

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS PROGRAM COMMITTEE MEETING

Thursday, February 12, 2026 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	_____	_____	_____	Sally Mrozinski	_____	_____	_____	Others Present: BABH: Joelin Hahn, Karen Amon, Nicole Sweet, Chris Pinter, Stacy Krasinski, M. Prusi, 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) Clinical Program Review: Emergency & Access Services (EAS) Review of MI Department of Health and Human Services (MDHHS) Annual Report, S. Krasinski 4.2) Request for Clinical Privileges: a) Heather Nix, LP – three-year renewal term expiring 02/28/2029 4.3) Policies Ending 30-Day Review: a) Videoconferencing, recording, transcribing, and use of Artificial Intelligence (AI), 09-05-10		4.1) No action necessary 4.2) Consideration of a motion to refer the request for clinical privileges for Heather Nix, LP, to the full Board for approval 4.3) Consideration of a motion to refer the policy, Videoconferencing, recording, transcribing, and use of Artificial Intelligence (AI), 09-05-10, to end 30-day review to the full Board for approval

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	4.4) Artificial Intelligence (AI)/Generative AI Policy, M. Prusi 4.5) Autism Utilization Management Proposal 4.6) Provider Network Transitions, K. Amon		4.4) No action necessary 4.5) No action necessary 4.6) No action necessary
5.	Adjournment	M -	S - pm MA

EMERGENCY AND ACCESS SERVICES FY 25

Emergency and Access Services, AOT Program, Jail Liaison, Hospital/Court Liaison, Juvenile Detention Liaison, Mobile Response Team (MRT) (30 employees)

Access Screens – to determine eligibility for services (Bay/Arenac, Tuscola, Huron counties)

	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Total	8/23-7/24
BABH	158	141	129	164	131	159	152	149	110	137	128	141	1,699	1,928
TBHS	44	50	33	33	63	57	47	46	39	31	40	48	531	638
HBH	33	36	30	43	24	26	36	25	25	22	30	45	375	467
REMI SUD	2	10	8	3	1	1	1	1	1	1	1	1	31	59
Total	237	237	200	243	219	243	236	221	175	191	199	235	2,636	3,092

Access Screens completed in 30 minutes or less standard

	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Total	8/23-7/24
%	94.47%	96.90%	94.24%	95.40%	97.71%	97.79%	97.85%	99.09%	98.85%	98.42%	99.49%	96.15%	97.2%	94.15%

Total Call Volume – Calls answered by Intake Representatives and Overflow calls answered by Clinicians

	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Total	8/23-7/24
	3212	2294	2184	2403	2477	2700	2433	2658	2525	2775	2828	2589*	31,078	41,724

Pre-Admission Screenings – to determine the need for acute care services (psychiatric hospitalization, partial hospitalization program PHP, crisis residential unit CRU)

	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Total	8/23-7/24
Inpatient Admission	93	71	73	86	95	76	72	99	89	85	90	92	1,021	1,040
PHP	7	7	8	6	3	10	5	2	3	6	7	6	70	103
CRU	3	6	8	9	10	7	5	8	9	11	14	17	107	9
Diversion	25	22	22	33	22	24	26	30	25	30	29	38	326	435
Other	4	9	7	9	9	10	13	9	12	9	9	9	109	114
MRT	1	3	2	4	1	1	3	2	3	0	1	7	28	19
Total	133	118	120	147	140	128	124	150	141	141	150	169	1,661	1,720

BABH Crisis Contacts

	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Total	8/23-7/24
	1134	1053	1028	1258	1225	1211	1260	1214	1208	1336	1381	1465	14,773	16,423

Percentage of Children/Adults who received a pre-admission screen within 3 hours of Request - 95% Standard

	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Total	8/23-7/24
Child	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Adult	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

After Hours EAS Contract Work – Shiawassee and Tuscola Counties

	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Total	8/23-7/24
TBHS Pre-screens	0	0	0	0	0	1	3	0	0	1	0	2	7	14
TBHS Crisis Contacts	48	40	44	29	47	76	42	40	39	32	29	48	514	683
SHW Crisis Contacts	55	64	51	56	37	55	83	69	51	63	61	73	718	1,528

Jail Liaison – 305 contacts at the Bay County Jail, 154 Access screens, suicide watch evaluations, plans of service to monitor medications while in jail, jail diversion screenings, BABH NP – contacts via telehealth at the Bay County Jail

Juvenile Detention Liaison – 83 contacts at Juvenile Home – providing therapy, access screens, crisis management, jail diversion screenings

Jail Diversion screenings – 200 completed FY 25. 1 was eligible for the Jail Diversion program.

