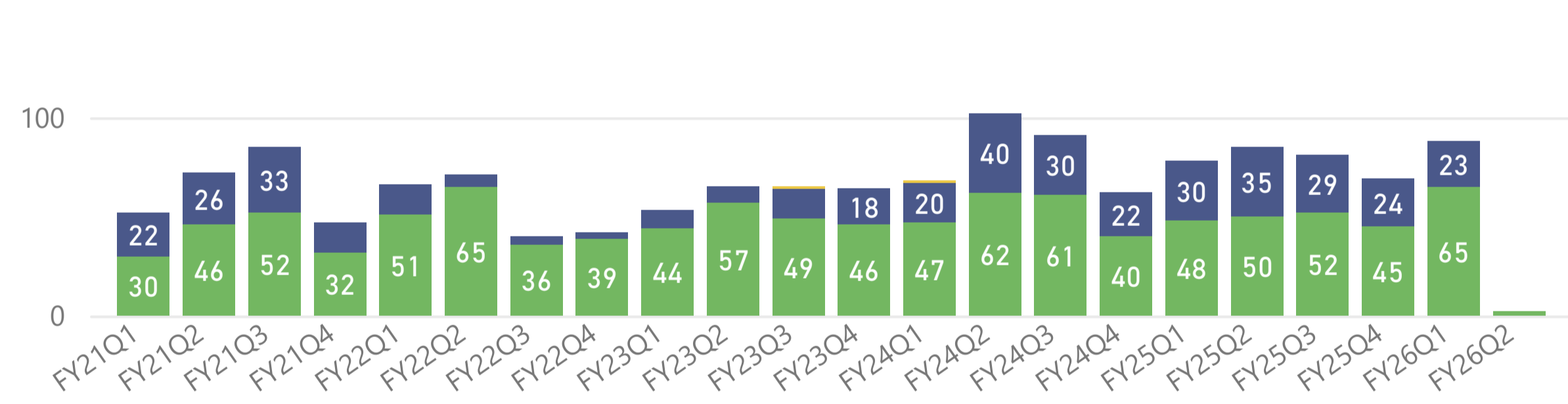
### Partial Hospitalization (0912)

Encounter Status ● Not Sent ● Sent



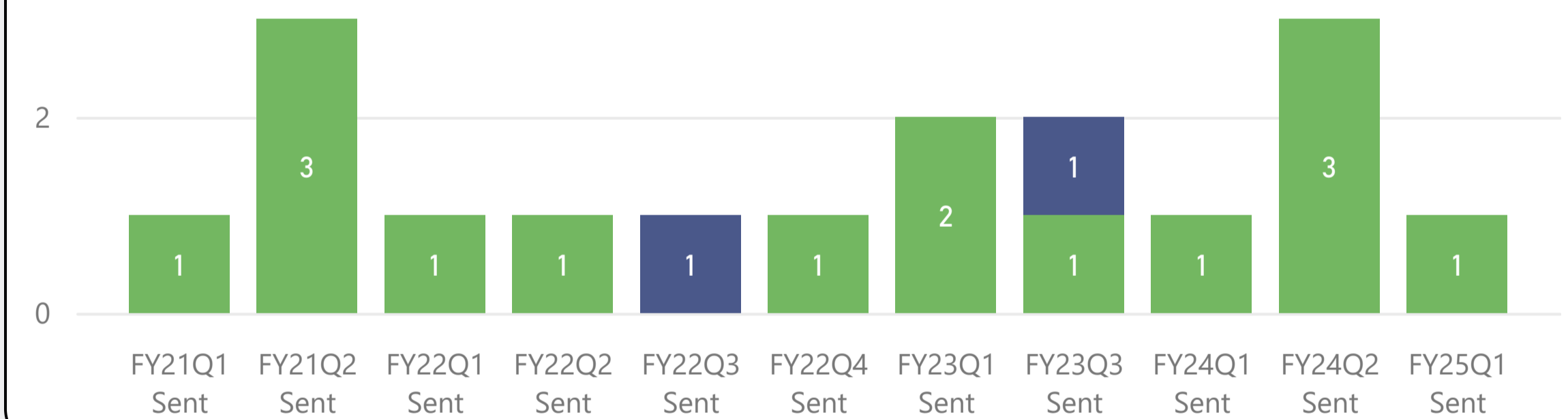
### Number of Children (H2011 - TJ Modifier) - HT 10/1/22

Encounter Status ● Not Sent ● Sent ● Unreportable



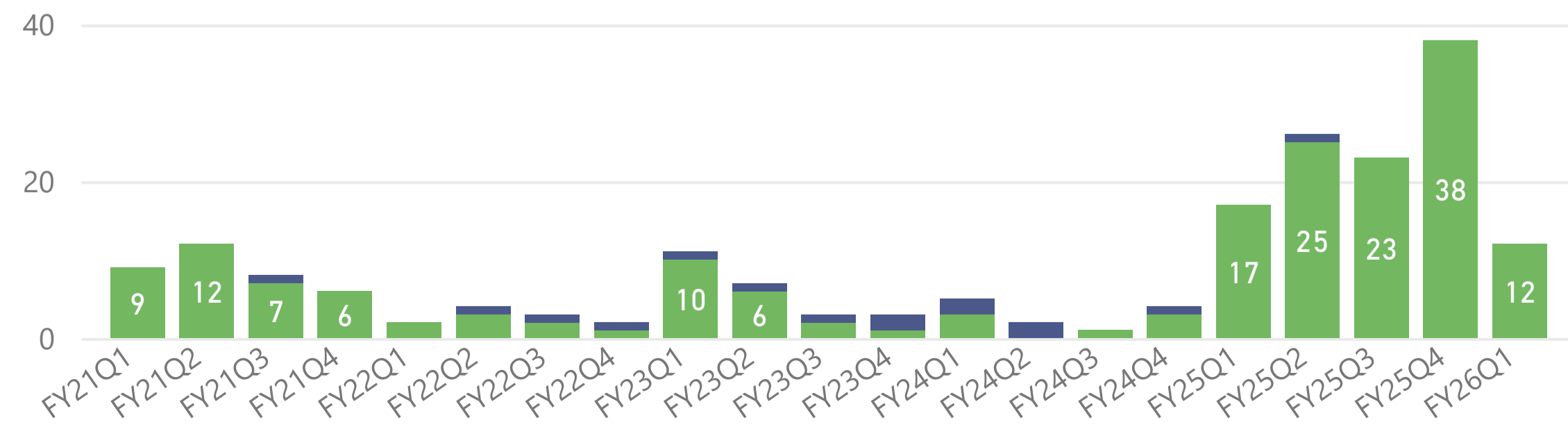
### Psychotherapy for Crisis (90839)

Adult or Child ● Adult (18+) ● Child (0 -17)



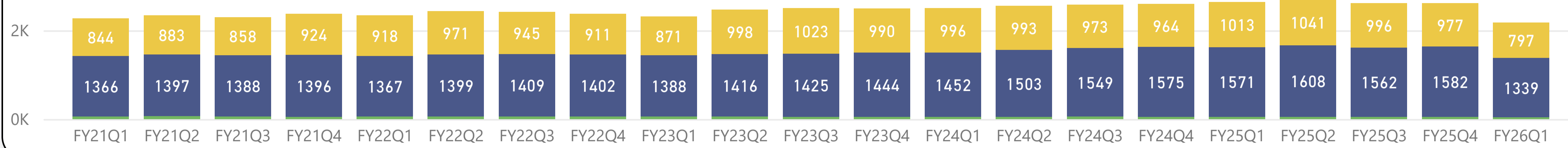
### Crisis Residential (H0018)

● Adult (18+) ● Child (0 -17)



### Adults who received core services

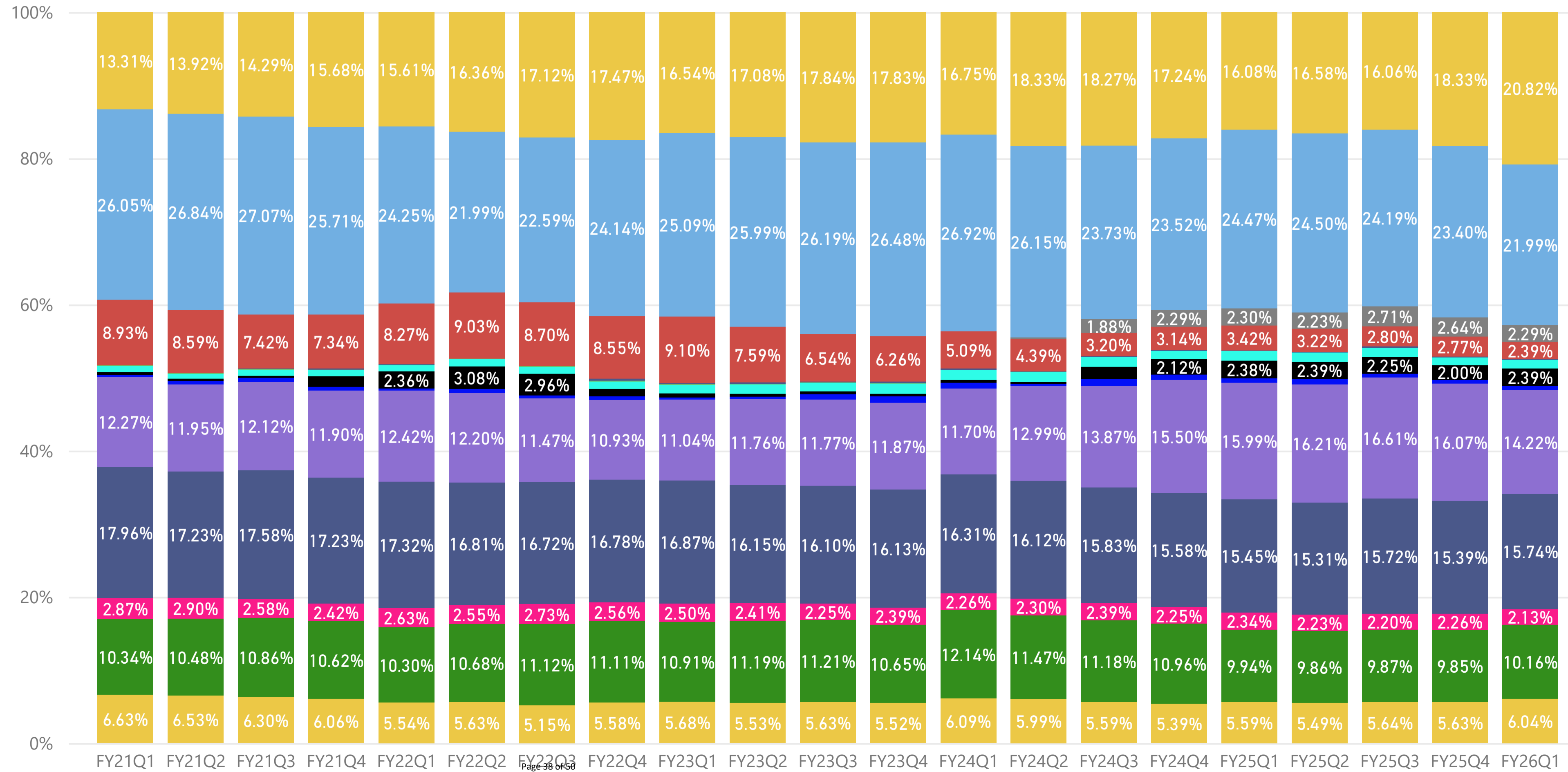
Program Name by Service Category ● ACT - H0039 ● Case Management Services - T1016, T1017 ● Outpatient Treatment - 90832,90834,90837,90846,90847,90785,90849,90853



