

AGENDA

BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS PROGRAM COMMITTEE MEETING

Wednesday, March 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	Others Present:
Christopher Girard, Ch	_____	_____	_____	Sally Mrozinski	_____	_____	_____	BABH: Joelin Hahn, Karen Amon,
Pam Schumacher, V Ch	_____	_____	_____	Pat McFarland, Ex Off	_____	_____	_____	Nicole Sweet, Sarah Holsinger,
Jerome Crete	_____	_____	_____	Robert Pawlak, Ex Off	_____	_____	_____	Chris Pinter, and Melissa Prusi
Shelley King	_____	_____	_____					Legend: M-Motion; S-Support; MA- Motion Adopted; AB-Abstained

	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.	<p>New Business</p> <p>4.1) Request for Clinical Privileges:</p> <p style="margin-left: 20px;">a) Roderick Smith, M.D. – three-year renewal term expiring March 31, 2029</p> <p style="margin-left: 20px;">b) Autumn Dittenber, PA-C – three-year renewal term expiring March 31, 2029</p> <p>4.2) Policies Beginning 30-day Review:</p> <p style="margin-left: 20px;">a) Artificial Intelligence (AI) Generative AI Policy, 09-05-11</p> <p>4.3) Primary Network Operations and Quality Management Committee Notes from the following meetings:</p> <p style="margin-left: 20px;">a) November 13, 2025</p> <p style="margin-left: 20px;">b) January 08, 2026</p>		<p>4.1) Consideration of a motion to refer the requests for clinical privileges for Roderick Smith, MD, and Autumn Dittenber, PA-C, to the full board for approval</p> <p>4.2) Consideration of a motion to refer the policy, AI Generative AI Policy, 09-05-11, to the full board for approval</p> <p>4.3) No action necessary</p>

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	4.4) Quality Improvement Quarterly Reports		4.4) No action necessary
	4.5) BABH- MSHN Network Adequacy Assessment (Joelin)		4.5) No action necessary
	4.6) Strategic Initiatives (Clinical Directors)		4.6) No action necessary
5.	Adjournment	M -	S - pm MA

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 9	Information Management		
Section: 5	Technology SafeGuards		
Topic: 11	Use of AI and Generative AI		
Page: 1 of 2	Supersedes Date: Pol: Proc:	Approval Date: Pol:	<hr style="border: none; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i> <hr style="border: none; border-top: 1px solid black;"/> <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 3/10/2026. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

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:

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

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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 and Generative AI



**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, November 13, 2025

1:30 p.m. - 3:30 p.m.

Lincoln Center - East Conference Room/Zoom

MEMBERS			AD-HOC MEMBERS		
Allison Gruehn, BABH Program Manager - Adult MI/CSM/ACT	X	Kelli Wilkinson, BABH Supervisor - Children's IMH/HB	X	Amanda Johnson, BABH Supervisor - ABA/Wraparound	
Amy Folsom, BABH Program Manager - Psych/OPT Svcs.	X	Laura Sandy, MPA Clinical Director & CSM Supervisor	X	Barb Goss, SPSI COO	
Anne Sous, BABH Supervisor - EAS		Lynn Blohm, BABH North Bay Team Supervisor - CLS	X	Jacquelyn List, List Psychological COO	
Brad Parker, BABH Team Leader - Adult I-DD		Megan Smith, List Psychological Site Supervisor	X	Kathy Johnson, Consumer Council Rep (J/A/J/O)	
Chelsea Hewitt, SPSI Asst. Supervisor	X	Melanie Corrion, BABH Program Manager - Adult ID/DD	X	Lynn Meads, BABH Medical Records Associate	
Courtney Clark, SPSI Supervisor - CSM/OPT	X	Melissa Deuel, BABH Quality & Compliance Coordinator	X	Michele Perry, BABH Manager - Finance	
Emily Gerhardt, BABH Program Manager - Children		Melissa Prusi, BABH Director Health Care Accountability	X	Moregan LaMarr, SPSI Clinical Director	
Emily Simbeck, MPA Supervisor - Adult OPT	X	Nicole Sweet, BABH Director Integrated Care - Acute	X	Nathalie Menendes, SPSI COO	
Heather Friebe, BABH Director Integrated Care - Arenac	X	Pam VanWormer, BABH Program Manager - Arenac		Sarah Van Paris, BABH Manager - Nursing	
Jackie Kish, BABH Recipient Rights & Customer Services Manager	X	Sarah Holsinger (Chair), BABH Quality Manager	X	Stephanie Gunsell, BABH Manager - Contracts	
Jaclynn Nolan, SPSI Supervisor - OPT		Stacy Krasinski, BABH Program Manager - EAS		Taylor Keyes, BABH Team Leader - Adult MI	
Joelin Hahn (Chair), BABH Director Integrated Care - Child & Family	X	Stephani Rooker, BABH Program Manager - CLS/Horizon		GUESTS	
Joelle Sporman (Recorder), BABH BI Secretary III	X	Tracy Hagar, MPA Supervisor - Child OPT	X		
Karen Amon, BABH Director Integrated Care - Long-term	X				

Topic	Key Discussion Points	Action Steps/Responsibility
1. <ul style="list-style-type: none"> a. Review of, and Additions to Agenda b. Presentations: None c. Approval of Meeting Notes: 09/11/25 d. Program/Provider Updates and Concerns 	<ul style="list-style-type: none"> a. There were additions to the agenda; 4k. EHR Change and 4l. Removal of Consumer Signature from Interim Plan. b. There are no presentations this month. c. The September 11th meeting notes were approved as written. The October meeting was cancelled. d. Program/Provider Updates and Concerns: <u>Bay-Arenac Behavioral Health</u>: If you are calling and not able to get through to BABH staff, keep trying as a new phone system was put in place and there have been issues that were not anticipated. <ul style="list-style-type: none"> - <u>ABA/Wraparound</u> – No updates to report this month. - <u>ACT/Adult MI</u> – Adult MI Case Management is down an Intensive Case Manager, and ACT is down a case manager and a nurse. - <u>Children's Services</u> – Children's Services is down two case managers: Family Support and Intensive Case Management/Wraparound. 	



**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, November 13, 2025

1:30 p.m. - 3:30 p.m.

Lincoln Center - East Conference Room/Zoom

Topic	Key Discussion Points	Action Steps/ Responsibility
	<ul style="list-style-type: none"> - <u>CLS/North Bay & Horizon</u> – No updates to report this month. - <u>Corporate Compliance</u> – No updates to report this month. - <u>Emergency Access Services (EAS)/Mobile Response Team (MRT)</u> – The MRT Supervisor is not being replaced; Stacy will be overseeing MRT. - <u>ID/DD</u> – No updates to report this month. - <u>IMH/HB</u> – No updates to report this month. - <u>Integrated Care:</u> <ul style="list-style-type: none"> • <u>Acute</u> – No updates to report this month. • <u>Arenac</u> – No updates to report this month. • <u>Child & Family</u> – No updates to report this month. • <u>Long-term</u> – Karen is working on the strategic initiatives that will be approved in January. Cost containment strategies will go into place for CLS services and specialized residential services. BABH will get tighter on CLS referrals and approvals and work on utilization management since there has been an increase in spending for CLS services over the past several years. PAO is merging with the Arnold Center, and they will be under the Arnold Center by the end of December. Valley Residential Services (currently contracted with BABH) is merging under Listening Ear (not currently contracted with BABH). This will take place in April. - <u>Medical Records</u> – No updates to report this month. - <u>Physician/OPT Services</u> – The Madison Clinic is in need of a Child Psychiatrist. There were no referrals to start the first OPT Group. - <u>Quality</u> – No updates to report this month. - <u>Recipient Rights/Customer Services</u> – No updates to report this month. - <u>Self Determination</u> – No updates to report this month. 	

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Topic	Key Discussion Points	Action Steps/ Responsibility
	<p><u>List Psychological</u>: No updates to report this month.</p> <p><u>MPA</u>:</p> <ul style="list-style-type: none"> - <u>CSM</u> – No updates to report this month. - <u>OPT-A</u> – As of December 5th, MPA will be down 4 therapists. MPA may need additional help but won't know the details until the middle of December. - <u>OPT-C</u> – No updates to report this month. <p><u>Saginaw Psychological</u>: SPSI has moved to their new building on Westside Saginaw Road.</p> <ul style="list-style-type: none"> - <u>CSM</u> – No updates to report this month. - <u>OPT</u> – No updates to report this month. 	
<p>2. Plans & System Assessments/Evaluations</p> <ul style="list-style-type: none"> a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update 	<ul style="list-style-type: none"> a. <u>QAPIP Annual Plan</u> – Nothing to report this month. b. <u>Organizational Trauma Assessment</u> – Nothing to report this month. 	
<p>3. Reports</p> <ul style="list-style-type: none"> a. QAPIP Quarterly Report (Feb, May, Aug, Nov) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> <ul style="list-style-type: none"> i. Recipient Rights Report (Jan, Apr, Jul, Oct) ii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) iii. Consumer Satisfaction Report (MHSIP/YSS) iv. Provider Satisfaction Survey (Oct) c. <u>Access to Care & Service Utilization Reports</u> <ul style="list-style-type: none"> i. MMBPIS Report (Jan, Apr, Jul, Oct) 	<ul style="list-style-type: none"> a. QAPIP Quarterly Report – Sarah went over the QAPIP Report. BABH needs to increase compliance with the Evidence of Primary Care Coordination. Suggestion from MPA - when the consent form is printed and signed can the coordination of care form automatically generate so it prints with the consent? Melissa will follow up on this suggestion. The report is saved in the meeting folder and was emailed to the PNOQMC members. b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> <ul style="list-style-type: none"> i. Recipient Rights – Jackie went over the Recipient Rights Report. The report is saved in the meeting folder and can be emailed to the PNOQMC. ii. <u>RAS</u> – Nothing to report this month. iii. MHSIP/YSS –It is recommended that surveys be distributed during face-to-face contacts and continue with the option of being entered for 5, \$10gift cards. For the MHSIP survey, the two statements that had the biggest decrease in agreeance for 2025 compared to 2024 were “I am getting along better with my family” (11.3% decrease) and “I am happy with the friendships I have” (8.4% decrease). 	<ul style="list-style-type: none"> a. QAPIP Quarterly Report – Melissa to check into the coordination of care form being automatically generated with the printing of the consent form.

