

# AGENDA

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

Thursday, May 14, 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	_____	_____	_____	Staci Tuggle	_____	_____	_____	Others Present: BABH: Joelin Hahn, Karen Amon, Nicole Sweet, Melissa Prusi, Chris Pinter, and Sara McRae Legend: M-Motion; S-Support; MA- Motion Adopted; AB-Abstained
Pam Schumacher, V Ch	_____	_____	_____	Pat McFarland, Ex Off	_____	_____	_____	
Shelley King	_____	_____	_____	Robert Pawlak, Ex Off	_____	_____	_____	
Sally Mrozinski	_____	_____	_____					

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Nomination & Elections 3.1) Committee Chair  3.2) Committee Vice Chair		3.1) Consideration of nomination to elect _____ as Committee Chair  3.2) Consideration of nomination to elect _____ as Committee Vice Chair
4.	Unfinished Business 4.1) None		
5.	New Business 5.1) Clinical Program Review: Behavioral Treatment Review Committee, K. Amon  5.2) Request for Clinical Privileges: a) Andrew M. Lister, D.O. – three-year renewal term expiring May 31, 2029  5.3) Policies Beginning 30-day Review: a) Personal Property and Funds Policy, 03-03-10 b) Freedom of Movement Policy, 03-03-11		5.1) No action necessary  5.2) Consideration of a motion to refer the requests for clinical privileges for Andrew M. Lister, D.O., to the full board for approval  5.3) Consideration of a motion to refer the policies to begin 30-day review to the full board for approval

# AGENDA

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

Thursday, May 14, 2026 at 5:00 pm

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

Page 2 of 2

	5.4) Primary Network Operations and Quality Management Committee Notes from the February 12, 2026 meeting  5.5) Advocacy Update  5.6) Recovery Housing Proposal		5.4) No action necessary  5.5) No action necessary  5.6) No action necessary
5.	Adjournment	M -	S - pm MA



**BEHAVIORAL HEALTH**

**STANDING COMMITTEE  
STATEMENT OF PURPOSE AND MEMBERSHIP**

**Behavior Treatment Review Committee  
2026**

**PURPOSE:**

The purpose of the Behavior Treatment Review Committee (BTRC) is to ensure that behavior interventions incorporating restrictive or intrusive procedures, including medications for behavior control, are appropriate for the person’s target behavior(s) that is (are) the focus of treatment and that less restrictive or intrusive interventions have been considered and tried and deemed ineffective prior to the use of approved restrictive or intrusive interventions.

To ensure that the person’s rights are protected, and they receive active and effective treatment with values that promote the safety and development of the individual and encompass community values and standards. The BTRC follows the MDHHS Best Practice Guideline, MDHHS Technical Requirement and CARF standards.

**MEMBERSHIP:**

The BTRC includes required Bay Arenac Behavioral Health (BABH) employees and may include other staff from community organizations, and non-employed representatives of the community with permission of the persons being reviewed.

The BTRC membership is approved by the Chief Executive Officer and is comprised of at least three individuals. Membership is required to include a psychiatrist and a psychologist who are voting members and a Recipient Rights representative who is a non-voting member. Terms are for two years among the members except where staff training and credentials require ongoing representation. The current members and status of their terms are:

<b>NAME</b>	<b>TERM ENDS</b>	<b>REQUIRED – Group</b>
Dr. Roderick Smith, MD Psychiatrist	9/30/2028	Yes – Physician
Karen Amon, (Chair) Director Integrated Care	9/30/2028	No - Committee Chair
Sarah VanParis Nursing Team Leader	9/30/2028	No – Health Care representative
Flavia Vasconcelos Psychologist	9/30/2028	Yes – Psychologist/BCBA
Recipient Rights Jackie Kish	N/A	Yes – Non-voting member
Heather Nix Psychologist	9/30/2028	Yes - Psychologist
Casey Binkley Psychologist	9/30/2028	Yes-Psychologist

Amanda Johnson ABA Coordinator	9/30/2028	Yes-ABA Specialist
-----------------------------------	-----------	--------------------

**MEETING FREQUENCY:**

The BTRC meets twice per month. More frequent meetings may be called as necessary at the direction of the Chair to complete assigned functions and duties.