**7561**  
Distinct Consumer Count

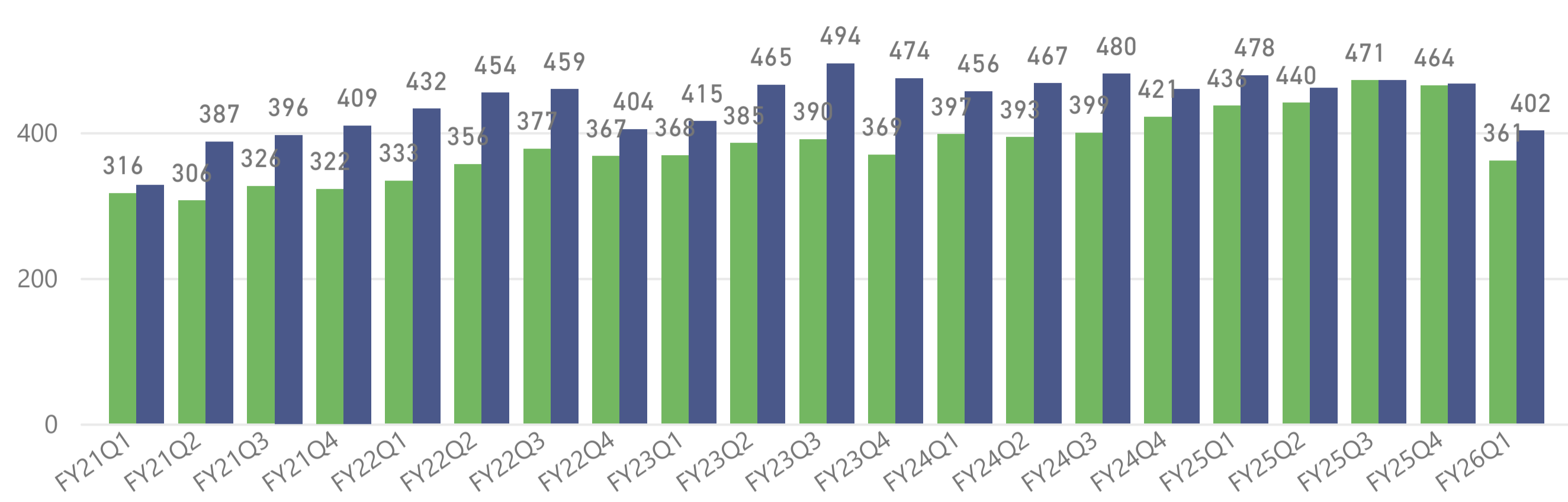
### Adults who received core services

- Arenac - Case Management/Supports Coordination
- Arenac - Outpatient Services
- Bay - Assertive Community Treatment
- Bay - DD Case Management/Supports Coordination
- Bay - MI Adult Case Management/Supports Coordination
- Bay - OBRA
- Bay - Outpatient
- Bay - Outpatient Services/Senior Outreach
- Bay - Psychological Services
- Bay - Respite
- List Psychological - Washington Ave.
- Madison - Outpatient
- MPA Group NFP, Ltd
- Saginaw Psychological Services

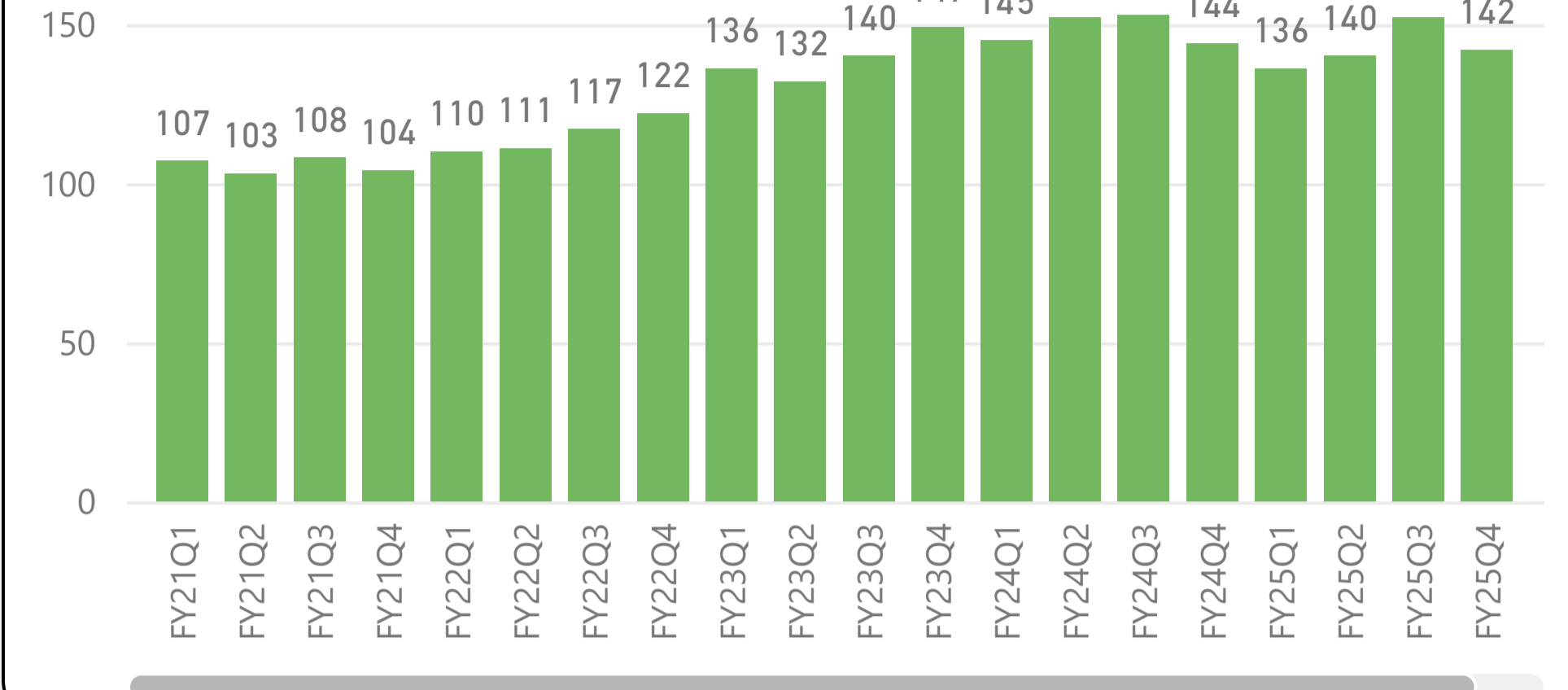


### Children who received core services

Program Name by Service Category ● Case Management Services - T1016, T1017 ● Outpatient Treatment - 90832,90834,90837,90846,...