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<ul style="list-style-type: none"> ii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct) iii. Customer Service Report (Jan, Apr, Jul, Oct) iv. Employment Data (Dec, Mar, Jun, Sep) d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> i. Internal Performance Improvement Report (Feb, May, Aug, Nov) ii. Internal MEV Report iii. MSHN MEV Audit Report (Apr, Sep) iv. MSHN DMC Audit Report (Sept when applicable) v. MDHHS Waiver Audit Report (Oct when applicable) e. Ability to Pay Report f. <u>Program Capacity Status</u> <ul style="list-style-type: none"> i. Review of Referral Status Report 	<p><u>MHSIP/YSS Survey Action Needed</u>: 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 transition from only 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 BAB 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. The 2025 MHSIP-YSS Summary Report is saved to the meeting folder and was emailed to the PNOQMC. Encourage community events with your consumers. If you find different links with community events pass that on so consumers are aware of those events.</p> <ul style="list-style-type: none"> iv. <u>Provider Satisfaction Survey</u> – Nothing to report this month. <p>c. <u>Access to Care & Service Utilization Reports</u></p> <ul style="list-style-type: none"> i. MMBPIS Report – Sarah went over the BABH MMBPIS Report. The report is saved in the meeting folder and was emailed to the PNOQMC. The two primary reasons for out of compliance were consumers no-showing and requesting appointments outside of 14 days. Sarah also shared the MSHN MMBPIS report to show how BABH compares to other CMHs in our region. ii. Leadership Dashboard – Nothing to report this month. iii. Customer Service Report – Jackie went over the Customer Service Report. The report is saved in the meeting folder and can be emailed to the PNOQMC. iv. <u>Employment Data</u> – Nothing to report this month. <p>d. <u>Regulatory and Contractual Compliance Reports</u></p> <ul style="list-style-type: none"> i. PI Report – Sarah went over the PI Report. The report is saved in the meeting folder and was emailed to the PNOQMC. BABH and the providers continue to struggle with getting evidence of coordination of care. Additionally, staff are not 	

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	<p>utilizing the Plan of Service header to update whether they have given/mailed/faxed the consumer a copy of their plan of service. Karen did report that there has been an ITR submitted to PCE to have this flag a 'To Do List' item in PCE if this isn't completed.</p> <ul style="list-style-type: none"> ii. <u>Internal MEV Report</u> – Nothing to report this month. iii. <u>MSHN MEV Audit Report</u> – Nothing to report this month. iv. <u>MSHN DMC Audit Report</u> – Nothing to report this month. v. <u>MDHHS Waiver Audit Report</u> – Nothing to report. <p>e. <u>Ability to Pay Report</u> – Nothing to report this month.</p> <p>f. <u>Referral Status Report</u> – Nothing to report this month.</p>	
<p>4. <u>Discussions/Population Committees/Work Groups</u></p> <ul style="list-style-type: none"> a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> i. Consumer Council Recommendations (as warranted) b. Access to Care and Service Utilization c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. Management of Diagnostics d. BABH Policy/Procedure Updates e. <u>Medicaid/Medicare Updates</u> <ul style="list-style-type: none"> i. Medicaid Monthly Algorithm - Effect on Medicaid Status f. <u>General Fund</u> 	<ul style="list-style-type: none"> a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> i. Consumer Council Recommendations – Nothing to report this month. b. <u>Access to Care and Service Utilization</u> – Nothing to report this month. c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. Management of Diagnostics – Nothing to report this month. d. <u>BABH - Policy/Procedure Updates</u> – Nothing to report this month. e. <u>Medicaid/Medicare Updates</u> – Nothing to report this month. f. <u>General Fund/OPT Referrals</u> – Nothing to report this month. g. <u>Outreach Letter</u> – The outreach letter has been submitted to the EHR and is waiting on implementation. There was a suggestion that when the outreach letter goes out, include an appointment in that letter. 	

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Topic	Key Discussion Points	Action Steps/ Responsibility
<ul style="list-style-type: none"> i. Spenddown: Priority to Assist with Application for Redetermination ii. Inpatient Data Review/Analysis – Ad-hoc Work Group iii. OPT Referrals g. Outreach Letter h. Code Chart Changes i. Signatures on MDHHS Universal Consent j. MSHN Lists for HCBS Mandatory Trainings k. EHR Change l. Removal of Consumer Signature from Interim Plan m. Staff Credentials/ Supervisor Signature 	<ul style="list-style-type: none"> h. Code Chart Changes – The 8Y modifier for MichiCANS Comprehensive has been added to specific codes. The 8Y modifier does not need to be authorized, but it will need to be selected if a MichiCANS Comprehensive is used. Managers need to make sure staff are aware when doing a MichiCANS, that they need to choose an 8Y modifier in the fee schedule for that look up. If the MichiCANS was completed during the annual assessment update, make sure you pick the correct code plus the 8Y modifier. QBHP is removed from the code chart. Joelin went over the ‘BABH Code Chart Changes as of 10-1-25’ which is saved in the meeting folder and the changes were emailed to the PNOQMC. i. Signatures on MDHHS Universal Consent – Make sure the consumer’s signature is received before sending on to the Primary Care Physician. If there is not a consumer signature, the consent will not be honored. j. MSHN Lists for HCBS Mandatory Trainings – BABH, MPA and Saginaw Psychological managers/supervisors need to make sure any new case managers are signed up for the MSHN HCBS trainings. k. EHR Change – There will be a dropdown box in Phoenix for preferred pronouns to be added. Melissa will follow up with this. l. Consumer Signature from Interim Plan – There was a finding during a recent MSHN MEV audit for an interim plan not having a consumer signature. This is not a requirement but created confusion due to the interim plan having a signature line for the consumer. A request has been submitted to PCE to remove the signature line. For the full plan of service, the signature page must be attached to the IPOS. Complete the IPOS header where you document when it was given to the individual. m. Staff Credentials/ Supervisor Signature If staff is not a fully credentialed as a QMHP, CMHP or QIDP, the supervisor should be signing off on all billable documentation. Staff need to be educated to send any billable document to their supervisors with the send copy to feature. 	<ul style="list-style-type: none"> k. EHR Change – Melissa will follow up on this. Add to next month’s agenda – Supervisor Signature to the Interim Plan



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Topic		Key Discussion Points	Action Steps/ Responsibility
		There was discussion about adding Supervisor Signature to the Interim Plan to next month's agenda.	
5.	Adjournment/Next Meeting	The meeting adjourned at 3:30 pm. The next meeting is scheduled for December 11, 2025, 1:30-3:30, at the Lincoln Center in the East Conference Room.	



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MEMBERS			AD-HOC MEMBERS		
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Amy Folsom, BABH Program Manager - Psych/OPT Svcs.	X	Laura Sandy, MPA Clinical Director & CSM Supervisor	-	Barb Goss, SPSI COO	
Anne Sous, BABH Supervisor - EAS		Lynn Blohm, BABH North Bay Team Supervisor - CLS	X	Jacquelyn List, List Psychological COO	
Brad Parker, BABH Team Leader - Adult I-DD		Megan Smith, List Psychological Site Supervisor	X	Kathy Johnson, Consumer Council Rep (J/A/J/O)	
Chelsea Hewitt, SPSI Asst. Supervisor	X	Melanie Corrion, BABH Program Manager - Adult ID/DD	X	Lynn Meads, BABH Medical Records Associate	
Courtney Clark, SPSI Supervisor - OPT	X	Melissa Deuel, BABH Quality & Compliance Coordinator	X	Michele Perry, BABH Manager - Finance	
Emily Gerhardt, BABH Program Manager - Children	X	Melissa Prusi, BABH Director Health Care Accountability	X	Moregan LaMarr, SPSI Clinical Director	
Emily Simbeck, MPA Supervisor - Adult OPT	X	Nicole Sweet, BABH Director Integrated Care - Acute	X	Nathalie Menendes, SPSI COO	
Heather Friebe, BABH Director Integrated Care - Arenac		Pam VanWormer, BABH Program Manager - Arenac		Sarah Van Paris, BABH Manager - Nursing	
Jackie Kish, BABH Recipient Rights & Customer Services Manager	X	Sarah Holsinger (Chair), BABH Quality Manager	X	Stephanie Gunsell, BABH Manager - Contracts	
Jaclynn Nolan, SPSI Supervisor - OPT		Stacy Krasinski, BABH Program Manager - EAS	X	Taylor Keyes, BABH Team Leader - Adult MI	
Joelin Hahn (Chair), BABH Director Integrated Care - Child & Family	-	Stephani Rooker, BABH Program Manager - CLS/Horizon	X	GUESTS	
Joelle Sporman (Recorder), BABH BI Secretary III	X	Tracy Hagar, MPA Supervisor - Child OPT	-	Sarah Mulvaney, SPSI CSM Supervisor	X
Karen Amon, BABH Director Integrated Care - Long-term	X				

Topic	Key Discussion Points	Action Steps/ Responsibility
1. <ul style="list-style-type: none"> a. Review of, and Additions to Agenda b. Presentations: None c. Approval of Meeting Notes: 11/13/25 d. Program/Provider Updates and Concerns 	<ul style="list-style-type: none"> a. There were no additions to the agenda. b. There are no presentations this month. c. The November 13th meeting notes were approved as written. The December meeting was cancelled. d. Program/Provider Updates and Concerns: <u>Bay-Arenac Behavioral Health:</u> <ul style="list-style-type: none"> - <u>ABA/Wraparound</u> – No updates to report this month. - <u>ACT/Adult MI</u> – No updates to report this month. - <u>Children's Services</u> – Three new staff started Monday; two for Family Supports and one for Wraparound. - <u>CLS/North Bay & Horizon</u> – Horizon Home hired an Assistant Residential Supervisor, Brianna Sahr. There is a new CLS provider, ATI, for adult services in Bay County and their office is in Midland. Stephani Rooker is taking over the Children's CLS referral list. 	