**FUNCTIONS AND DUTIES:**

1. Refer to the BABH Quality Assessment and Performance Improvement Program for a description of standard duties of all standing committees regarding policy, procedure and plan review, compliance with regulatory and accrediting body requirements, performance measurement and reporting.
2. The BTRC reviews all behavior treatment plans that include a restrictive or intrusive procedure (including medications for behavior control) prior to implementation, quarterly, and at other times as needed for quality assurance.
3. The BTRC reviews the use of medications prescribed for behavior control , quarterly, and annually to ensure appropriateness of the medications. The BTRC reviews these cases where medications are used for behavior control to make sure other treatment interventions are also used, that appropriate informed consent has been obtained and to ensure that medications prescribed for behavior control are monitored as required. The BTRC monitors treatment patterns using medications for behavior control for prevalence of use and the use of poly pharmacy for person’s served who have a developmental disability/intellectual disability as well as the use of medication for behavior control in person’s who have a serious mental illness.
4. Upon request, the BTRC provides guidance to clinical staff, guardians and/or providers regarding potential interventions for the behavior treatment needs of a consumer.
5. The BTRC reviews all requests for guardianship evaluations to ensure that all alternatives have been tried and guardianship is the last resort.
6. The BTRC reviews the potential effect of treatment interventions on the individual's rights, and provides guidance when needed to ensure the protection of the individual’s rights while considering the person's treatment needs, benefits and safety.
7. The BTRC monitors the level of behavior treatment interventions and encourages use of less restrictive or intrusive interventions when possible.
8. Per MDHHS policy, the BTRC reviews 9-1-1 calls related to behavioral issues on a monthly basis to determine if any interventions are needed such as staff training, consultation, and/or other resources or interventions to reduce inappropriate use of police intervention.

9. The BTRC reviews incident reports where physical management was used and where there was an adverse event and the person has a behavior treatment plan. On a quarterly basis, the committee reviews aggregate Performance Improvement data related to behavior treatment.

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

<b>Chapter: 3</b>	<b>Member Rights &amp; Responsibilities</b>		
<b>Section: 3</b>	<b>Rights of Consumers</b>		
<b>Topic: 10</b>	<b>Personal Property and Funds</b>		
<b>Page: 1 of 2</b>	<b>Supersedes Date:</b> Pol: 8-18-16, 9-19-02, 8-15-02, 9-25-01 Proc: 6-3-16, 6-15-09, 7-26-05, 8-15-02, 9-20-01, 7-15-99	<b>Approval Date:</b> Pol: 2-21-19 Proc: 1-26-26	_____ <i>Board Chairperson Signature</i>  _____ <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 5/13/2026. 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) that a recipient utilizing residential services is entitled to receive, possess, and use all personal property, ~~including clothing, except for those items prohibited including weapons, drugs, drug paraphernalia, alcoholic beverages, and any items which violate federal, state, or local laws.~~ Recipients shall be afforded maximum control over and choice in the utilization of their personal funds. Any exclusions of personal property shall be written and posted in each residential unit. Searches for excluded items should be conducted in accordance with BABHA’s Policy and Procedure, C03-S03-T0 – 7 *Personal Search*. Those searches conducted on an emergency basis shall be documented using a Procedures Incident Report. A search procedure shall be justified as part of the team meeting process and documented in the recipient’s search and seizure record.

Furthermore, staff shall not through fraud, deceit, misrepresentation, coercion, or unjust enrichment obtain or use a recipient’s property or funds for the benefit of anyone other than the recipient. Theft of a recipient’s property or funds shall be reported to law enforcement. Provider Agencies shall reimburse a recipient for any discrepancies in recipient funds due to theft or error.

**Purpose**

This policy and procedure is established to ensure the rights of BABHA recipients in residential services to receive, possess, and use personal property and funds.