Hospital/Court Liaison – 167 access screens completed – sets up aftercare, opens individuals to services if they qualify

Mobile Response Team - 203 contacts in the community/home/office/school, 898 follow up calls/visits/consultations, MRT contacts, pre-screens, access screens

Assisted Outpatient Treatment Program – give extra support to those on court orders and deferments, prepare court documents, attend court. Currently 140 individuals are on court orders, 32 are on deferments.

Telephonic Monitoring – provides extra support in times of crisis, part of diversions, and help consumers learn to use the crisis line.

Highlights:

- Added an EAS/MRT second shift Team Leader.
- Continued/expanded collaboration with Bay County/Bay City law enforcement and Bay County Courts.
- Expanded Arenac County law enforcement collaboration as well as with Arenac County Courts.
- Extended grants for MRT program and AOT program.

Next Steps:

- Continue to expand MRT program and collaboration with law enforcement, especially into Arenac County.
- Continue to expand the AOT program to reduce hospitalizations and recidivism.
- Work to improve phone system with IS – began in Oct. 25.

Period: October 1, 2024 to September 30, 2025

Contact person and email: Joelin Hahn, jhahn@babha.org

Report on the Requests for Services and Disposition of Requests

Row	CMHSP Point of Entry-Screening	DD	MI Adult	SED	Unknown / All Others	Total
1	Total # of all people who telephoned or walked in with any request	327	1116	438	499	2380
2	Of the # in Row 1 (all people who telephoned or walked in), total # of people referred out due to non-mental health needs	0	0	0	7	7
3	Of the # in Row 1 (all people who telephoned or walked in) total # of people who requested services the CMHSP provides, irrespective of eligibility	327	1116	438	492	2373
4	Of the # in Row 3 (People requested services the CMHSP provides), total # of people who did not meet eligibility through phone or other screening	4	51	14	0	69
5	Of the # in Row 3 (People requested services the CMHSP provides), total # of people who were scheduled for assessment	285	693	324	0	1302
6	Of the # in Row 3 (People requested services the CMHSP provides), total # of people with other circumstance - Describe below on line 32	38	372	100	492	1002
7	Is Row 1 (all people who telephoned or walked in) an unduplicated count in each category? Answer Yes or No for each category	No	No	No	No	N/A

Row	CMHSP ASSESSMENT	DD	MI Adult	SED	Unknown / All Others	Total
8	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who did not receive intake/biopsychosocial assessment (dropped out, no show, etc.)	30	168	49	0	247
9	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0
10	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who were not served because they were MA HP enrolled and referred out to MA health plan	0	0	0	0	0
11	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who otherwise did not meet CMHSP non-entitlement intake/assessment criteria.	0	14	2	0	16
11a	Of the # in Row 11 (did not meet CMHSP non-entitlement intake/assessment criteria) - total # of people who were referred out to other mental health providers	0	0	0	0	0

11b	Of the # in Row 11 (did not meet CMHSP non-entitlement intake/assessment criteria) - total # of people who were not referred out to other mental health providers	0	14	2	0	16
12	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who met the CMHSP intake criteria	255	511	273	0	1039
13	Of the # in Row 12 (Met CMHSP intake criteria) - total # of people who met emergency/urgent/priority conditions criteria	0	0	0	0	0
14	Of the # in Row 12 (Met CMHSP intake criteria) - total # of people who met regular/routine/usual admission criteria	255	511	273	0	1039
15	Of the # in Row 12 (Met CMHSP eligibility criteria) - total # of people who were put on a waiting list	0	0	0	0	0
15a	Of the # in Row 15 (Put on a waiting list) - total # of people who received some CMHSP services, but wait listed for other CMHSP services	0	0	0	0	0
15b	Of the # in Row 15 (Put on a waiting list) - total # of people who were waitlisted for all CMHSP services	0	0	0	0	0
16	Other Requests for Service and Disposition of Requests - Report total # of people in each category and describe on Line 32.	0	0	0	0	0

Row 6 - Of the # in Row 3 (People requested services the CMHSP provides), total # of people with other circumstance - Describe here and/or

Row 16 - Other Requests, total # of people - Describe here

Row 6 represents individuals who called the BABHA Emergency & Access Services (EAS) center, and those who did not complete an access screen, or individuals who were offered an access screen, but declined to participate in the screening process. In FY24 BABHA implemented changes in our Appeals process for individuals who had been closed from services and called the Access Center requesting a referral to re-enter services. This resulted in an increase in those who did not complete an Access Screen which mirrors the requirements of and increases BABHA compliance with the Access Standards.