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Lincoln Center - East Conference Room/Zoom

Topic	Key Discussion Points	Action Steps/ Responsibility
	<ul style="list-style-type: none"> - <u>Corporate Compliance</u> – No updates to report this month. - <u>Emergency Access Services (EAS)/Mobile Response Team (MRT)</u> – If there are MRT needs on second shift, call EAS as MRT staff are not always available. - <u>ID/DD</u> – No updates to report this month. - <u>IMH/HB</u> – No updates to report this month. - <u>IT</u> – The BABH IT Manager resigned, so Melissa Prusi is filling in for the time being. If there are any security issues, please reach out to the Help Desk. - <u>Integrated Care</u>: <ul style="list-style-type: none"> • <u>Acute</u> – No updates to report this month. • <u>Arenac</u> – No updates to report this month. • <u>Child & Family</u> – No updates to report this month. • <u>Long-term</u> – No updates to report this month. - <u>Medical Records</u> – No updates to report this month. - <u>Physician/OPT Services</u> – Madison hired a NP that is still in the credentialing process. The NP will be in-person three days a week at Madison and will only be working with adults. - <u>Quality</u> – Will be starting the sample for MSHN/MEV audit in February. Staff may be reaching out for documentation of staff qualifications or notes. - <u>Recipient Rights/Customer Services</u> – Jeff Wells is retiring the end of February. Interviewing to replace him for RR and Customer Services. - <u>Self Determination</u> – No updates to report this month. <p><u>List Psychological</u>: A worker is back on Monday, and an intern started last Monday.</p>	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, January 8, 2026

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room/Zoom

Topic	Key Discussion Points	Action Steps/ Responsibility
	<p><u>MPA:</u></p> <ul style="list-style-type: none"> - <u>CSM</u> – No updates to report this month. - <u>OPT-A</u> – MPA has two new hires. All consumers should be reassigned by the end of next week. Referrals will open up in February. - <u>OPT-C</u> – No updates to report this month. <p><u>Saginaw Psychological:</u></p> <ul style="list-style-type: none"> - <u>CSM</u> – SPSI started the Children’s Case Management program. Got an exception from a new case manager that will start seeing children on February 3rd. Sarah Mulvaney is the new CSM Supervisor for adult and children. - <u>OPT</u> – Jackie Nolan and Courtney Clark are the OPT Supervisors. A therapist is leaving this month. Staff were trained in EMDR, so when they are ready to take on clients, that information will be shared. A few interns have started. <p>REMINDERS: When cases are closed, the primary case holder needs to make sure all the service providers are being contacted and are included in ABD. If someone is receiving the 1915 iSPA services, the 1915i referral form needs to be filled out and routed to Nicole Popenhagen in ACT, and she will enter the information for the provider in the WSA.</p>	
<p>2. Plans & System Assessments/Evaluations</p> <ul style="list-style-type: none"> a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update 	<ul style="list-style-type: none"> a. <u>QAPIP Annual Plan</u> – Nothing to report this month. b. <u>Organizational Trauma Assessment</u> – Nothing to report this month. 	
<p>3. Reports</p> <ul style="list-style-type: none"> a. QAPIP Quarterly Report (Feb, May, Aug, Nov) b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> <ul style="list-style-type: none"> i. Recipient Rights Report (Jan, Apr, Jul, Oct) ii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) 	<ul style="list-style-type: none"> a. <u>QAPIP Quarterly Report</u> – Nothing to report this month. b. <u>Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports</u> <ul style="list-style-type: none"> i. Recipient Rights – Jackie went over the Recipient Rights Report for FY26Q1. The report is saved in the meeting folder and was emailed to the PNOQMC. ii. RAS – Sarah went over the RAS Summary Report for FY25Q4. The report is saved in the meeting folder and was emailed to the PNOQMC. Recommendation to 	

**BAY-ARENAC BEHAVIORAL HEALTH
PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING**

Thursday, January 8, 2026

1:30 p.m. - 3:15 p.m.

Lincoln Center - East Conference Room/Zoom

Topic	Key Discussion Points	Action Steps/ Responsibility
<ul style="list-style-type: none"> iii. Consumer Satisfaction Report (MHSIP/YSS) iv. Provider Satisfaction Survey (Oct) c. <u>Access to Care & Service Utilization Reports</u> <ul style="list-style-type: none"> i. MMBPIS Report (Jan, Apr, Jul, Oct) ii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct) iii. Customer Service Report (Jan, Apr, Jul, Oct) iv. Employment Data (Dec, Mar, Jun, Sep) d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> i. Internal Performance Improvement Report (Feb, May, Aug, Nov) ii. Internal MEV Report iii. MSHN MEV Audit Report (Apr, Sep) iv. MSHN DMC Audit Report (Sept when applicable) v. MDHHS Waiver Audit Report (Oct when applicable) e. Ability to Pay Report f. <u>Program Capacity Status</u> <ul style="list-style-type: none"> i. Review of Referral Status Report 	<p>separate the intake RAS vs. annual RAS to see if there is a difference from the beginning to the end of services.</p> <ul style="list-style-type: none"> iii. <u>MHSIP/YSS</u> – Nothing to report this month. iv. <u>Provider Satisfaction Survey</u> – Nothing to report this month. <p>c. <u>Access to Care & Service Utilization Reports</u></p> <ul style="list-style-type: none"> i. MMBPIS Report – Sarah went over the MMBPIS Report for FY25Q4. The report is saved in the meeting folder and was emailed to the PNOQMC. ii. Leadership Dashboard – Melissa went over the Leadership Dashboard. The report is saved in the meeting folder and was emailed to the PNOQMC. iii. Customer Service Report – Jackie went over the Customer Service Report for FY26Q1. The report is saved in the meeting folder and was emailed to the PNOQMC. iv. Employment Data – BH Teds is not a point in time data system, so the state data is being reported on. There are 10.8% in full-time competitive employment, 11.9% part-time individuals, 38% are unemployed, and 39% are not in competitive employment for integrated labor. BABHA serves 2823 people in Bay and Arenac Counties for IPS. 305 are in full-time competitive employment and 313 in part-time employment. <p>d. <u>Regulatory and Contractual Compliance Reports</u></p> <ul style="list-style-type: none"> i. <u>PI Report</u> – Nothing to report this month. ii. <u>Internal MEV Report</u> – Nothing to report this month. iii. <u>MSHN MEV Audit Report</u> – Nothing to report this month. iv. <u>MSHN DMC Audit Report</u> – Nothing to report this month. v. <u>MDHHS Waiver Audit Report</u> – Nothing to report this month. <p>e. <u>Ability to Pay Report</u> – Nothing to report this month.</p> <p>f. Referral Status Report – The referral status report is saved in the meeting folder and was emailed to the PNOQMC.</p>	
4. <u>Discussions/Population Committees/Work Groups</u>		

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Topic	Key Discussion Points	Action Steps/ Responsibility
<ul style="list-style-type: none"> a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> i. Consumer Council Recommendations (as warranted) b. Access to Care and Service Utilization c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. Management of Diagnostics d. BABH Policy/Procedure Updates e. <u>Medicaid/Medicare Updates</u> <ul style="list-style-type: none"> i. Medicare Telehealth Regulations - Update ii. Verification of Insurance: Reminder to have staff check with every contact iii. Healthy MI vs. Full Medicaid Coverage - DEFER f. <u>General Fund</u> <ul style="list-style-type: none"> i. Spenddown: Priority to Assist with Application for Full Medicaid Redetermination ii. FY26 GF Plan Review iii. GF Exceptions - "Out of Network" status with Primary Insurance g. EHR Change h. Kratom i. Supervisor Signature on Interim Plan 	<ul style="list-style-type: none"> a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> i. Consumer Council Recommendations – Nothing to report this month. b. <u>Access to Care and Service Utilization</u> – Nothing to report this month. c. <u>Regulatory Compliance & Electronic Health Record</u> <ul style="list-style-type: none"> i. Management of Diagnostics – Nothing to report this month. d. <u>BABH - Policy/Procedure Updates</u> – Nothing to report this month. e. <u>Medicaid/Medicare Updates</u> <ul style="list-style-type: none"> i. Telehealth Regs – MDHHS is formulating a plan to get everything finalized, and there is a meeting this Friday to try and wrap this up. Established patients need to be seen face to face with a prescriber of the same level at least once within the year. New patients need to be seen face to face for the first six months before they are considered for telehealth. ii. Verification of Insurance – Remind your staff to verify insurance with all their consumers and at every visit. iii. <u>Healthy MI vs. Full Medicaid Coverage</u> – Defer f. <u>General Fund</u> <ul style="list-style-type: none"> i. Spenddown – Nothing to report this month. ii. FY26 GF Plan Review – There are no specifics to discuss as staff are meeting on Friday. There will be GF restrictions due to GF budget issues. iii. GF Exceptions – All agencies need to send a list to Nicole and Joelin of those individuals you are currently serving that are out of network or not able to be billed for. We can no longer approve GF Exceptions and will need to transition those individuals. g. EHR Change – Looking at adding a section to the death report that prompts staff to complete the BH Teds. The Medicaid Spenddown banner has been added. More EHR 	<ul style="list-style-type: none"> f.iii. GF Exceptions – Send a list of current individuals served to Nicole or Joelin.