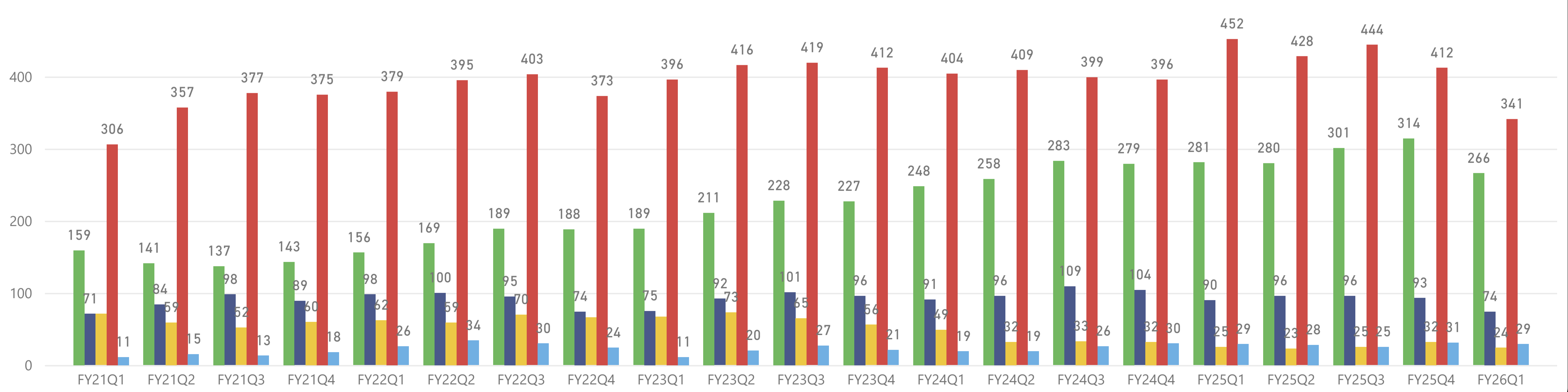


### Children (Home Based and Infant Mental Health) H0036



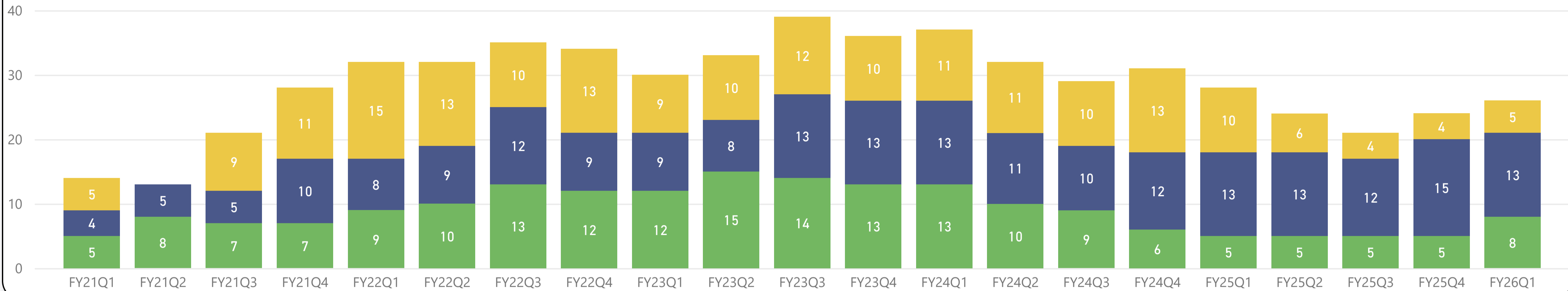
### Children who received core services

Provider Name Group for Dashboard ● BABH - CSM ● BABH - Outpatient Therapy ● List Psychological - Washington Ave. ● MPA Group NFP, Ltd ● Saginaw Psychological Services



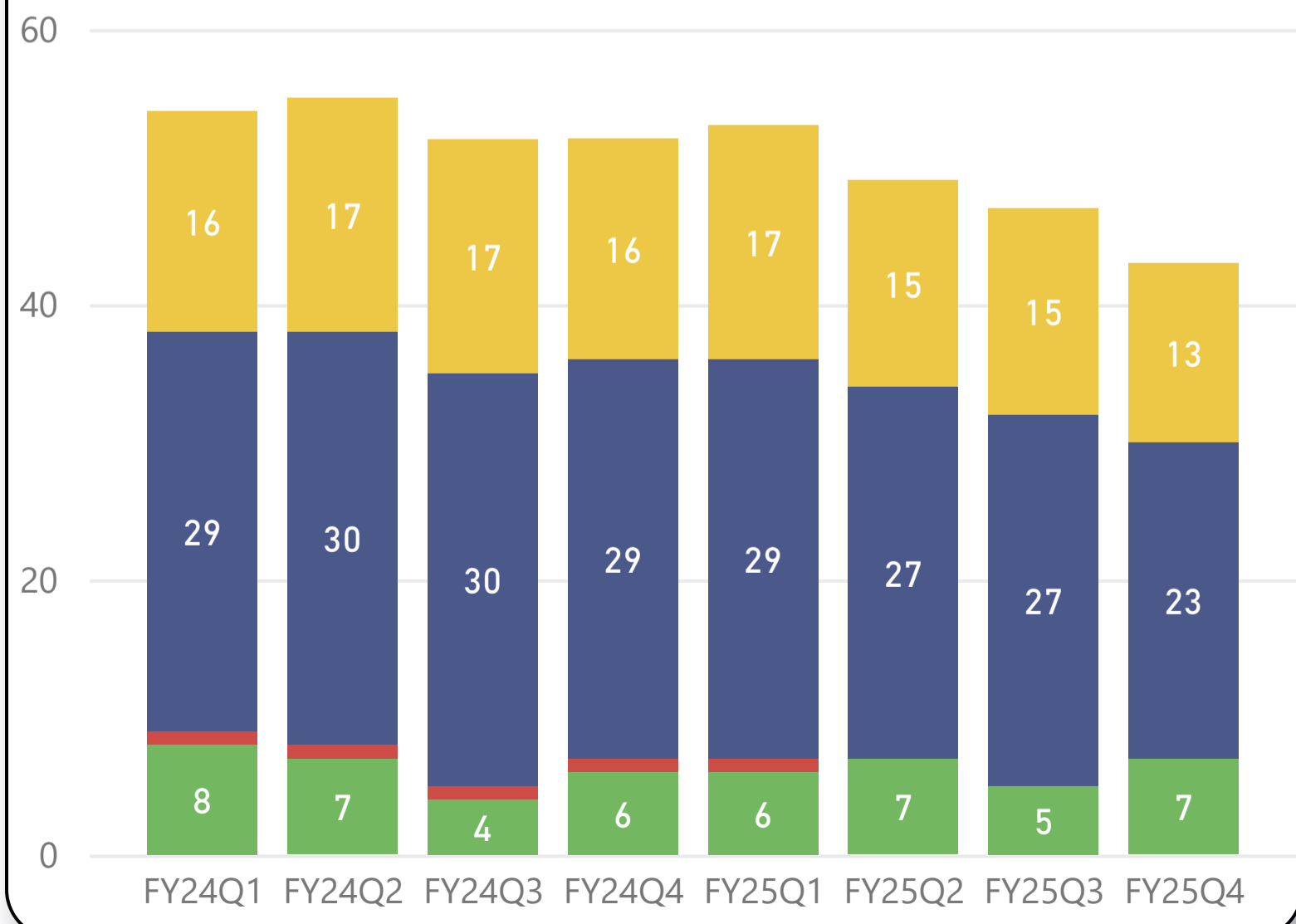
### Skill building (H2014)

Provider Name ● Arenac Opportunities Inc ● Do-All, Inc ● New Dimensions



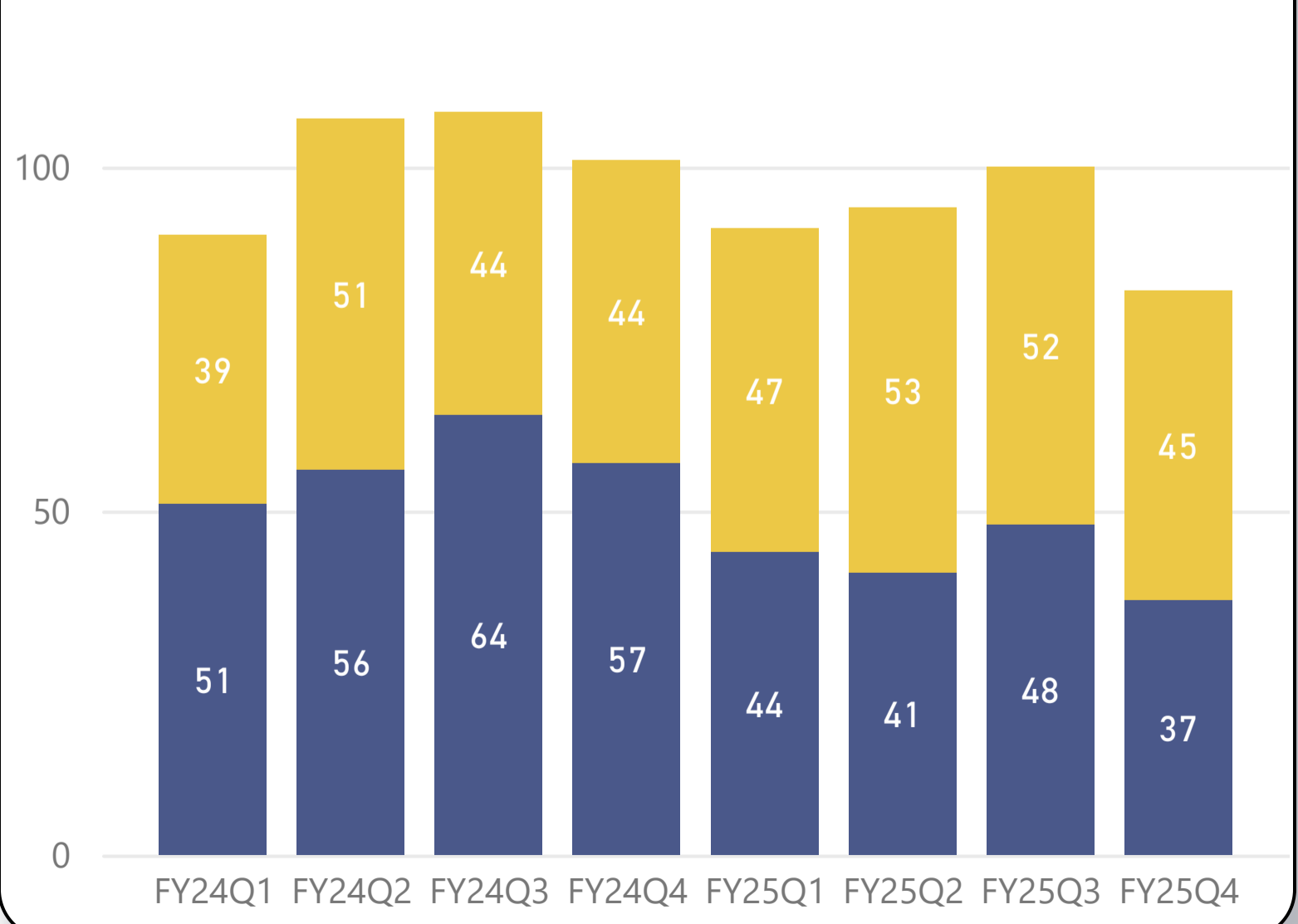
### Job Coaching (H2025)

Provider Name ● Arenac Opp... ● Arnold Ce... ● Do-All, Inc ● New Dime...