NARRATIVE: Provide a brief description of how the CMHSP collects and maintains the data reported on this form.

Some of the data fields for this annual report were built into the BABH EHR system. All calls made to the BABH Emergency and Access Services (EAS) department are documented in in the EHR by gather basic information, documenting the reason for the call (request services, request non-MH resources, crisis contact, etc.), and creating new enrollments as needed for individuals in need of an access screening. Additional data is pulled from the BABH Access Screens, Crisis Contacts, and Pre-Admission Screens, which are all a part of our EHR system. BABH also creates a quarterly Service and Disposition report that is reviewed by agency leadership.

NARRATIVE: Briefly describe the process by which the CMHSP determines eligibility [e.g., per use of assessment instrument (ID name), per telephone screen, or face-to-face assessment or combination, etc.].

All contacts made to the BABH Emergency and Access Services (EAS) department are documented in the EHR system. Calls are warm transferred to an EAS clinician who completes the screening process for specialty mental health services. If the individual meets the provisional eligibility for Specialty MH services, a referral is made to a BABH Assessment Specialist, and the initial intake/assessment is completed as soon as possible but not more than 14 days to verify eligibility for Specialty MH services. If the results of the Access Screen determine the individual does not meet provisional eligibility for Specialty MH services, the disposition is explained to the individual to provide explanation of Specialty MH services Vs. mild/moderate mental health services, and the EAS clinician will provide recommendations for MH treatment. The individual is provided with local resources for mild/moderate MH treatment, and they are encouraged to contact their assigned MHP, QHP, HMO, or other private insurance if they have difficulties accessing mild/moderate MH service benefits. Individuals are also provided with information for the BABH Customer Services department. The denied screening is then reviewed by a master's Level clinician. If the master's level clinician agrees with the denial, an adequate notice letter is sent to the individual that includes details on how to appeal the decision. If the master's level clinician disagrees with the denial, arrangements are made with the individual for a re-screen for specialty MH services. All individuals who contact the BABH EAS department are also screened to determine urgency of service need, based on established procedures. If during the Access screening process, it is determined the individual warrants a preadmission screening for acute care services, the individual is advised to go to the preadmission screening unit. Whenever possible, the same clinician that started the Access screening will complete the preadmission screening. If the results of the preadmission screening do not support an inpatient admission, the EAS clinician will complete the Access screening and referral for Specialty MH services, that will likely result in an urgent referral for a Same Day assessment (no more than 3-days from referral to assessment).

During FY25, BABH continued to experience individuals (both adults and children) who were requesting services at the point of crisis. Many reported attempts of obtaining MH services via their MHP or private insurance provider network, but due to a lack of providers and significant wait times (over 6 months in some cases) the individual was now in crisis and in need of Specialty MH services.

BABH continued to expand our AOT program with enhanced training with our local law enforcement partners. Individuals who are new to Specialty MH services due to court ordered treatment (AOT or formal petition) are provided enhanced services and outreach via the AOT coordinator and AOT peer support specialist.

During FY25, BABH continued to experience an influx of requests for autism spectrum disorder (ASD) evaluations for Applied Behavioral Analysis (ABA) services. The majority of these referrals have resulted in confirmed diagnosis of ASD and referrals for ABA services. Thus, BABH has had to increase the ABA provider network for the fourth year in a row. Unfortunately, the budget earmarked for ABA services in the BABH catchment area is not adequate to support the level of referrals for children with confirmed diagnosis of ASD.

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During FY25, BABH continued to experience an influx of requests for autism spectrum disorder (ASD) evaluations for Applied Behavioral Analysis (ABA) services. The majority of these referrals have resulted in confirmed diagnosis of ASD and referrals for ABA services. Thus, BABH has had to increase the ABA provider network for the fourth year in a row. Unfortunately, the budget earmarked for ABA services in the BABH catchment area is not adequate to support the level of referrals for children with confirmed diagnosis of ASD.