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<ul style="list-style-type: none"> j. Training - Documentation Requirements k. HCBS Certificate 	<p>changes are to come, but they are not ready for implementation and education will follow.</p> <ul style="list-style-type: none"> h. Kratom – Dr. Morrone is on the Healthcare Practices Committee and is concerned about the safety of using Kratom. It can be bought over the counter and does not get picked up in the regular twelve panel drug screen, so we are not sure how widespread the concern is. BABH has had a death that was related to a Kratom overdose. i. <u>Supervisor Signature on Interim Plan</u> – Nothing to report this month. j. Training - Documentation Requirements – Melissa went over the Medicaid & BABHA Documentation Standards for accuracy, compliance, and best practices training document. Documentation should be completed and signed within one business day. If you have any questions or concerns, please contact Melissa Prusi. The document was saved in the meeting folder and emailed to the PNOQMC. Please provide training to your staff. Melissa Prusi may be coming to your agency to do a training as well. k. HCBS Certificate – Clarification that Melanie sends the HCBS certificates to Staff Development and the Providers. 	<ul style="list-style-type: none"> h. Kratom – Look at posting a Kratom Drug Fact Sheet on BABH’s website.
<p>5. Adjournment/Next Meeting</p>	<p>The meeting adjourned at 3:15 pm. The next meeting is scheduled for February 12, 2026, 1:30-3:30, at the Lincoln Center in the East Conference Room.</p>	

Executive Summary of QAPIP

Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: During FY26Q1, there were eight types of adverse events reported. Key highlights include:

- **Non-Suicide Deaths (reportable):** 14 reported, marking an increase from the previous quarter, but consistent with other quarters.
- **Non-Suicide Deaths (non-reportable):** 2 reported, marking a decrease from the previous quarter.
- **Emergency Medical Treatment/Hospitalizations for Injury due to Self-Harm:** 3 incidents were recorded, a decrease from the past three quarters.
- **Emergency Medical Treatment for Injury:** 6 incidents were recorded. It appears as though it's an increase, but in FY25Q2 MDHHS added a new category (EMT due to fall with injury) so this breakdown will impact the overall totals.
- **Hospitalization (Reportable):** 1 incident
- **Harm to Another with Emergency Medical Treatment:** 1 incident
- **Non-Reportable Arrests:** 1 incident
- **Emergency Medical Treatment Due to Fall:** 4 incidents, marking a decrease from the previous quarter

Areas needing improvement: 8 of the 14 incidents that resulted in emergency medical treatment were the result of three individuals. One individual has a high fall risk and the other two individuals have high behavioral needs causing self-harm behaviors and aggression towards others resulting in the need for medical treatment.

Action items: The treatment teams for these three individuals are aware of these needs and work closely with their placements.

Implementation of action items: No actions to implement.

Results of action items: Not Applicable

Audited Services with Proper Documentation for Encounters Billed: Overall compliance for all primary, secondary, and tertiary services reviewed during FY25Q3 and FY25Q4 fell below the 95% standard. The reviews included specialized residential services (for providers located within and outside of Bay and Arenac counties), Applied Behavioral Analysis services (all provider levels), direct services, vocational, and community living support providers. A total of 12,867 claims were reviewed, with 193 errors identified, resulting in a compliance rate of 98.5%. There was one provider that accounted for 67% of the findings and this has been addressed at a leadership level.

Copy of Plan of Service Offered Within 15 Days of Planning Meeting: Overall, compliance with offering the plan of service within 15 days increased in FY25Q4 compared to FY25Q3.

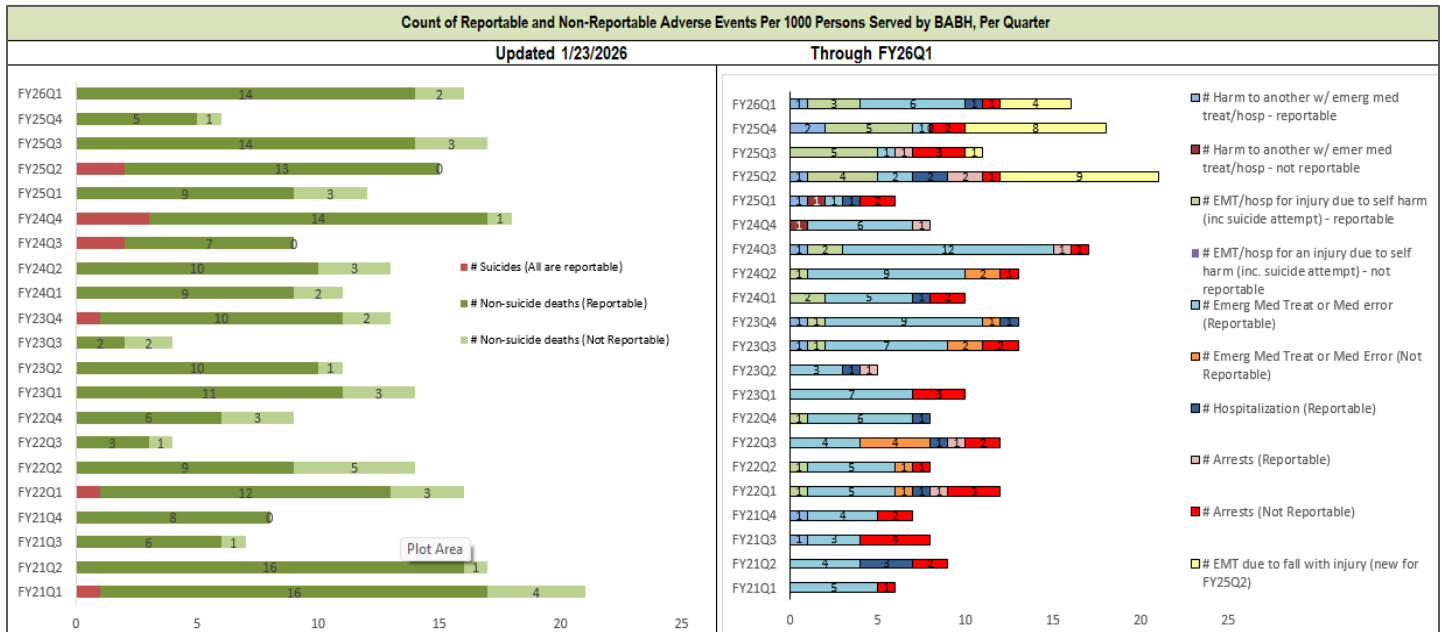
Behavior Treatment Survey: This survey report is completed annually at the end of each calendar year. The results from 2025 showed a 100% satisfaction rate for the 18 surveys returned. The 18 surveys was an increase from the seven surveys received during 2024.

The following report provides a quarterly and annual update to the goals identified in the QAPIP plan based on available and current data.

PROVIDER QUALIFICATION AND SELECTION

Plan of Service Training Forms: BABH quality staff consistently monitor the use of the plan training form through site reviews, external audits, and monthly checks. Review findings are communicated to supervisors for appropriate staff follow-up. While progress continues, BABH achieved 87% compliance, below the 95% target during the monthly checks.

HARM IDENTIFICATION AND REDUCTION



Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: During FY26Q1, there were eight types of adverse events reported. Key highlights include:

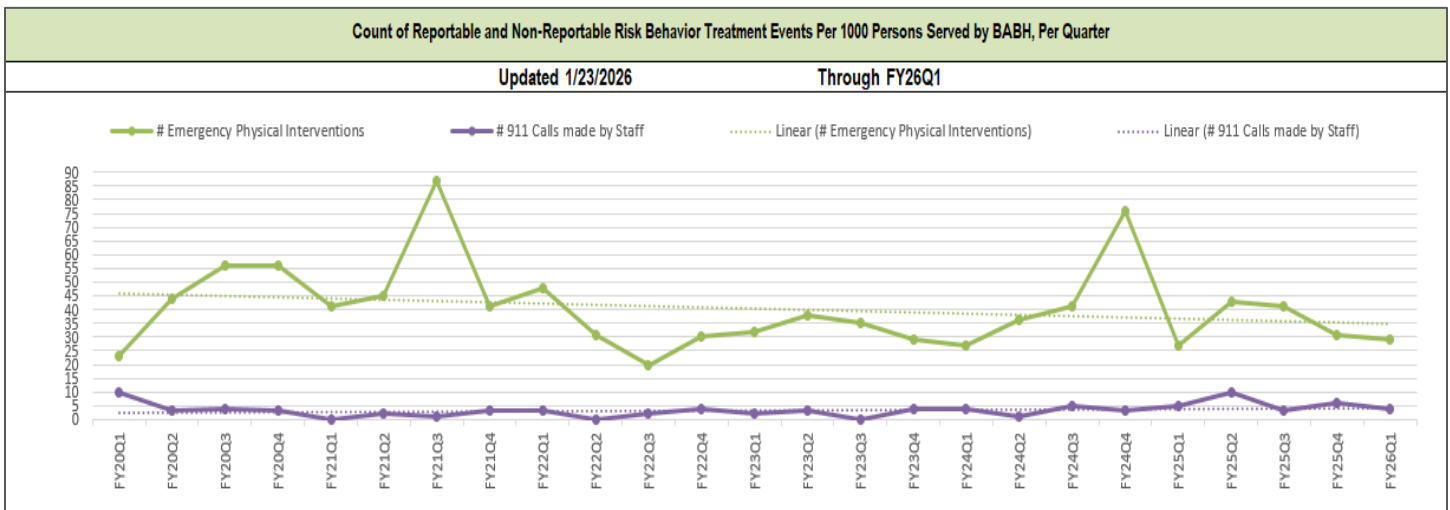
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Results of action items: Not Applicable