**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
- BABHA’s (Affiliates):     Policy Only     Policy and Procedure
- Other:

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

<b>Chapter: 3</b>	<b>Member Rights &amp; Responsibilities</b>		
<b>Section: 3</b>	<b>Rights of Consumers</b>		
<b>Topic: 10</b>	<b>Personal Property and Funds</b>		
<b>Page: 2 of 2</b>	<b>Supersedes Date:</b> Pol: 8-18-16, 9-19-02, 8-15-02, 9-25-01 Proc: 6-3-16, 6-15-09, 7-26-05, 8-15-02, 9-20-01, 7-15-99	<b>Approval Date:</b> Pol: 2-21-19 Proc: 1-26-26	_____ <i>Board Chairperson Signature</i>  _____ <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 5/13/2026. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

**DO NOT WRITE IN SHADED AREA ABOVE**

<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>
Sara Heydens	Linda Maze	6/15/09	Revision	Title change from Community Living Director to CCPO
		12/31/12	No changes	Triennial Review
Melissa Prusi	Melissa Prusi	6/3/16	Revision	Triennial Review-updated titles, added detail to include accounting for protection/replacement of loss of funds and maximizing recipient control of funds
M. Prusi	C. Pinter	12/10/18	Revision	Updated Policy statement
Melissa Prusi	Christopher Pinter	07/01/2019	Revision	Triennial and annual review – minor changes to include CLS staff who safeguard the recipient’s property/funds.
Melissa Prusi	Christopher Pinter	12/20/2020	No changes	Annual Review
Melissa Prusi	Christopher Pinter	06/23/2021	No changes	Triennial Review
Melissa Prusi	Christopher Pinter	12/19/2024	No changes	Triennial Review
Jackie Kish	Christopher Pinter	1/21/26	Revision	Update to MDHHS 2025 practice

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

<b>Chapter: 3</b>	<b>Member Rights and Responsibilities</b>		
<b>Section: 3</b>	<b>Rights of Consumers</b>		
<b>Topic: 11</b>	<b>Freedom of Movement</b>		
<b>Page: 1 of 2</b>	<b>Supersedes Date:</b> Pol: 7-15-99 Proc: 7-28-98	<b>Approval Date:</b> Pol: 3-30-11 Proc: 6-15-09	<hr/> <i>Board Chairperson Signature</i>  <hr/> <i>Chief Executive Officer Signature</i>
<small>Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 5/7/2026. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.</small>			

**DO NOT WRITE IN SHADED AREA ABOVE**

**Policy**

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that the freedom of movement of a recipient shall not be restricted more than is necessary to provide mental health services to the recipient, to prevent injury to the recipient, staff or others, or to prevent substantial property damage, ~~except that security precautions may be taken appropriate to the condition and circumstances of a recipient admitted by order of a criminal court or transferred as a sentence serving convict from a penal institution.~~

**Purpose**

This policy and procedure are established to ensure that the freedom of movement of a recipient is not restricted more than is necessary.

**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
- BABHA's (Affiliates):  Policy Only     Policy and Procedure
- Other:

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

<b>Chapter: 3</b>	<b>Member Rights and Responsibilities</b>		
<b>Section: 3</b>	<b>Rights of Consumers</b>		
<b>Topic: 11</b>	<b>Freedom of Movement</b>		
<b>Page: 2 of 2</b>	<b>Supersedes Date:</b> Pol: 7-15-99 Proc: 7-28-98	<b>Approval Date:</b> Pol: 3-30-11 Proc: 6-15-09	<hr/> <i>Board Chairperson Signature</i>  <hr/> <i>Chief Executive Officer Signature</i>
<b>Note:</b> Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 5/7/2026. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

**DO NOT WRITE IN SHADED AREA ABOVE**

<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>
Sara Heydens	Linda Maze	06/15/09	Changes	Administrative Rule changes/grammatical.
Sara Heydens	Linda Maze	03/30/11	Changes	Policy statement changed to address appropriate security precautions.
		12/31/12	No changes	Triennial Review
M. Prusi	C. Pinter	6/27/16	Changes	Triennial Review-changed "resident" to "recipient". No change to Policy or Procedure.
M. Prusi	C. Pinter	12/13/18	Changes	Title change only. No change to Policy or Procedure.
Melissa Prusi	Christopher Pinter	06/10/2019	Revisions	Triennial and annual review. Minor revisions.
Melissa Prusi	Christopher Pinter	09/10/2020	No changes	Annual review
Melissa Prusi	Christopher Pinter	06/23/2021	No changes	Triennial review
Melissa Prusi	Christopher Pinter	12/19/2024	No changes	Triennial review
Jackie Kish	Christopher Pinter	1/21/26	No changes	MDHHS 2025 standards review
Jackie Kish	Christopher Pinter	4/20/26	Revision	Policy statement updates-MDHHS 2025 standards review