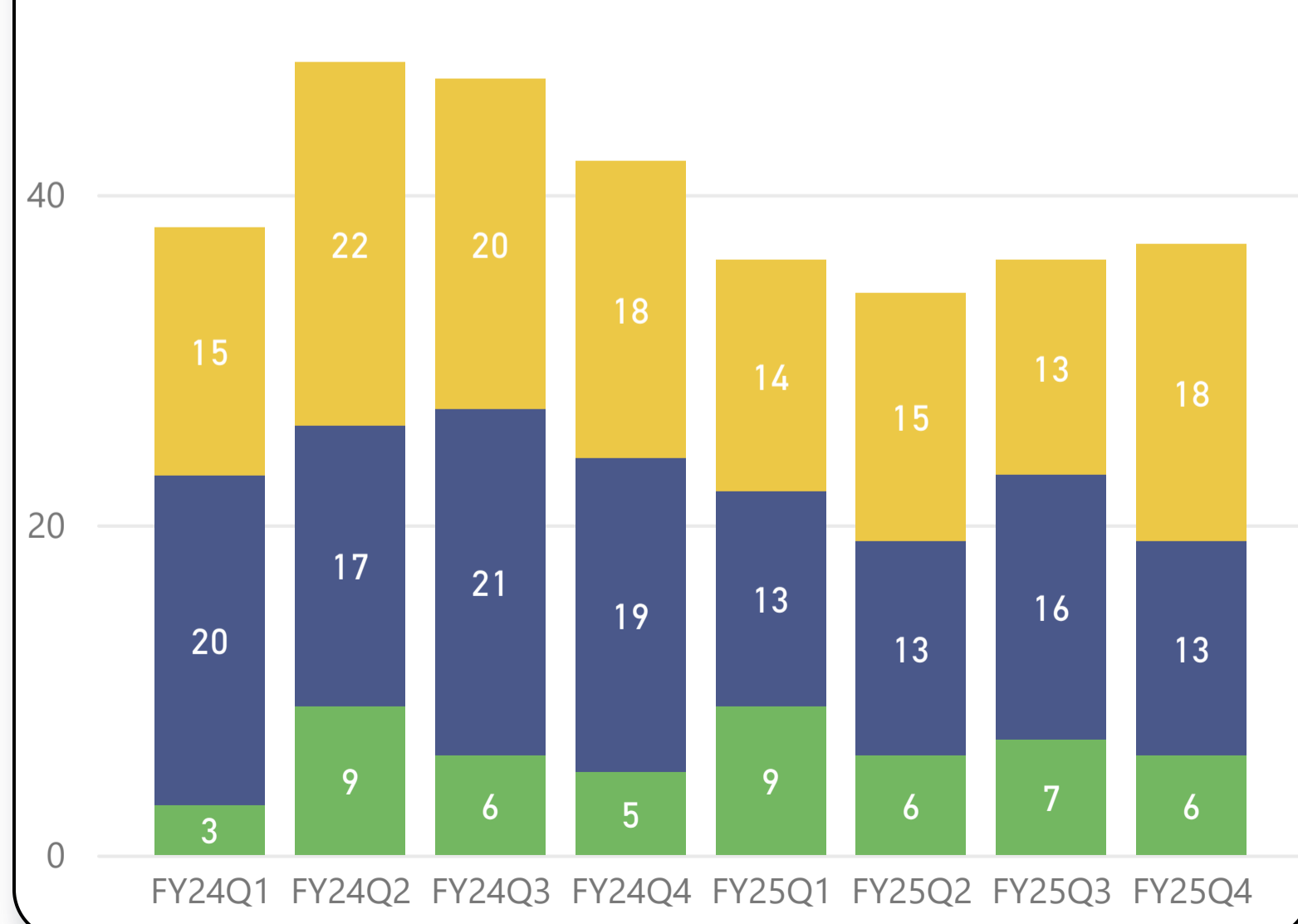
### Individual Placement Services (H2023 Y5)

Provider Name ● Do-All, Inc. - IPS ● New Dimensions - IPS



### Supported Employment (H2023 2Y & 3Y)

Provider Name ● Arenac Opportunities Inc ● Do-All, Inc ● New Dimensions



### North Bay CLS

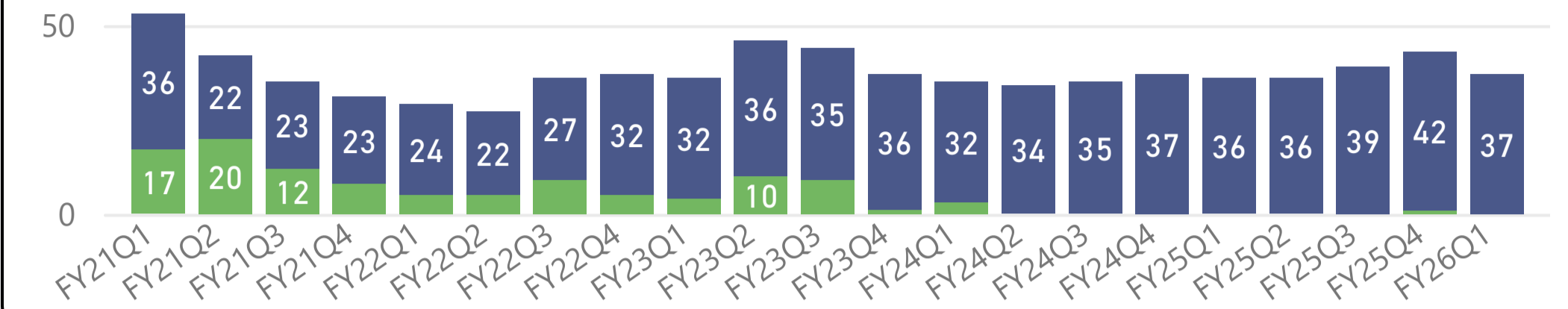
Provider Name FY21Q1 FY21Q2 FY21Q3 FY21Q4 FY22Q1 FY22Q2 FY22Q3 FY22Q4 FY23Q1 FY23Q2

#### North Bay

Procedure Code	FY21Q1	FY21Q2	FY21Q3	FY21Q4	FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1	FY23Q2
H0032	17	20	12	8	5	5	9	5	4	10
H2015	36	22	23	23	24	22	27	32	32	36

### North Bay - Community Living Support

Procedure Code ● H0032 ● H2015



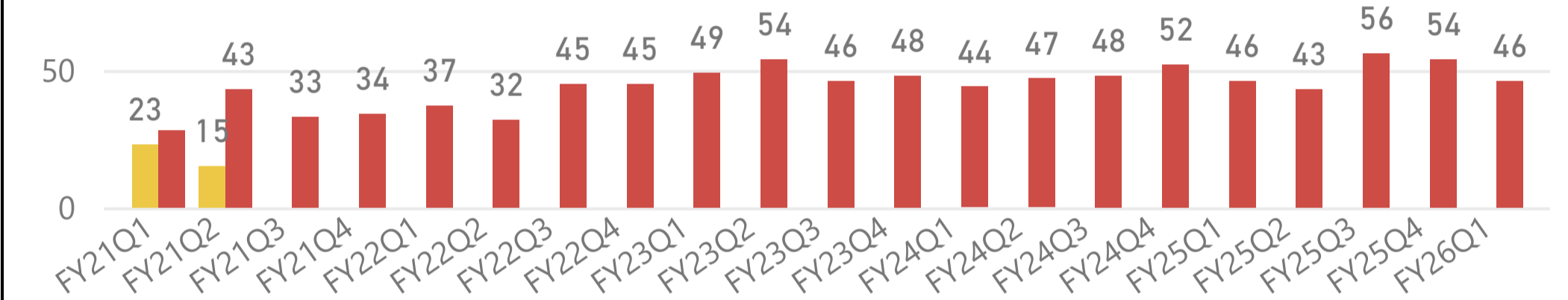
### Touchstone

Procedure Code FY21Q1 FY21Q2 FY21Q3 FY21Q4 FY22Q1 FY22Q2 FY22Q3 FY22Q4 FY23Q1 FY23Q2

Procedure Code	FY21Q1	FY21Q2	FY21Q3	FY21Q4	FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1	FY23Q2
H0038	23	15								
H2030	28	43	33	34	37	32	45	45	49	54

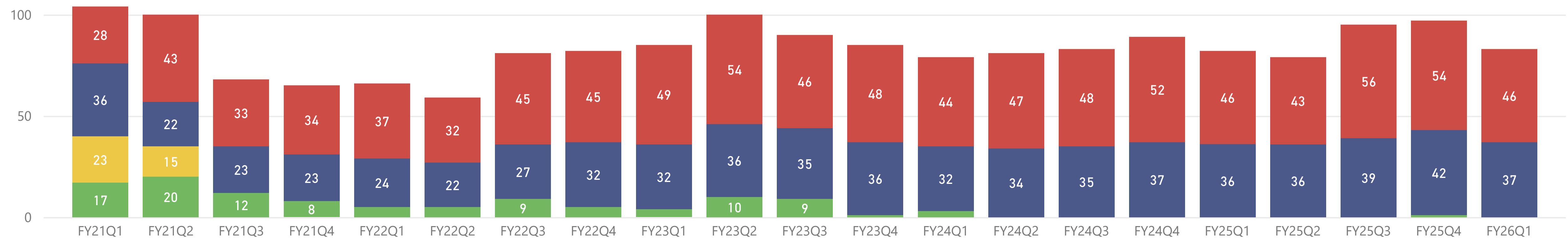
### Touchstone Opportunity Center Clubhouse Services