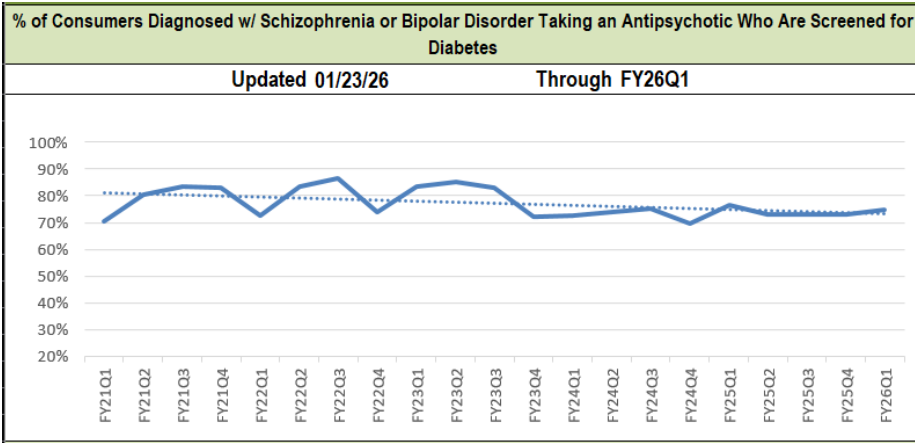


Reportable Behavior Treatment Events:

- **Emergency Physical Interventions:**
 - There were 29 emergency physical interventions during FY26Q1, involving 8 consumers. One individual accounted for 7 of these interventions.
 - This represents a decrease from the previous four quarters and continues a downward trend overall.
 - The treatment team holds regularly scheduled meetings to coordinate ongoing support strategies for the individual with the highest number of interventions.
- **911 Calls for Behavioral Assistance:**
 - There were 4 calls made during FY26Q1, which marks a decrease from the previous quarter.

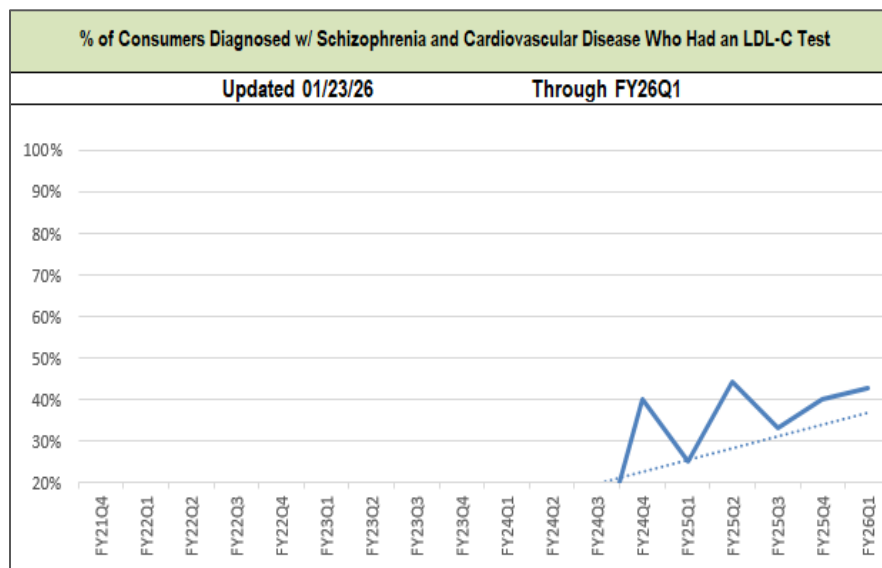
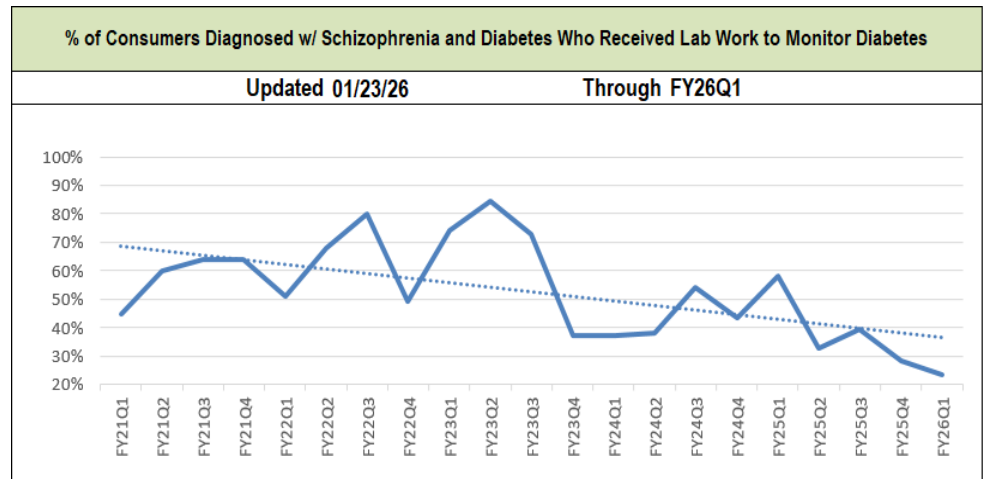
The Number of Days to Complete the Recipient Rights Investigation is Lower Than the Michigan Mental Health Code Standard of 90 Days: The Office of Recipient Rights has 90 days to complete an investigation. For FY26Q1, BABH averaged 50.3 days: well below the standard.

Abuse and Neglect Complaints Substantiated Have Remedial Action: All substantiated complaints were addressed with adequate remedial action to correct and prevent recurrence.

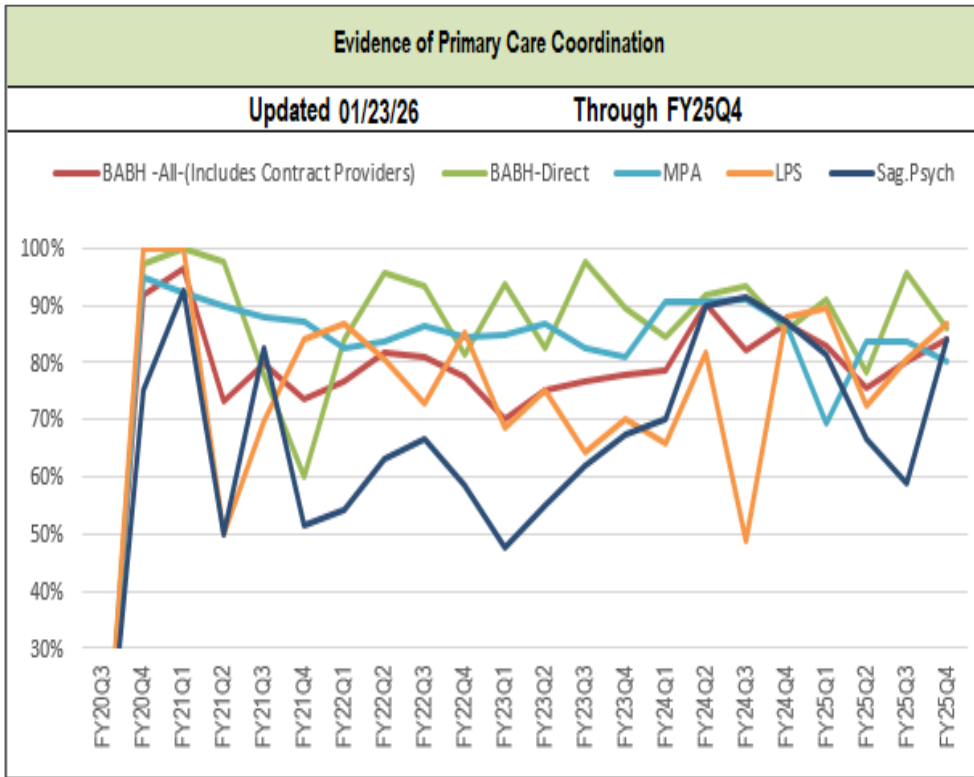


Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes: Compliance remained consistent for FY26Q1 for consumers receiving the appropriate labs for this measure. BABH will continue to action these alerts monthly to improve compliance.

Consumers Diagnosed with Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes: BABH had a 4% decrease in consumers receiving the appropriate labs for this measure during FY26Q1 (28%). BABH will continue to action these alerts monthly to improve compliance.



Consumers Diagnosed with Schizophrenia and Cardiovascular Disease Who Received an LDL-C Lab: In FY26Q1, there was a 3% increase, and the measure continues to trend upward. BABH will continue to action these alerts monthly to improve compliance.



Evidence of Primary Care Coordination: All providers scored below the 95% standard; while Saginaw Psychological and List showed improvement, Bay Direct and MPA experienced declines.

Providers continue to face challenges in completing both the Universal Consent and the Coordination of Care form. Corrective action plans have been implemented to support improvement efforts. BABH staff continue to offer guidance on accurately documenting coordination with primary care providers. BABH did not meet the goal to consistently score 95% compliance in coordination with primary care providers.

Quality of Care Record Reviews - Services Are Written in The Plan of Service Are Delivered at The Consistency Identified:

85% of the records reviewed during FY26Q1 received the level of services that were written in the plan which fell below the 90% standard set by BABH. Staff received education and training on the standard of providing services as written in the plan of service.