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

Thursday, February 12, 2026

1:30 p.m. - 3:00 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		Amanda Johnson, BABH Supervisor - ABA/Wraparound	
Amy Folsom, BABH Program Manager - Psych/OPT Services	-	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		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	X	Pam VanWormer, BABH Program Manager - Arenac	X	Sarah Van Paris, BABH Manager - Nursing	
Jackie Kish, BABH Recipient Rights & Customer Services Manager		Sarah Holsinger (Chair), BABH Quality Manager	X	Stephanie Gunsell, BABH Manager - Contracts	
Jaclynn Nolan, SPSI Supervisor - OPT		Sarah Mulvaney, SPSI CSM Supervisor	X	Taylor Keyes, BABH Team Leader - Adult MI	
Joelin Hahn (Chair), BABH Director Integrated Care - Child & Family	-	Stacy Krasinski, BABH Program Manager - EAS	X	<b>GUESTS</b>	
Joelle Sporman (Recorder), BABH BI Secretary III	X	Stephani Rooker, BABH Program Manager - CLS/Horizon	X	Kaitlyn, List Psychological Intern	X
Karen Amon, BABH Director Integrated Care - Long-term/IDD	X	Tracy Hagar, MPA Supervisor - Child OPT			

Topic	Key Discussion Points	Action Steps/Responsibility
1. <ul style="list-style-type: none"> <li>a. <b>Review of, and Additions to Agenda</b></li> <li>b. Presentations: None</li> <li>c. <b>Approval of Meeting Notes: January 8, 2026</b></li> <li>d. <b>Program/Provider Updates and Concerns</b></li> </ul>	<ul style="list-style-type: none"> <li>a. There was an addition to the agenda; 4.m. Network Adequacy Assessment.</li> <li>b. There are no presentations this month.</li> <li>c. The January 8<sup>th</sup> meeting notes were approved as written.</li> <li>d. <b>Program/Provider Updates and Concerns:</b>  <u>Bay-Arenac Behavioral Health:</u> <ul style="list-style-type: none"> <li>- <u>ABA/Wraparound</u> – No updates to report this month.</li> <li>- <u>ACT/Adult MI/Senior Outreach</u> – In the process of hiring a third Intensive Case Manager.</li> <li>- <u>Children's Services</u> – Two Family Support workers and one Wraparound worker started last month. Susan Vian retired last week.</li> <li>- <u>CLS/North Bay &amp; Horizon</u> – No updates to report this month.</li> <li>- <u>Corporate Compliance</u> – No updates to report this month.</li> </ul> </li> </ul>	

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

Thursday, February 12, 2026

1:30 p.m. - 3:00 p.m.

Lincoln Center - East Conference Room/Zoom

Topic	Key Discussion Points	Action Steps/ Responsibility
	<ul style="list-style-type: none"> <li>- <u>Emergency Access Services (EAS)/Mobile Response Team (MRT)</u> – MRT is losing a full time first shift staff so MRT response on first shift will be limited until that position is replaced.</li> <li>- <u>ID/DD</u> – No updates to report this month.</li> <li>- <u>IMH/HB</u> – The Infant Mental Health Specialist from the Arenac Center will be back from medical leave next week.</li> <li>- <u>IT</u> – No updates to report this month.</li> <li>- <u>Integrated Care:</u> <ul style="list-style-type: none"> <li>• <u>Acute</u> – No updates to report this month.</li> <li>• <u>Arenac</u> – A position is available for an Intake staff for the Arenac Center. CSM position is on hold.</li> <li>• <u>Child &amp; Family</u> – No updates to report this month.</li> <li>• <u>IDD/Long-term</u> – No updates to report this month.</li> </ul> </li> <li>- <u>Medical Records</u> – No updates to report this month.</li> <li>- <u>Physician/OPT Services</u> – No updates to report this month.</li> <li>- <u>Quality</u> – The Quality Department is in the middle of gathering information for the MSHN MEV 02/25/26 - 02/26/26. Joelle will be on medical leave for three months starting February 26<sup>th</sup>.</li> <li>- <u>Recipient Rights/Customer Services</u> – No updates to report this month.</li> <li>- <u>Self Determination</u> – No updates to report this month.</li> </ul> <p><u>List Psychological:</u> A List Psychological therapist is fully licensed, just waiting on Medicare approval. Kaitlyn and a male intern will start taking on clients. Melanie, the List Office Manager, will be leaving List and will be training Megan before she leaves.</p>	