Reporting Period: October 1, 2024 to September 30, 2025

Waiting List Report

Program Type	MI Adult	DD	SED	Total
Targeted CSM/Supports Coordination				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>				
T1017				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Intensive Interventions/Intensive Community Services				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>				
H2011				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Clinic Services				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>				
97151 (Initial ASD Evaluation)				
Number on waiting list as of date above	0	39	0	39
Added during the time period covered	0	161	0	161
Removed during the time period covered- service provided	0	146	0	146
Removed during time period covered - all other reasons	0	8	0	8
Number left at the end of the time period covered	0	46	0	46
Supports for Residential Living				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>				
H2016, T1020, H2015				
Number on waiting list as of date above	30	33	0	63
Added during the time period covered	33	18	0	51
Removed during the time period covered- service provided	24	16	0	40
Removed during time period covered - all other reasons	25	15	0	40
Number left at the end of the time period covered	14	20	0	34
Supports for Community Living				
<i>Specify all HCPCS and CPT Codes included in this category here:</i>				
H2015				
Number on waiting list as of date above	0	11	0	11
Added during the time period covered	11	6	18	35
Removed during the time period covered- service provided	7	17	5	29
Removed during time period covered - all other reasons	4	0	3	7
Number left at the end of the time period covered	0	0	10	10

NARRATIVE: How do you assure that service needs are met at an individual level as well as from a program capacity level?

Clinical Services – autism spectrum disorder (ASD) Evaluation: Despite implementing revisions in our Access process to mirror the guidance provided in the Medicaid Provider Manual, which requires the physicians who screened the child for ASD to make a referral to the PIHP/CMH, BABH continues to experience an influx of requests for ASD evaluations for ABA services. The majority of referrals have resulted in confirmed diagnosis of ASD in toddlers/children in Bay and Arenac Counties. This concerning trend is also consistent with other counties in the Great Lakes Bay region and may warrant the attention of the state for an epidemiology study. During FY25 BABH added providers to increase capacity for the ASD evaluations, but as referrals continue to increase, additional funding and expanding the ASD evaluation and the ABA provider network continues to be needed.

Residential Living Supports: Consumers are placed on a waiting list for a variety of reasons. Some consumers have specific homes that they want to live in, so they choose to wait until there is availability. Consumers may not actually be eligible for specialized residential placement due to not meeting the criteria, but they are placed on the waitlist until they are reviewed by the Residential Committee and then removed.

Community Living: This waiting list issue is directly correlated with significant staffing crisis associated with direct care type services, which includes individuals to provide CLS direct care services. BABH cases are monitored at both the program level and monthly at the CLS committee. BABH worked with CLS providers throughout FY25 to increase service capacity and enhance expectations related to capacity. During FY25, BABH add two CLS providers to the network, but also lost 2 CLS providers.

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

Chapter: 9	Information Management		
Section: 5	Technology Safeguards		
Topic: 10	Videoconferencing, recording, transcribing, and use of AI		
Page: 1 of 2	Supersedes Date: Pol: Proc:	Approval Date: Pol: Proc:	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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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:

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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
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

Chapter: 9	Information Management		
Section:			
Topic:	Use of AI and Generative AI		
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Policy

Bay-Arenac Behavioral Health Authority (BABHA) recognizes that Artificial Intelligence (AI) tools hold great potential to enhance access, efficiency, and quality of behavioral health care. At the same time, AI raises serious ethical, legal, clinical, and privacy risks - especially when used in vulnerable populations. This policy establishes guiding principles and requirements to ensure that AI is used in ways that respect clients' rights, protect privacy and safety, maintain professional accountability, and ensure clinical appropriateness. Additionally, it is the policy of BABHA to have processes in place for directing and safeguarding the creation, use, movement, reuse, storage, data backup, and/or disposal of data created with the assistance of artificial intelligence (AI), generative AI, or generative AI technology. ****This policy outlines how artificial intelligence (AI) tools may be used within BABHA. It applies to all employees, contractors, and third-party vendors who use AI tools in the course of their work with or for the company/agency. The goal is to support responsible, secure, and ethical use of AI while minimizing risks.**

Purpose

To ensure the safe, ethical, equitable, and legally compliant use of Artificial Intelligence (AI) tools and systems in providing mental health services, support, and administration, in order to protect clients, staff, data, and community trust.