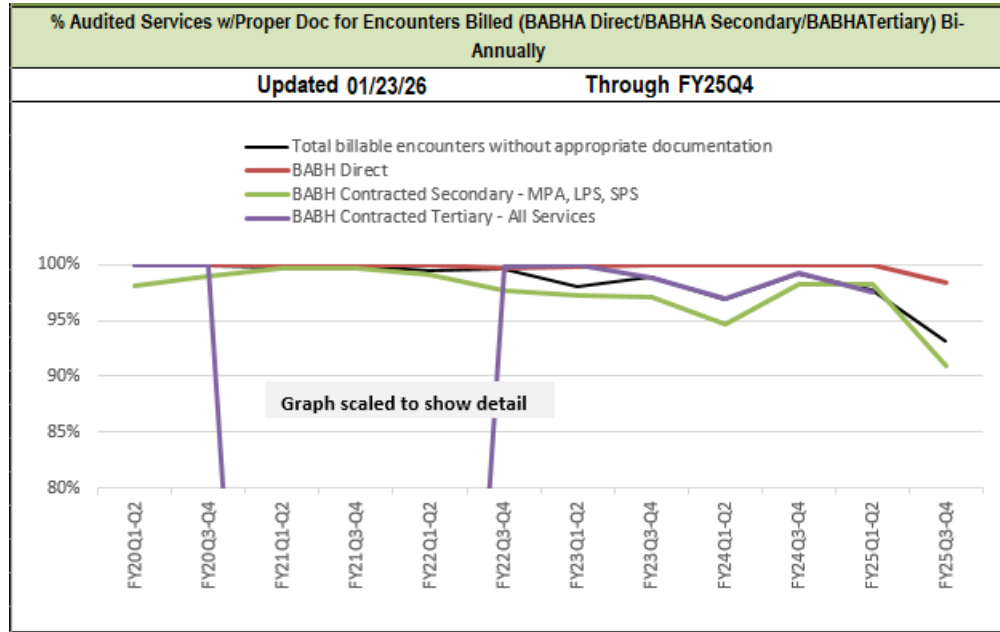
Quality of Care Record Reviews - All Services Authorized in The Plan of Service Are Identified Within the Frequency, Intervention, and Methodology Section of the Plan of Service:

95% of the records reviewed during FY26Q1 had the services identified appropriately to match the services authorized which meets the 90% standard set by BABH.

Develop Quarterly Reports to Increase the Quality Report and Outcomes Related to The Level of Care Utilization System (LOCUS):

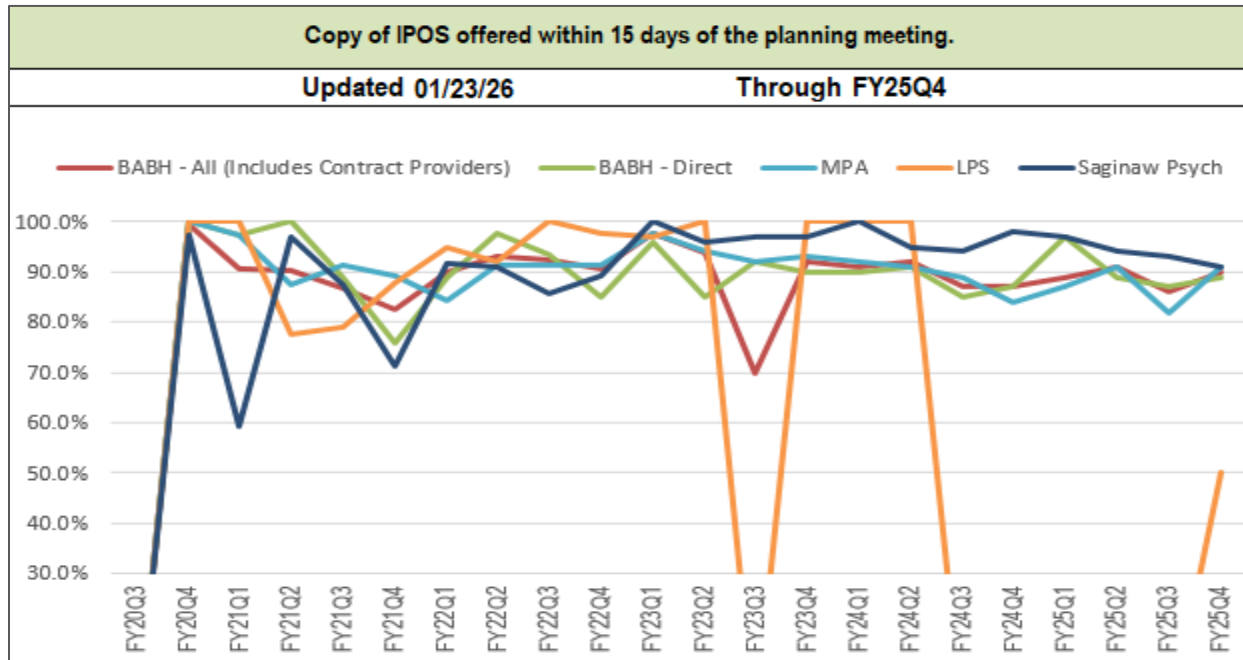
No update.

ACCESS TO CARE AND UTILIZATION MANAGEMENT



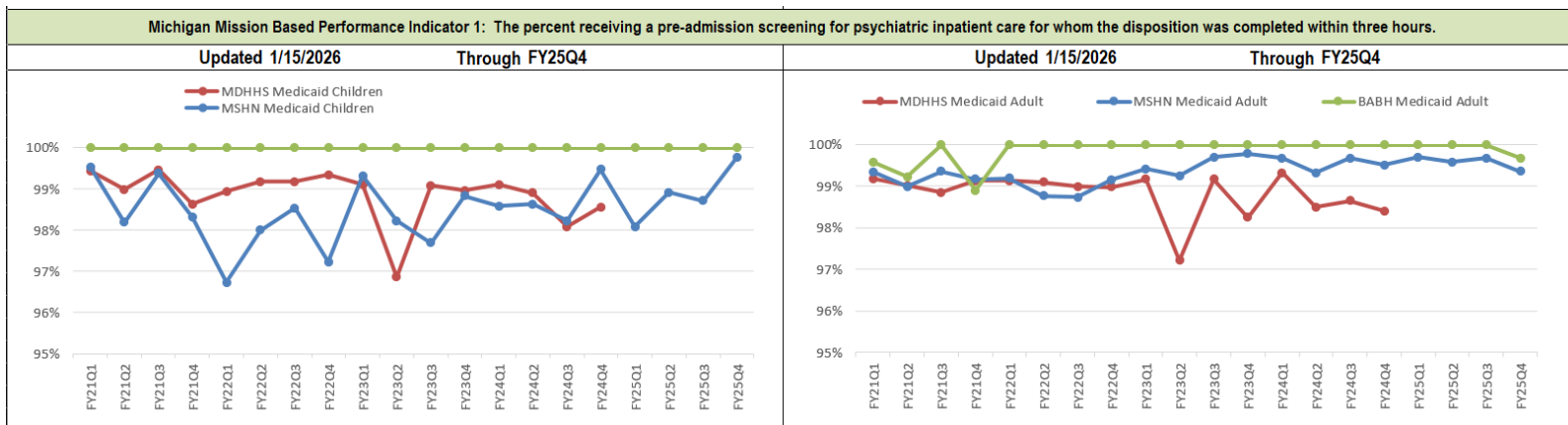
Audited Services with Proper Documentation for Encounters Billed: Overall compliance for all primary, secondary, and tertiary services reviewed during FY25Q3 and FY25Q4 fell below the 95% standard. The reviews included specialized residential services (for providers located within and outside of Bay and Arenac counties), Applied Behavioral Analysis services (all provider levels), direct services, vocational, and community living support providers. A total of 12,867 claims were reviewed, with 193 errors identified, resulting in a compliance rate of 98.5%. There was one provider that accounted for 67% of the findings and this has been addressed at a leadership level.

Increase Medicaid Event Verification (MEV) Reviews: BABH continues to increase the services audited by completing reviews of all specialized residential, community living support, vocational, primary, autism providers, self-determination, dietary, occupational therapy, speech and language therapy, physical therapy, psychosocial rehabilitation, and specialized residential providers where BABH is the county of financial responsibility.