Procedure Code ● H0038 ● H2030

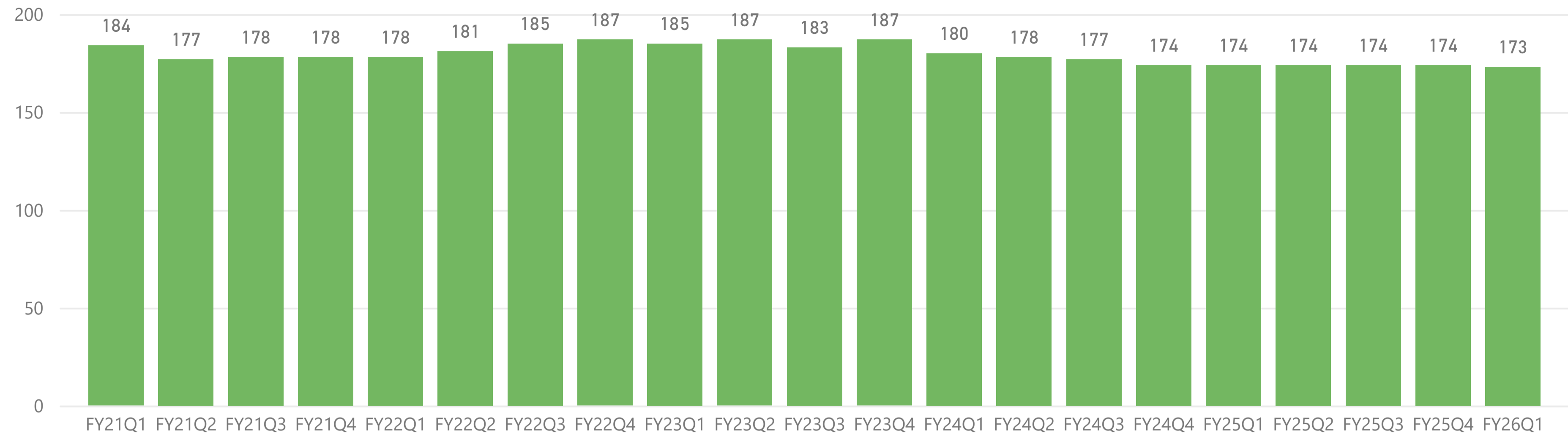


### North Bay CLS

Procedure Code ● H0032 ● H0038 ● H2015 ● H2030



### Specialized Residential (H2016) - Distinct Consumer Count

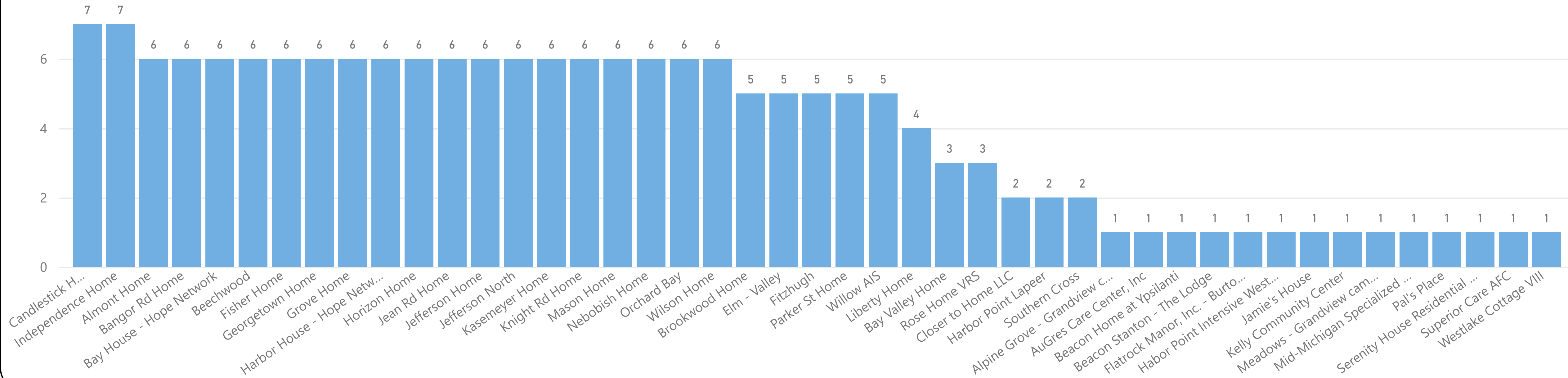


### FY25Q1

Provider Name	H2016
Candlestick Home	7
Independence Home	7
Almont Home	6
Bangor Rd Home	6
Bay House - Hope Network	6
Beechwood	6
Fisher Home	6
Georgetown Home	6
Grove Home	6
Harbor House - Hope Network	6
Horizon Home	6
Jean Rd Home	6
Jefferson Home	6
Jefferson North	6

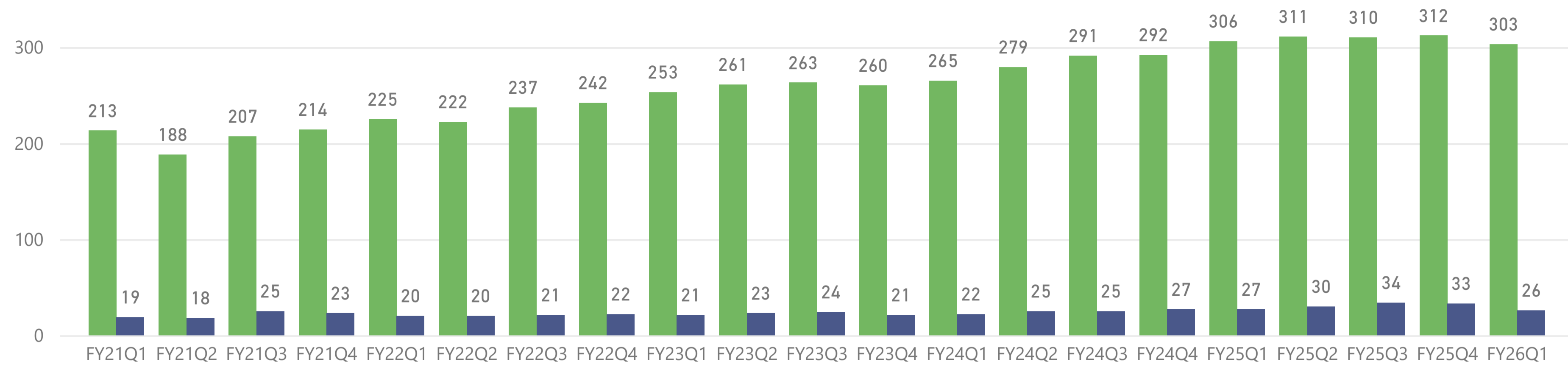
### FY25Q1

Procedure Code ● H2016



# H2015

Adult or Child ● Adult (18+) ● Child (0 -17)

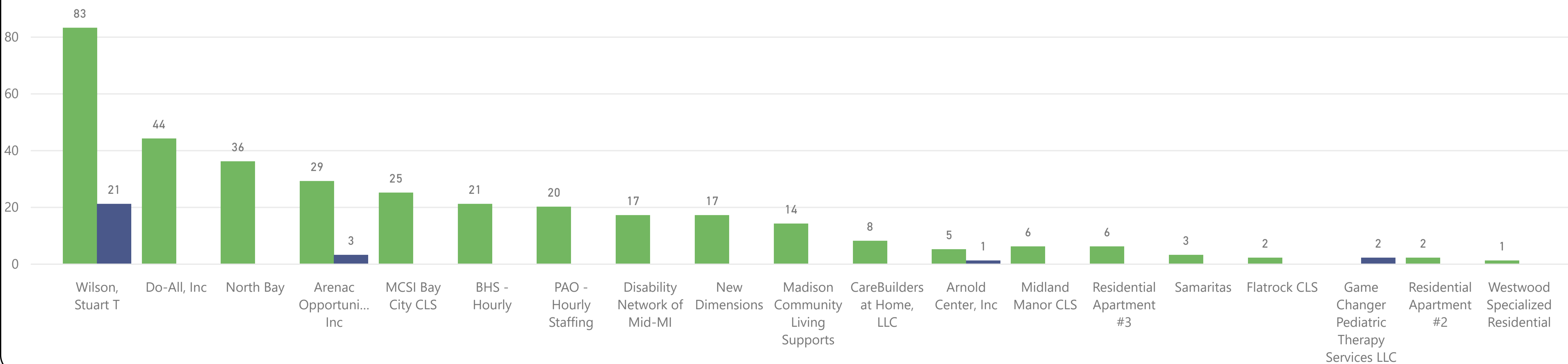


# FY25Q1

Provider Name	H2015
Wilson, Stuart T	103
Do-All, Inc	44
North Bay	36
Arenac Opportunities Inc	31
MCSI Bay City CLS	25
BHS - Hourly	21
PAO - Hourly Staffing	20
Disability Network of Mid-MI	17
New Dimensions	17
Madison Community Living Supports	14
CareBuilders at Home, LLC	8
Arnold Center, Inc	6
Midland Manor CLS	6
Residential Apartment #3	6