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

Thursday, February 12, 2026

1:30 p.m. - 3:00 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"> <li>- <u>CSM</u> – MPA child and family is on hold for referrals.</li> <li>- <u>OPT-A</u> – MPA hired two new staff for OPT-Adult and referrals are open.</li> <li>- <u>OPT-C</u> – No updates to report this month.</li> </ul> <p><u>Saginaw Psychological:</u></p> <ul style="list-style-type: none"> <li>- <u>CSM</u> – Samantha left SPSI last week. SPSI are training two new staff this week. Referrals are closed.</li> <li>- <u>OPT</u> – A SPSI children’s therapist left last month. Referrals are limited.</li> </ul>	
<p>2. <b>Plans &amp; System Assessments/Evaluations</b></p> <ul style="list-style-type: none"> <li>a. QAPIP Annual Plan (Sept)</li> <li>b. Organizational Trauma Assessment Update</li> </ul>	<ul style="list-style-type: none"> <li>a. <u>QAPIP Annual Plan</u> – Nothing to report this month.</li> <li>b. <u>Organizational Trauma Assessment</u> – Nothing to report this month.</li> </ul>	
<p>3. <b>Reports</b></p> <ul style="list-style-type: none"> <li>a. <b>QAPIP Quarterly Report (Feb, May, Aug, Nov)</b></li> <li>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u> <ul style="list-style-type: none"> <li>i. Recipient Rights Report (Jan, Apr, Jul, Oct)</li> <li>ii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)</li> <li>iii. Consumer Satisfaction Report (MHSIP/YSS)</li> <li>iv. Provider Satisfaction Survey (Oct)</li> </ul> </li> <li>c. <u>Access to Care &amp; Service Utilization Reports</u> <ul style="list-style-type: none"> <li>i. MMBPIS Report (Jan, Apr, Jul, Oct)</li> <li>ii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a. <b>QAPIP Quarterly Report</b> – Sarah went over the QAPIP Quarterly Report. The report was saved to the meeting folder and sent to the committee for review.</li> <li>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u> <ul style="list-style-type: none"> <li>i. <u>Recipient Rights</u> – Nothing to report this month.</li> <li>ii. <u>RAS</u> – Nothing to report this month.</li> <li>iii. <u>MHSIP/YSS</u> – Nothing to report this month.</li> <li>iv. <u>Provider Satisfaction Survey</u> – Nothing to report this month.</li> </ul> </li> <li>c. <u>Access to Care &amp; Service Utilization Reports</u> <ul style="list-style-type: none"> <li>i. <u>MMBPIS Report</u> – Nothing to report this month.</li> <li>ii. <u>Leadership Dashboard</u> – Nothing to report this month.</li> <li>iii. <u>Customer Service Report</u> – Nothing to report this month.</li> <li>iv. <u>Employment Data</u> – Nothing to report this month.</li> </ul> </li> <li>d. <u>Regulatory and Contractual Compliance Reports</u></li> </ul>	

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

Thursday, February 12, 2026

1:30 p.m. - 3:00 p.m.