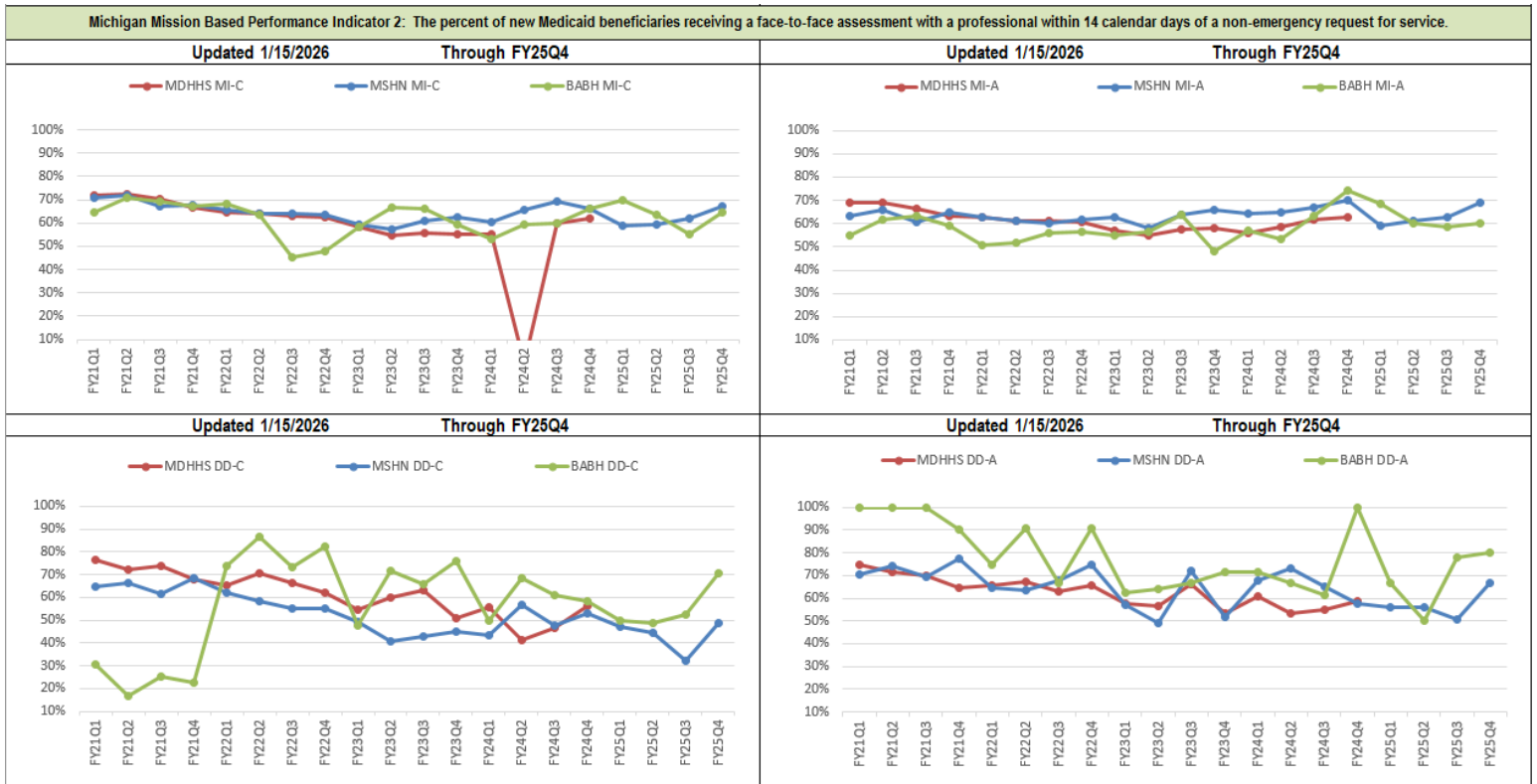


Copy of Plan of Service Offered Within 15 Days of Planning Meeting: Overall, compliance with offering the plan of service within 15 days increased in FY25Q4 compared to FY25Q3. It has been identified that staff are not consistently utilizing the electronic health record (EHR) system fully, resulting in missing data and incomplete fields. Quality staff are actively working with providers to remind teams to complete all required data elements related to the plan of service. Corrective action plans have been implemented to address these issues.

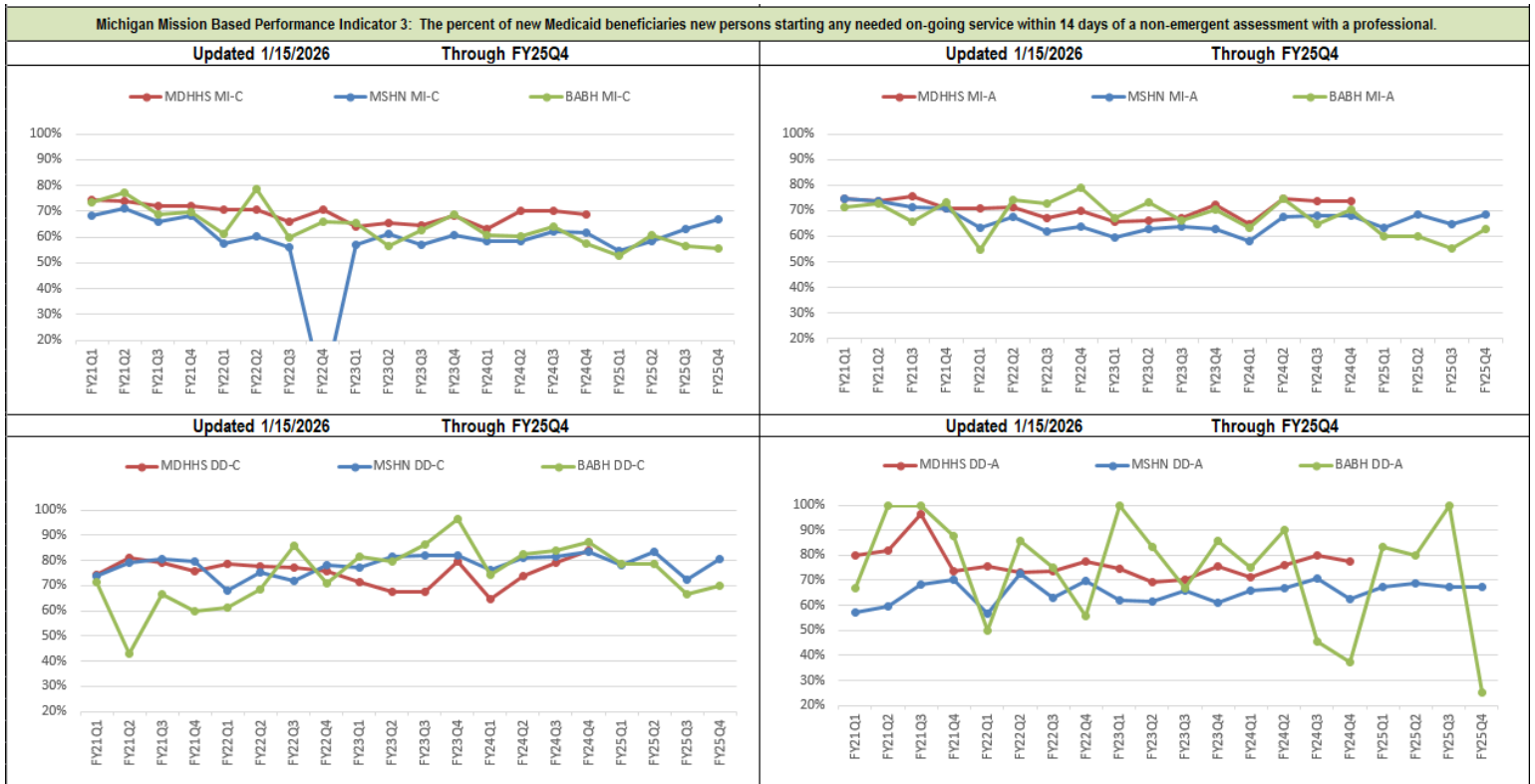
Michigan Mission Based Performance Indicator System (MMBPIS): Indicator 1 (The percent receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours.): BABH demonstrated 100% compliance for Indicator 1 for the adult populations during FY25Q4. The adult population was 99.67% and the result of one consumer being out of compliance. This was a higher rate of compliance than Mid-State Health Network (MSHN).



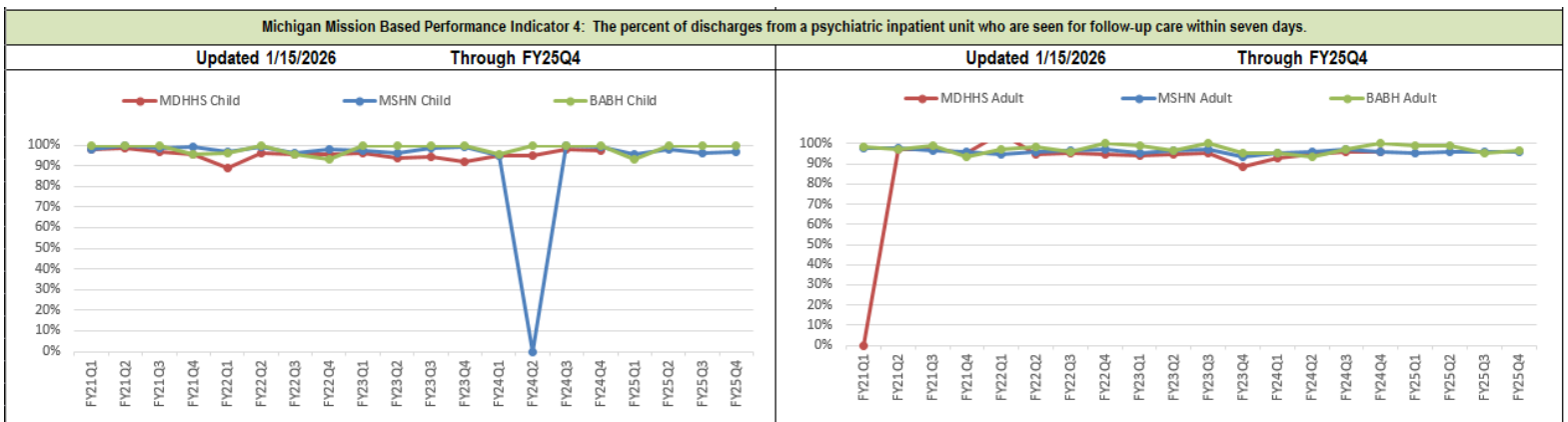
MMBPIS: Indicator 2 (The percent of Medicaid beneficiaries receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergent request for services.): In FY25Q4, BABH reported higher compliance rates for the IDD-Child and IDD-Adults populations compared to MSHN. Compliance for the MI-Adult and MI-Child populations were below MSHN.