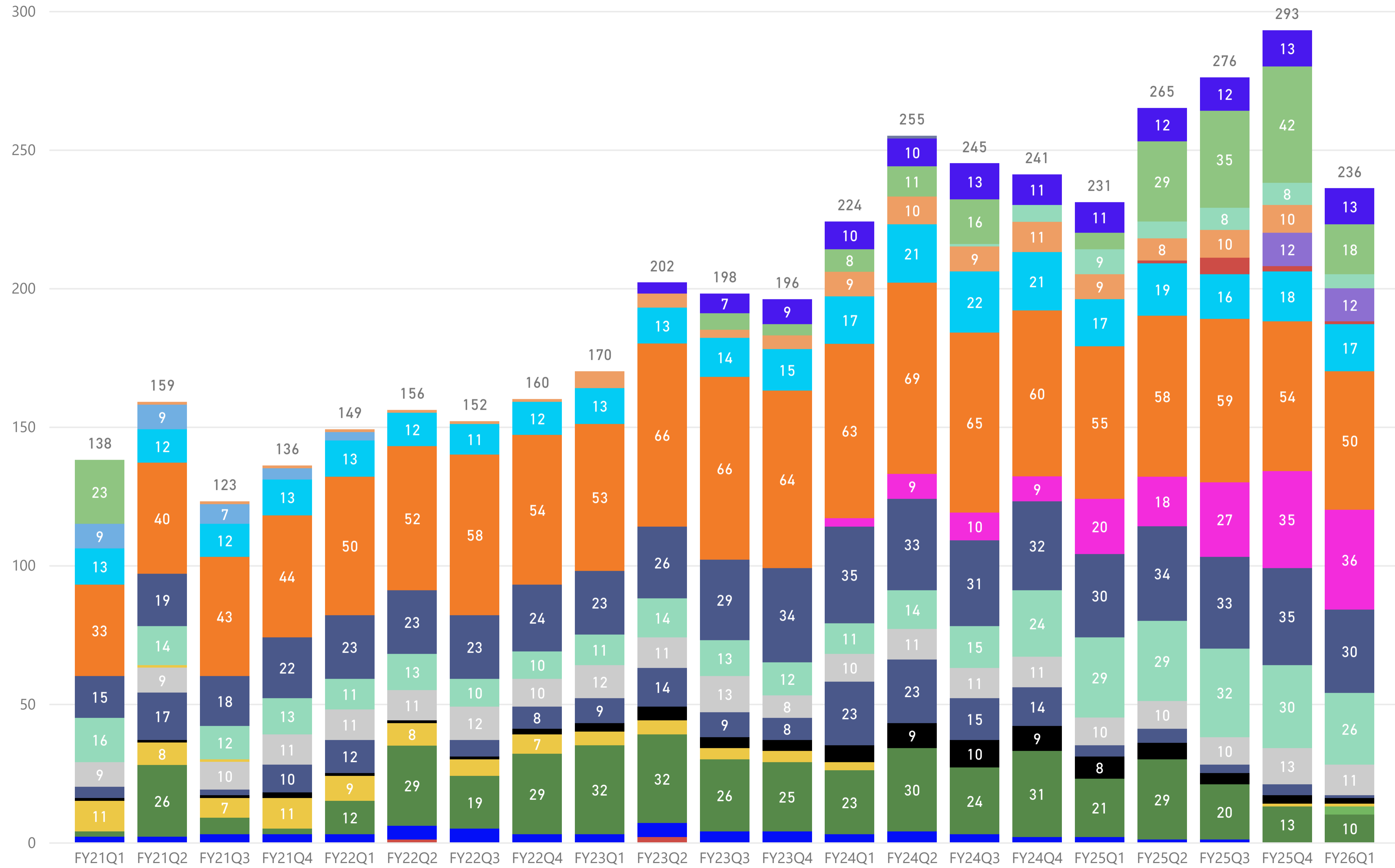
# FY25Q1

Adult or Child ● Adult (18+) ● Child (0 -17)

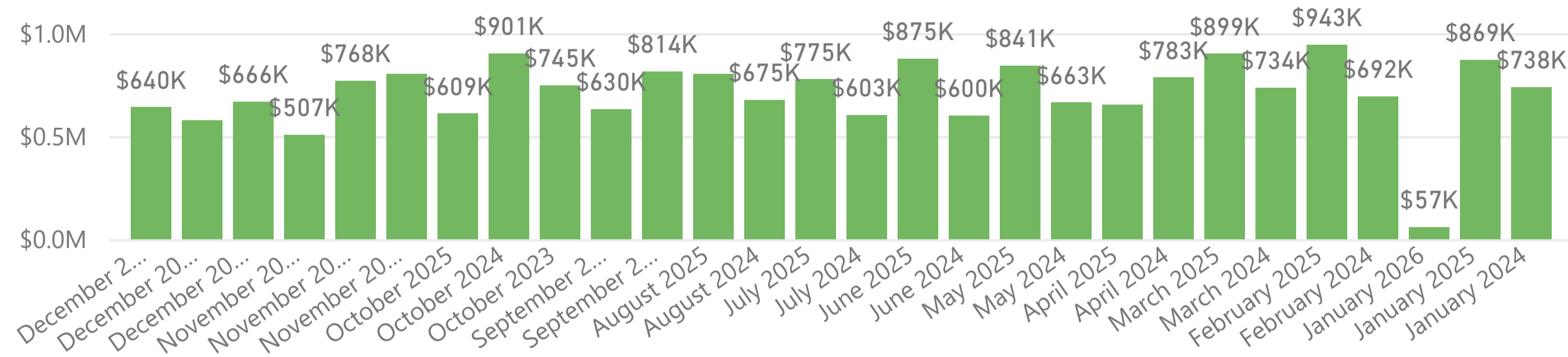


# Autism Services - Distinct Consumer Count

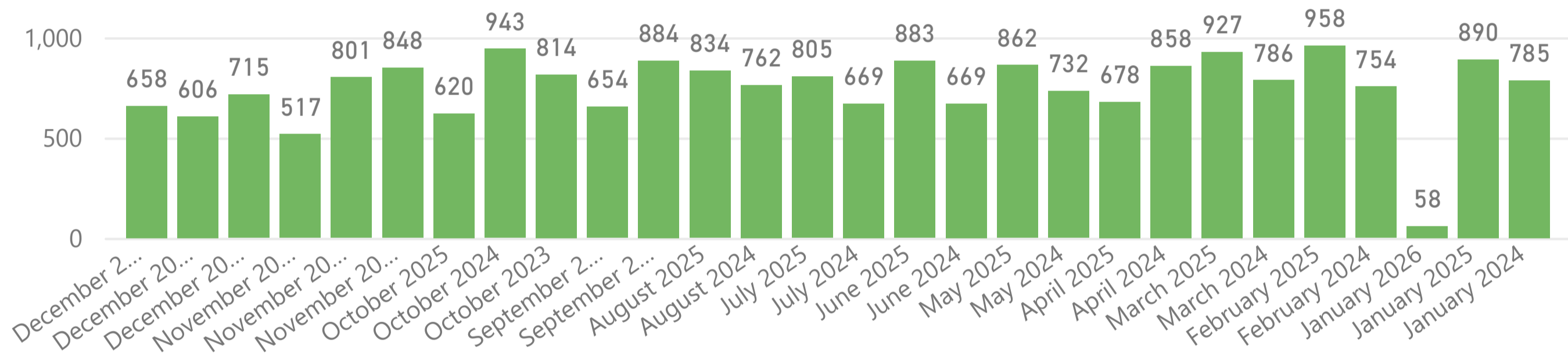
- ABA Pathways, LLC
- Acorn Health of Michigan LLC
- Apex Psychological & Behavioral
- Autism and Neurodiversity Services, LLC
- Autism Systems - Bay City
- Autism Systems - Bridgeport
- Bay - Applied Behavior Analysis
- BHS - Autism
- BHS - Autism Plus (Saginaw clinic)
- Centria Healthcare LLC
- Encompass Therapy Center LLC
- Flourish Therapy
- Game Changer Pediatric Therapy Services LLC
- Mercy Plus Standish Center
- Noble Pathway Pediatric Therapy
- North Shore Health Services, Inc.
- Paramount Children's Therapy Center Inc
- Paramount Rehabilitation Services
- Positive Behavior Supports Corporation
- Saginaw Psychological Services
- Spectrum Autism Center
- T.R.A.C. Therapy Research Autism Center



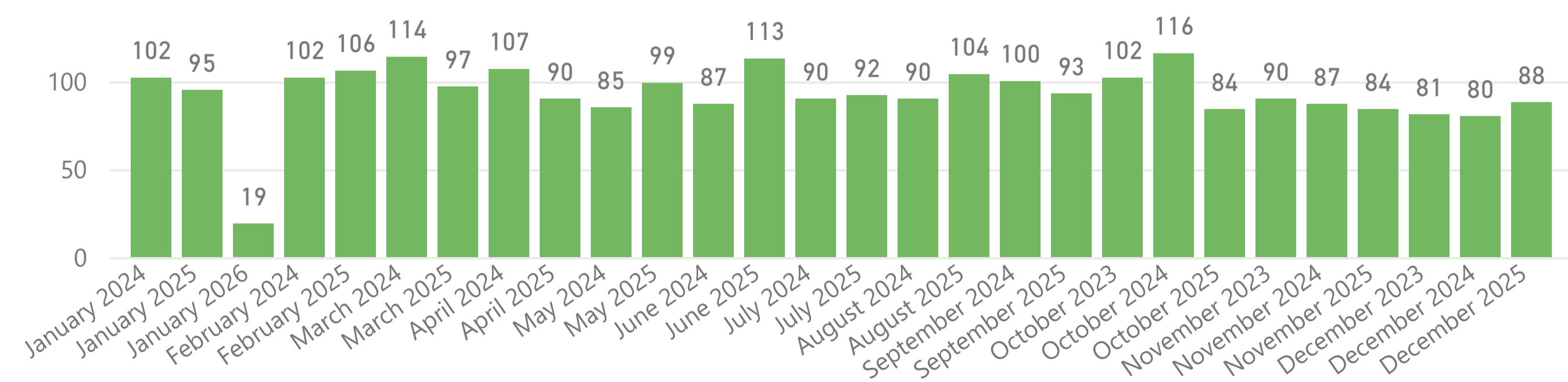
Amount (unit rate \* units authorized)



units\_authorized by Month and Year



Count of consumer\_id by Month and Year



Year	2023		2024		2
Month	units_authorized	Amount	units_authorized	Amount	u
January			785	\$738,018	
February			754	\$691,556	
March			786	\$734,063	
April			858	\$783,329	
May			732	\$662,664	
June			669	\$599,760	
July			669	\$602,633	
August			762	\$674,739	
September			884	\$814,035	
October	814	\$744,861	943	\$900,595	
November	848	\$802,376	801	\$767,707	
December	715	\$666,342	606	\$575,419	