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:

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Definitions

Artificial Intelligence (AI):—Any computer-based system capable of performing tasks that would traditionally require human cognitive ability, including but not limited to machine learning, natural language processing, predictive analytics, generative models, and clinical decision support tools.

AI System: A specific implementation of AI, whether in software, cloud services, or embedded within medical or operational devices.

Clinical Use: Use of AI in diagnosis, treatment planning, therapeutic recommendations, or any activity that directly influences client mental health care.

Generative AI: A type of AI that can produce new content, such as text, images, or code (e.g., ChatGPT, Midjourney, GitHub Copilot).

Non-clinical Use: Use of AI for administrative tasks, scheduling, documentation, billing, analytics, or other support functions.

High-Risk Use: Any AI use that could significantly affect client safety, privacy, rights, or well-being; e.g., predictive risk assessments, suicide risk detection, diagnostic suggestions.

1. Compliance with Law & Regulations

- All AI use must comply with federal laws (e.g., HIPAA, 42 CFR Part 2 where applicable, ADA, civil rights statutes) and Michigan state laws, regulations, and guidance.
- Includes following recent Michigan Department of Insurance & Financial Services (DIFS) bulletins that insurers and plan administrators must follow when using AI systems, particularly regarding fairness, non-discrimination, and transparency.
- Must respect Michigan’s guiding principles on AI adopted by the Michigan Civil Rights Commission, which include prevention of algorithmic discrimination, privacy protections, opt-out rights, and human alternative options.

2. Governance & Oversight

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

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- The Corporate Compliance Committee will serve as the ~~Establish an~~ AI Oversight Committee ~~(or designate an existing committee)~~ that includes clinical leadership, legal/compliance, data security/privacy, ethics, and community representatives.
 - All proposed AI systems must be reviewed and approved by the Corporate Compliance Committee and Strategic Leadership Team with final approval from the CEO and Board committee before procurement or deployment, especially for clinical or high-risk uses.
3. Risk Assessment & Impact Evaluation
- For any AI deployment (especially clinical/high-risk), conduct a Risk Assessment / Ethical Impact Assessment that includes:
 - Potential harms (bias, error, privacy breaches, misdiagnosis).
 - Benefits and necessity (why AI is needed, what gap does it address).
 - Quality and representativeness of data used to train the system.
 - Whether the system’s decisions are explainable to users and clients.
 - Document mitigation strategies (e.g., human oversight, audit, fallback to human decision-making).
4. Transparency & Consent
- Individuals served must be informed when AI is used in their care—with including an explanation of what it does its functions and its limitations.
 - Informed consent must be obtained for uses of AI that affect treatment, diagnosis or risk.
 - Clients must have the option to decline AI-supported tools without prejudice (i.e., alternative human-only services must be available).
5. Human Oversight & Accountability
- AI outputs that affect client care must be reviewed by qualified clinical staff. The AI can assist but cannot independently diagnose, treat, or make final decisions that carry risk.

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- Clinicians remain responsible for all clinical outcomes; AI is a tool, not a replacement.
 - Errors, adverse outcomes, or unexpected behaviors in AI outputs must be reported and investigated.
6. Data Privacy, Security & Bias Mitigation
- Data used by AI systems must be protected to the same level as other health information (HIPAA and state privacy laws).
 - Use de-identified or limited data wherever possible for development/testing.
 - Regular audits for bias (e.g., by demographic groups) must be performed; if bias is discovered, adjust or stop use until corrected.
 - Data governance policies must ensure data quality, accuracy, completeness, and representativeness.
7. Vendor/Third-Party Management
- Vendors supplying AI tools must be evaluated for their model validation, data sources, security practices, bias testing, and regulatory compliance.
 - Contracts with vendors must include clauses about liability, performance, data protection, audit rights, and the ability to withdraw if risks exceed acceptable thresholds.
8. Training & Competency
- Staff must receive training on AI tools they use: how to interpret outputs, understand limitations, potential bias, privacy concerns and ethical considerations~~issues~~.
 - Ongoing competency reviews for staff using AI in clinical decision-making.
9. Monitoring, Evaluation & Continuous Improvement
- After deployment, AI system performance should be continuously monitored (for accuracy, safety, fairness, client satisfaction).

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- Maintain logs of AI decisions, errors, client complaints.
- Periodic ~~reviews by~~ committee reviews to assess whether system still meets needs and is safe; adapt or retire when necessary.