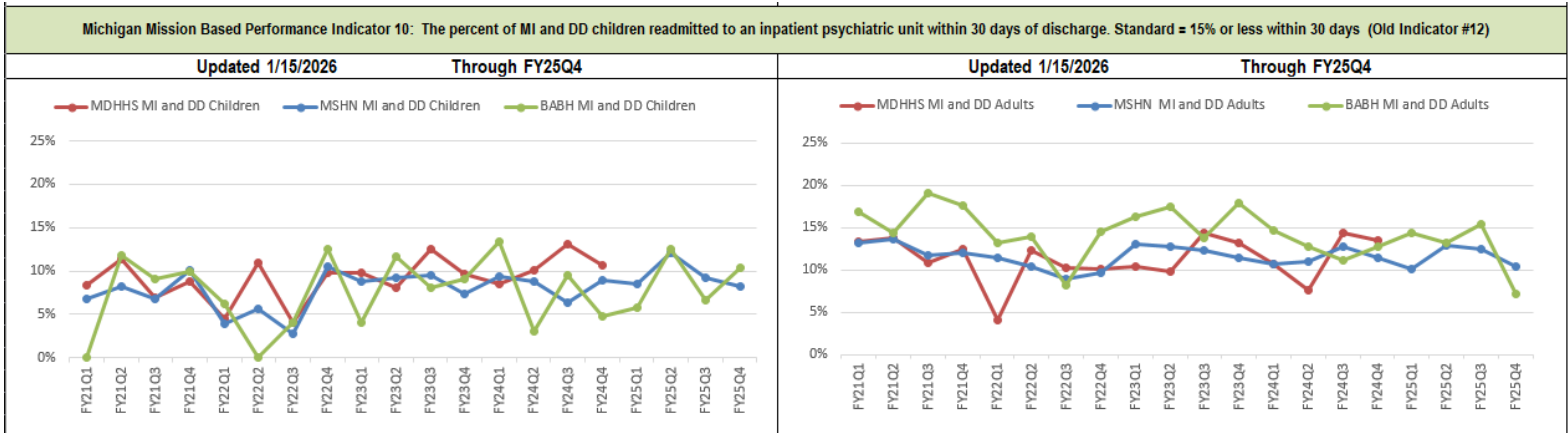
MMBPIS: Indicator 3 (The percent of Medicaid beneficiaries starting any needed ongoing service within 14 days of a non-emergency assessment with a professional.): In FY25Q4, BABH reported lower compliance rates than MSHN for all four populations. The primary contributing factor to lower compliance rates was a high volume of no-show appointments as well as a request for specific appointment dates/times outside of the 14 days.



MMBPIS: Indicator 4 (The percent of discharges from a psychiatric inpatient unit who are seen for follow-up within seven days.): Both the Adult and Child populations met the 95% compliance standard for FY25Q4. This is above or consistent with MSHN.



MMBPIS: Indicator 10 (The percent of beneficiaries readmitted to an inpatient psychiatric unit within 30 days of discharge.): BABH met the compliance rate for the child and adult populations for FY25Q4.



Reduction of Community Inpatient Days for FY25: BABH reported a total of 9,009 community inpatient hospitalization days during FY25 compared to 8,584 in FY24, reflecting an increase of 425 days. This outcome did not meet the goal of reducing inpatient days. Further analysis indicated that consumers have been remaining hospitalized longer than the typical 5–7 day average, primarily due to delays in state hospital admissions resulting from a lack of available beds. The Emergency Access Services department is reviewing individual cases to identify additional contributing trends and factors.

STAKEHOLDER PERCEPTIONS

Adults and Children Indicating Satisfaction on Survey: During the FY25 satisfaction survey period, 94% of adults (an increase of 4% compared to FY24) and 90% (an increase of 1% compared to FY24) of children expressed a general satisfaction with services.

Provider Survey: All statements on the provider survey exceeded the 85% standard; however, seven of the nine statements showed a decrease in favorable responses in 2025 compared to 2024. BABH leadership has identified corrective actions to address these declines.

Behavior Treatment Survey: This survey report is completed annually at the end of each calendar year. The results from 2025 showed a 100% satisfaction rate for the 18 surveys returned. The 18 surveys was an increase from the seven surveys received during 2024.

FY25 Evidenced Based Practice Survey

EBP	Pop.	BABHA	Arenac Center	Bay Child	Adult IDD	Adult MI/ACT	EAS	External Primary Care
Alternative for Families CBT	Families in Danger of Physical Violence							
Applied Behavioral Analysis	I/DD-Autism	X		X	X			
Assertive Community Treatment	MIA	X				X		
Auricular Acupuncture (NADA Protocol)	Dual SUD/MIA							
Brief Behavior Activation Therapy	Adults w Depression							
Brief Strategic Family Therapy	Families							
Clubhouse	MIA	X	x			X		
Child Parent Psychotherapy	Young Children	X						X
Cognitive Behavioral Therapy	All	X	x	X				X
DASH (Dietary Approaches to Stop Hypertension) Diet	MIA							
Dialectical Behavioral Therapy	MIA	X		X				X
Eye Movement Desensitization	PTSD	X	x					X
Family Psychoeducation	Families	X				X		X
Infant Mental Health	Parents	X	x	X				
Integrated Dual-Diagnosed Treatment	Dual SUD/MIA	X				X		
Mobile Urgent Treatment Team	Families	X					x	
Motivational Interviewing	All	X	x		X	X		X
Multi-Systemic Therapy	Juvenile offenders							
Nurturing Parenting Program	Parents							
Parent-Child Interaction Therapy	Parents							
Parent Mgt Training – Oregon Model	Parents	X		X				
Parent Support Partners	Parent							
Parenting Through Change	Parents	X	x	X				
Parenting Through Change-R	Parents							
Parenting Wisely	Parents							
Parenting with Love and Limits	Parents							
Peer Mentors	I/DD							
Peer Support Specialists	MIA	X				X	x	
Picture Exchange Communication System	I/DD-Autism							
Positive Living Supports	I/DD	X			X			
Prolonged Exposure Therapy	Adults w PTSD	X						X
Resource Parent Trauma Training	Parents	X		X				
Schema-Focused Therapy	Couples							
Seeking Safety Trauma Group	SUD & PTSD							
Self-Management and Recovery Training	MIA, SUD							
SOGI Safe	All							
Supported Employment	Adults	X	x		X	X		
Transition Independence Process Model (TIP)								
Trauma Focused CBT	Children	X	x	X				X
Trauma Recovery Empowerment Model	Adults							
Whole Health Action Management	Adults							
Wellness Recovery Action Planning	Adults							
Wraparound	SED Families	X		X				
Youth Peer Support								
Added:								
Individual Placement Supports		X						

BABHA Progran FTE Report

submitted to MSHN FY25 Network Adequacy Assessment

Red= New in 2025	ADULT SERVICES			PEDIATRIC SERVICES									
	Targeted Case Management	Pre-Admission Screening	Outpatient	Home Based Services - Therapist	Home Based Services - Staff	Wrap around Supervisors	Wrap around Facilitators	Intensive Crisis Stabilization Services	Intensive Crisis Stabilization Services	Pre-Admission Screening	Targeted Case Management	Outpatient	
	Monthly Ave. FTE's Case Mgr.	Monthly Ave. # of Qualified Provider FTE's	Monthly Ave. # of Qualified Provider FTE's	Monthly Ave. FTE's	Monthly Ave. FTE's	Monthly Ave. FTE's	Monthly Ave. FTE's	# of Response Teams	Monthly Ave. # of Qualified Provider FTE's	Monthly Ave. # of Qualified Provider FTE's	Monthly Ave. FTE's Case Mgr.	Monthly Ave. # of Qualified Provider FTE's	
List Psychological			8			0	0					3	
MPA Group	3		5			0	0				2.25	3.5	
SPSI	7		15.5	0	0	0	0	0	0	0	0	7	
Arenac Center	4	1	5	1	0.5	0.3	0.3				1	3	
Bay- Adult MI CSM	13		2			0	0						
Bay- Adult IDD CSM	13					0	0						
Madison Children's services				9	2	0.7	1.7	0	0	0	6	0	
BABH EAS		14				0	0	2	3.5	3			
Bay OPT			2										
Totals	40	15	37.5	10	2.5	1	2	2	3.5	3	9.25	16.5	

ABA Services for Children with Autsim	Autism Services - 1	Autism Services - 2
	Monthly Ave. FTE's (BT, LBA, BABA)	Monthly Ave. FTE's (LBA, BABA)
Game Changer Pediatric Therapies	27.25	6.25
Centria Healthcare Autism Services	25.5	5.5
Encompass Therapy Center	24	4
Flourish Therapy	14	3.5
Mercy Plus Healthcare	10	2
Paramount Children's Therapy	14	3
Autism Plus	5.5	1.5
Spectrum Autism Center	19.5	2.25
Autism Systems	4	3.5
Noble Pathways		
Positive Behavior Supports	0.5	2.5
Totals	144.25	34

Community Living Supports (CLS)	Community Living Supports
	Monthly Ave. FTE's DCW
Horizon Home	28
North Bay	14
APS Employment Services	6.5
Arenac Opportunities, Inc.	7.5
Arnold Center, Inc.	3
Bay Human Services, Inc.	16
CareBuilders at Home CLS	13
Do-All, Inc.	
Flatrock Manor, Inc.	8.5
Michigan Community Services, Inc.	21.5
New Dimensions, Inc.	2
Personal Assistance Options	9
Samaritas	
Disability Network of Mid-Michigan	20.5
Totals	149.5

**BABH FY26 Mental Health Community Needs Priorities
as submitted to MSHN for the Network Adequacy Assessment**

Using a scale of 1-5 (1= top priority), identify the top 5 community needs priorities for BABH.	BABHA FY26 Priorities
Staff Recruitment/Retention	1
Access to Inpatient and/or Residential Placements	2
Affordable and Appropriate Housing; Homelessness	3
Alternatives to Inpatient Psychiatric Services	4
Suicide Prevention	5
Services for Individuals with SUD/ Co-Occurring Disorders	6
Effect of Trauma	7
Community education, prevention, outreach	8
Services for Children	9
Integrated healthcare and health outcomes	
Ease of access to MH care	
Social Determinants of Health	
Services to mild/mod MH needs; uninsured	
Youth Suicide	
Transportation to MH services	