**\$19,855,4...**  
Amount

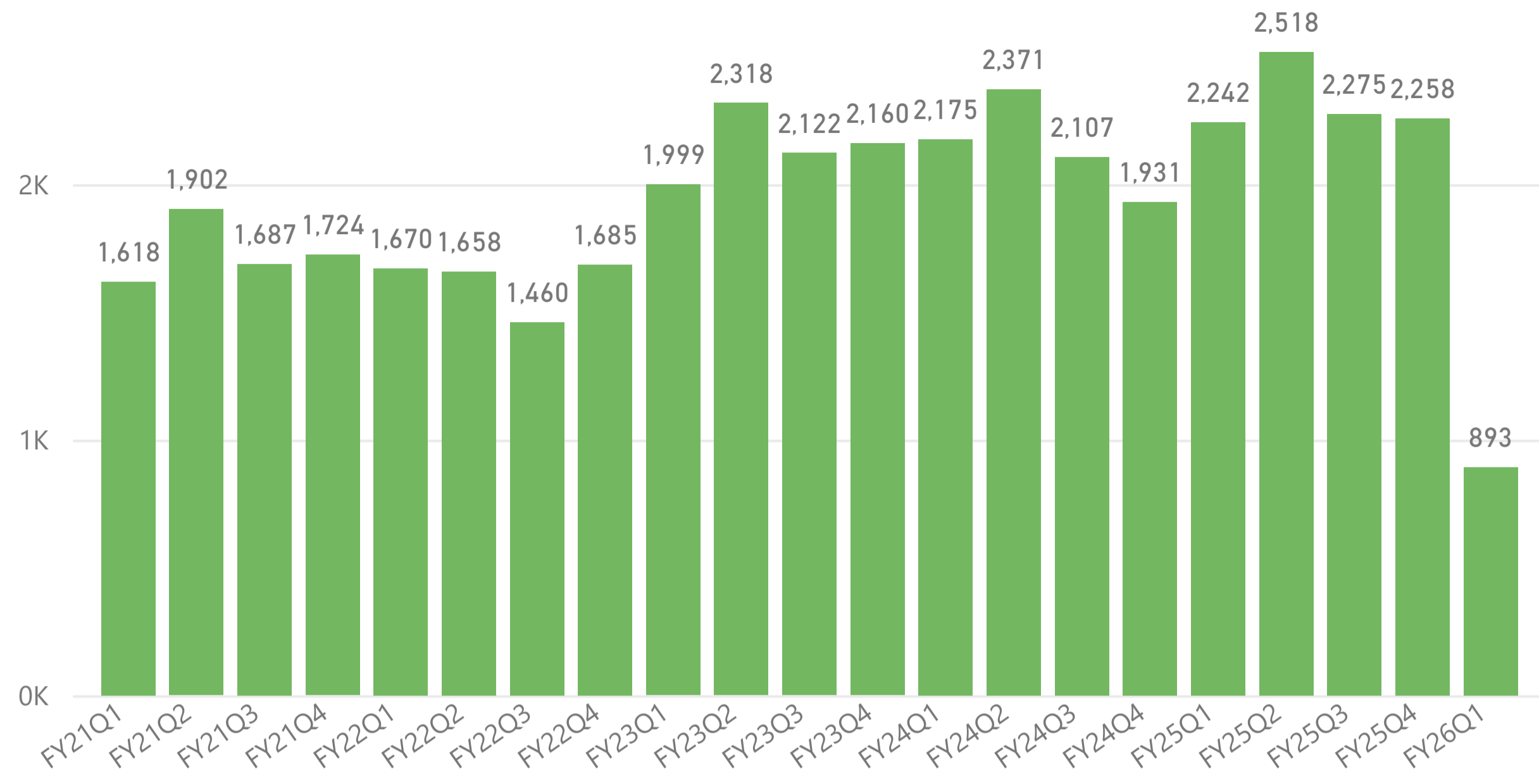
**\$2,891**  
Average of Amount

**20,970**  
units\_authorized

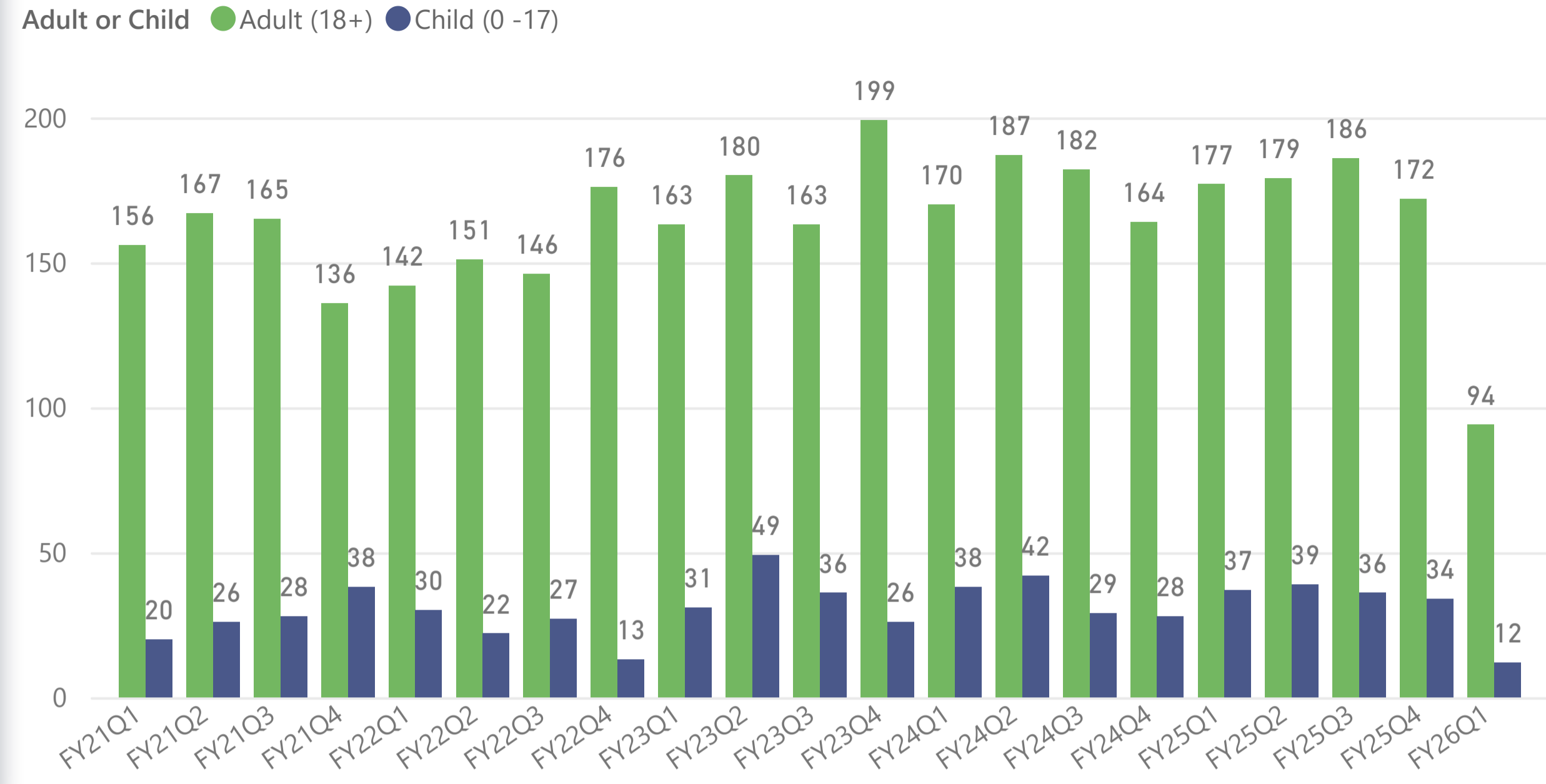
**3**  
Average of units\_auth...

**37**  
Count of units\_author...

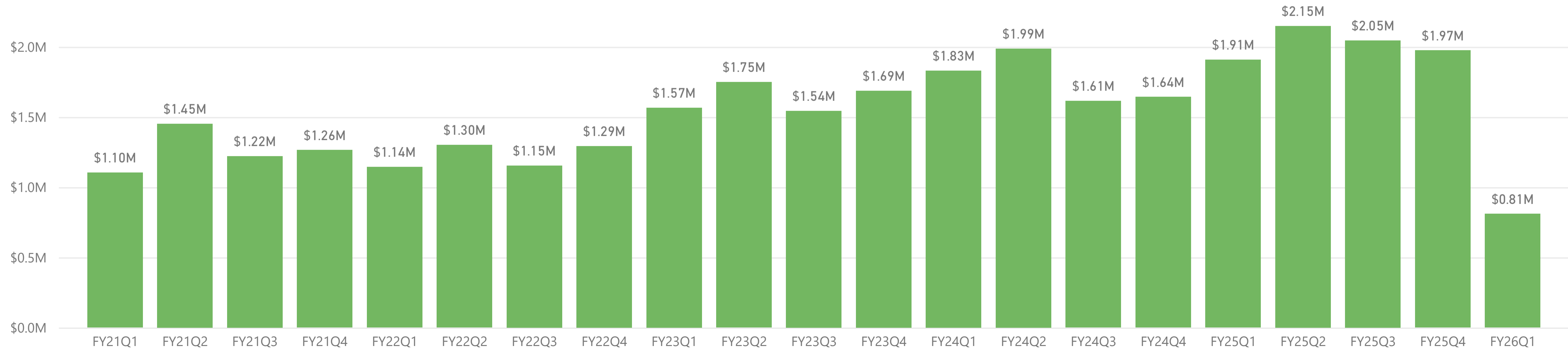
**Community Inpatient Days - Paid Units by Fiscal Quarter**



**Community Inpatient Days - Distinct Consumer Count by Fiscal Quarter and Adult or Child**



**Community Inpatient Days - Paid Amount by Fiscal Quarter**

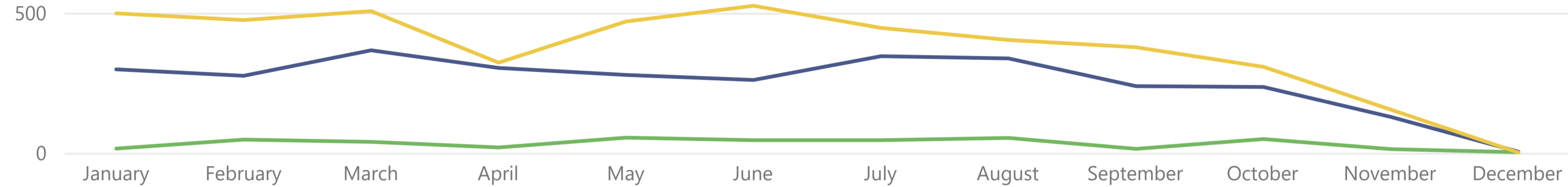


Community Inpatient Days

FundSource	January	February	March	April	May	June	July	August	September	October	November	December
General Fund	15	47	39	19	54	45	45	53	14	49	13	2
Healthy Michigan Plan	298	275	366	303	278	260	345	337	238	235	128	4
Medicaid	498	474	506	322	469	525	446	403	377	307	154	1