10. Documentation & Recordkeeping

- For any AI-supported clinical decision or tool use, document: what tool was used, version, parameters/settings, staff involved in oversight, and whether it was client-consented.
- Keep records to allow audit or regulatory review.

11. Exceptions & Unpermitted Uses

- AI tools may *not* be used to replace human clinical judgment in diagnosis, therapy, or crisis intervention without human oversight.
- AI may *not* be used for deceptive purposes or without appropriate disclosure.
- AI shall not be used to discriminate on the basis of race, ethnicity, disability, gender, sexual orientation, religion, or other protected class.

Procedure for Introducing and Using AI:

1. Proposal & Assessment

- Any staff or department wishing to procure, ~~or~~ develop or use or use an AI system must submit a proposal, including: intended use, scope (clinical vs. non-clinical), risk level, vendor information, data required, security/privacy plan, and ethical impact assessment.

2. Review Process

- The Corporate Compliance Committee evaluates proposal, including legal compliance, data privacy, bias risk, explainability, and vendor qualifications. External expert review may be requested.

3. Consent & Client Notification

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- For clinical or/ high-risk use, design consent forms and client education materials. Inform clients of what AI is used, possible risks, and their rights to opt out.
4. Pilot / Testing Phase
- Where feasible, deploy the AI system in pilot or limited setting to test, monitor, collect feedback, and evaluate performance.
5. Deployment ~~Roll~~ roll-out after successful pilot
- Ensure staff training is complete; ~~set up~~, monitoring and logging are in place, and; ~~define~~ oversight responsibilities are clearly defined.
6. Ongoing Monitoring & Audits
- Regularly assess performance metrics such as: -accuracy, -error rate, equity, -bias, and client outcomes. Schedule internal or external audits (~~internal or external~~) and. ~~Address~~ any issues that arise.
7. Incident Reporting & Remediation
- If an adverse event, data breach, bias discovery, or unexpected harmful outcome occurs, follow the incident reporting policy. Develop a rRemediation plan and consider~~s~~ developed, ~~possibly~~ pausing or withdrawing the AI tool if necessary.
8. Review & Retirement
- Periodically (e.g., annually) review whether AI tool continues to serve its purpose safely. If not, retire or replace it. Maintain documentation of the evaluation.
- 9. Accountability & Enforcement**
- -Violations of this policy may result in disciplinary action, contract termination, or reporting to regulatory bodies. • The Corporate Compliance Officer is responsible for investigating non-compliance and recommending corrective actions.

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Attachments

Related Forms

Related Materials

References/Legal Authority

HIPAA 45 CFR Part 164; Subpart E – Privacy of Individually Identifiable Health Information
 PA 258 of 1974 Mental Health Code
 MI Dep’t of Health & Human Services; Mental Health and Substance Abuse Services
 Administrative Rules
 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records (Includes Final Rule effective 04/16/24)
 Michigan Civil Rights Commission Guiding Principles on AI Bias and Discrimination.
 Michigan Department of Insurance & Financial Services, Bulletin 2024-20 regarding insurance companies’ use of AI.
 Michigan Health & Hospital Association AI Framework for Healthcare.
 Health IT Commission reports, and any state / federal guidance on AI in health.

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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
M. Prusi	C. Pinter		New	New policy that addresses the use of AI <u>and Generative AI</u>

DRAFT

ABA support for BABH: proposed options

MICRO ACTIVITIES

Customize a standardized review tool

Projected hours: 4

Review charts of the top 10% of ABA utilizers (n=25) and provide written feedback regarding efficacy (e.g., documented support for intensity of services and apparent progress)

Projected hours: 40

Review charts annually of each ABA utilizer (n=300) and provide written feedback

Projected hours: 450

Review charts semi-annually of each ABA utilizer (n=300) and provide written feedback

Projected hours: 750

MACRO ACTIVITIES

Consultant member of Applied Behavioral Analysis Services quality workgroup

Projected hours: 4/month

Develop and deliver custom training to plan writers, support coordinators, etc. Examples: monthly ABA quality topics to provider BCBA's; coordinating the IPOS to align person-centered and ABA goals; understanding positive versus intrusive/restrictive behavior interventions.

Projected hours: 3 development hours for each 1 hour of training delivery

Develop a value-based care model for services (conduct interviews/surveys/focus groups with designated staff/leadership; literature reviews; create a manual; implementation training)

Projected hours: 480