Community Inpatient Days

FundSource ● General Fund ● Healthy Michigan Plan ● Medicaid

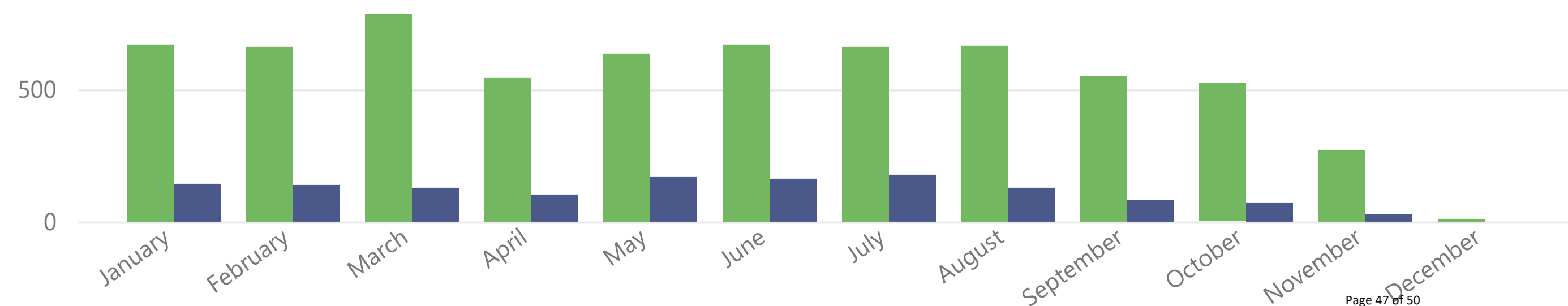


Community Inpatient Days By Fund Source

Adult or Child	January	February	March	April	May	June	July	August	September	October	November	December
<b>Adult (18+)</b>												
General Fund	15	36	39	19	54	45	38	53	14	41	13	2
Healthy Michigan Plan	298	275	366	303	278	260	345	337	238	235	128	4
Medicaid	355	348	379	221	302	363	277	275	296	246	127	1
<b>Child (0 -17)</b>												
General Fund		11					7			8		
Medicaid	143	126	127	101	167	162	169	128	81	61	27	

Community Inpatient Days By Fund Source

Adult or Child ● Adult (18+) ● Child (0 -17)



### Adult - Distinct Count by Disability Designation

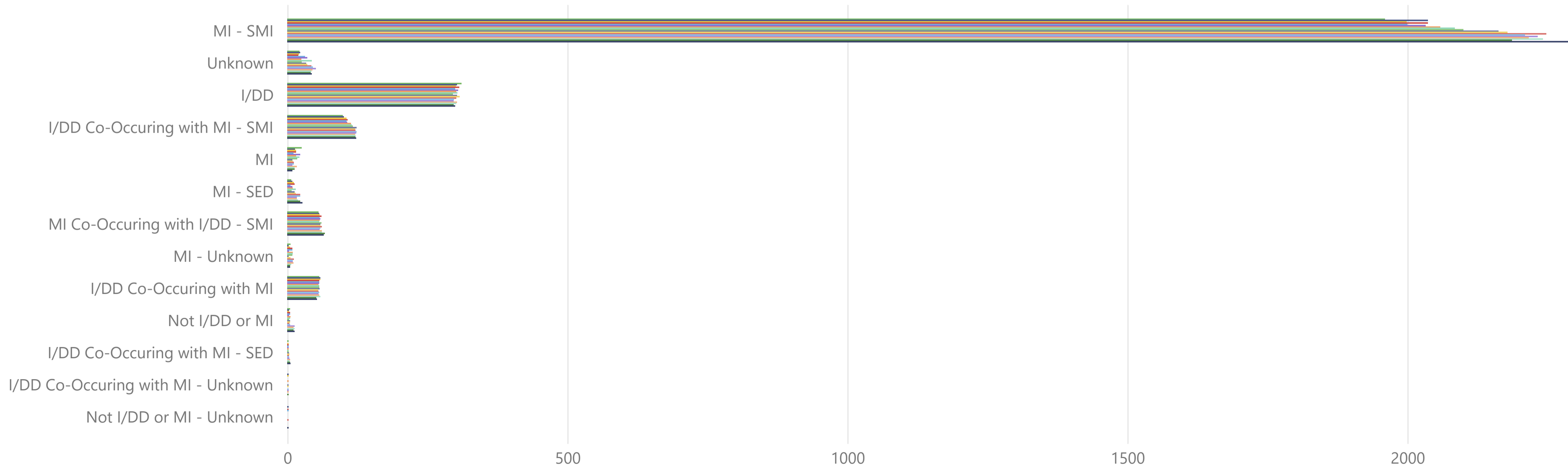
Disability_Designation	FY21Q1	FY21Q2	FY21Q3	FY21Q4	FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	FY25Q1	FY25Q2
I/DD	311	303	301	307	300	305	302	304	296	303	308	302	298	297	303	302	297	300
I/DD Co-Occuring with MI	57	59	59	57	57	57	56	57	57	58	55	56	57	56	57	59	52	53
I/DD Co-Occuring with MI - SED	1		1	1	1	1	1	1	1	3	4	3	3	4	5	4	5	6
I/DD Co-Occuring with MI - SMI	99	101	106	108	106	107	114	115	117	124	121	122	124	123	121	122	122	123
I/DD Co-Occuring with MI - Unknown		1	1				1			2	1		1	1	1		1	
MI	26	14	16	16	11	23	16	22	18	9	10	12	12	9	17	13	13	9
MI - SED	7	9	12	13	6	9	10	15	8	13	15	23	23	17	17	19	23	27
MI - SMI	1960	2037	1999	2037	2000	2033	2059	2085	2100	2163	2179	2248	2210	2233	2217	2242	2187	2288
MI - Unknown	6	1	5	9	9	3	10	10	9	2	6	12	10	10	11	7	5	5
MI Co-Occuring with I/DD - SED														1				2
MI Co-Occuring with I/DD - SMI	56	57	58	61	58	59	58	57	61	59	59	62	59	58	62	62	67	65
Not I/DD or MI	5	3	3	5	5	3	6	5	3	5	5	4	5	13	11	13	11	13
Not I/DD or MI - Unknown		1		1	1							1						2
Unknown	22	23	21	20	32	36	25	44	26	34	36	43	46	51	45	43	42	44

### Fiscal Quar...

- FY21Q1
- FY21Q2
- FY21Q3
- FY21Q4
- FY22Q1
- FY22Q2
- FY22Q3
- FY22Q4
- FY23Q1
- FY23Q2
- FY23Q3
- FY23Q4
- FY24Q1
- FY24Q2
- FY24Q3
- FY24Q4
- FY25Q1
- FY25Q2
- FY25Q3
- FY25Q4
- FY26Q1
- FY26Q2

### Adult - Distinct Count by Disability Designation

Fiscal Quarter ● FY21Q1 ● FY21Q2 ● FY21Q3 ● FY21Q4 ● FY22Q1 ● FY22Q2 ● FY22Q3 ● FY22Q4 ● FY23Q1 ● FY23Q2 ● FY23Q3 ● FY23Q4 ● FY24Q1 ● FY24Q2 ● FY24Q3 ● FY24Q4 ● FY25Q1 ● FY25Q2



### Child - Distinct Count by Disability Designation

Disability_Designation	FY21Q1	FY21Q2	FY21Q3	FY21Q4	FY22Q1	FY22Q2	FY22Q3	FY22Q4	FY23Q1	FY23Q2	FY23Q3	FY23Q4	FY24Q1	FY24Q2	FY24Q3	FY24Q4	FY25Q1	FY25Q2
I/DD	116	125	139	147	147	154	165	176	175	189	214	217	230	246	249	248	256	283
I/DD Co-Occuring with MI	4	4	5	6	6	6	5	6	7	5	5	4	3	4	4	4	3	4
I/DD Co-Occuring with MI - SED	66	70	64	65	71	73	74	75	74	70	69	68	67	65	72	70	65	60
I/DD Co-Occuring with MI - SMI	17	15	14	12	13	13	13	12	9	8	6	5	4	3	3	4	2	1
MI	8	10	10	9	7	6	4	2	6	2	4	4	3	4	2	2	2	4
MI - SED	494	547	561	584	598	631	646	595	642	689	710	696	664	709	709	698	704	718
MI - SMI	125	122	117	105	95	94	85	72	68	67	59	53	53	46	38	28	23	16
MI - Unknown			1	1				1			1				1	1		
MI Co-Occuring with I/DD - SED	18	16	20	16	17	19	22	22	26	28	24	29	28	27	26	26	25	25
MI Co-Occuring with I/DD - SMI	14	11	11	9	5	4	5	5	2	2	3	3	2	2	2	2	1	1
Not I/DD or MI	4	5	4	6	7	4	10	14	13	7	5	8	7	11	7	13	13	11
Unknown	10	9	3	7	4	10	6	16	9	2	8	11	10	10	6	10	9	11

### Fiscal Quar...

- FY21Q1
- FY21Q2
- FY21Q3
- FY21Q4
- FY22Q1
- FY22Q2
- FY22Q3
- FY22Q4
- FY23Q1
- FY23Q2
- FY23Q3
- FY23Q4
- FY24Q1
- FY24Q2
- FY24Q3
- FY24Q4
- FY25Q1
- FY25Q2
- FY25Q3
- FY25Q4
- FY26Q1
- FY26Q2

### Child - Distinct Count by Disability Designation

Fiscal Quarter ● FY21Q1 ● FY21Q2 ● FY21Q3 ● FY21Q4 ● FY22Q1 ● FY22Q2 ● FY22Q3 ● FY22Q4 ● FY23Q1 ● FY23Q2 ● FY23Q3 ● FY23Q4 ● FY24Q1 ● FY24Q2 ● FY24Q3 ● FY24Q4 ● FY25Q1 ● FY25Q2