Lincoln Center - East Conference Room/Zoom

Topic	Key Discussion Points	Action Steps/ Responsibility
<ul style="list-style-type: none"> <li>iii. Customer Service Report (Jan, Apr, Jul, Oct)</li> <li>iv. Employment Data (Dec, Mar, Jun, Sep)</li> <li>d. <u>Regulatory and Contractual Compliance Reports</u> <ul style="list-style-type: none"> <li>i. <b>Internal Performance Improvement Report (Feb, May, Aug, Nov)</b></li> <li>ii. Internal MEV Report</li> <li>iii. MSHN MEV Audit Report (Apr, Sep)</li> <li>iv. MSHN DMC Audit Report (Sept when applicable)</li> <li>v. MDHHS Waiver Audit Report (Oct when applicable)</li> </ul> </li> <li>e. Ability to Pay Report</li> <li>f. <u>Program Capacity Status</u> <ul style="list-style-type: none"> <li>i. <b>Review of Referral Status Report</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>i. <b>PI Report</b> – Sarah went over the PI Report. The report was saved to the meeting folder and sent to the committee for review. Reminder that the gap between the plan and assessment is minimal. The assessment is completed annually. There were a significant number of plans of service that left the date blank in the Update Sent Link. The blanks are not included in the overall percentage of compliance, but supervisors should be addressing this with staff and monitoring. Indicate that the IPOS was sent under the Update Sent Link above the IPOS/IPOS Pre-Plan.</li> <li>ii. <u>Internal MEV Report</u> – Nothing to report this month.</li> <li>iii. <u>MSHN MEV Audit Report</u> – Nothing to report this month.</li> <li>iv. <u>MSHN DMC Audit Report</u> – Nothing to report this month.</li> <li>v. <u>MDHHS Waiver Audit Report</u> – Nothing to report this month.</li> <li>e. <u>Ability to Pay Report</u> – Nothing to report this month.</li> <li>f. <b>Referral Status Report</b> – The referral status report is saved in the meeting folder and was emailed to the PNOQMC.</li> </ul> <p><b>Quality of Record Review Issues</b> – When staff are doing the Quality of Record Reviews, the system is timing out and information is being lost. Sarah will follow-up with IT on this issue.</p>	<p><b>Quality of Record Reviews</b> – Sarah to follow-up with IT on time out issues when filling out the quality of record reviews.</p>
<p>4. <u>Discussions/Population Committees/Work Groups</u></p> <ul style="list-style-type: none"> <li>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> <li>i. Consumer Council Recommendations (as warranted)</li> </ul> </li> <li>b. Access to Care and Service Utilization</li> </ul>	<ul style="list-style-type: none"> <li>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> <ul style="list-style-type: none"> <li>i. Consumer Council Recommendations – Nothing to report this month.</li> </ul> </li> <li>b. <u>Access to Care and Service Utilization</u> – Nothing to report this month.</li> <li>c. <u>Regulatory Compliance &amp; Electronic Health Record</u> <ul style="list-style-type: none"> <li>i. Management of Diagnostics – Nothing to report this month.</li> </ul> </li> </ul>	

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

Thursday, February 12, 2026

1:30 p.m. - 3:00 p.m.

Lincoln Center - East Conference Room/Zoom

Topic	Key Discussion Points	Action Steps/ Responsibility
<ul style="list-style-type: none"> <li>c. <u>Regulatory Compliance &amp; Electronic Health Record</u> <ul style="list-style-type: none"> <li>i. Management of Diagnostics</li> </ul> </li> <li>d. BABH Policy/Procedure Updates</li> <li>e. <u>Medicaid/Medicare Updates</u> <ul style="list-style-type: none"> <li>i. Medicare Telehealth Regulations - Update</li> <li>ii. Verification of Insurance: Reminder to have staff check with every contact</li> <li>iii. Healthy MI vs. Full Medicaid Coverage</li> </ul> </li> <li>f. <b>General Fund</b> <ul style="list-style-type: none"> <li>i. <b>Spenddown: Priority to Assist with Application for Full Medicaid Redetermination</b></li> <li>ii. <b>FY26 GF Plan Review</b></li> <li>iii. <b>GF Exceptions - "Out of Network" status with Primary Insurance</b></li> </ul> </li> <li>g. <b>EHR Changes</b></li> <li>h. Supervisor Signature on Interim Plan</li> <li>i. <b>CLS Assessment</b></li> <li>j. <b>MDHHS Universal Consent Changes</b></li> <li>k. <u>RCA Follow-Ups:</u> <ul style="list-style-type: none"> <li>i. <b>Addressing SUD concerns regularly during contacts</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>d. <u>BABH - Policy/Procedure Updates</u> – Nothing to report this month.</li> <li>e. <u>Medicaid/Medicare Updates</u> <ul style="list-style-type: none"> <li>i. <u>Telehealth Regs</u> – Nothing to report this month.</li> <li>ii. <u>Verification of Insurance</u> – Nothing to report this month.</li> <li>iii. <u>Healthy MI vs. Full Medicaid Coverage</u> – Nothing to report this month.</li> </ul> </li> <li>f. <b>General Fund</b> <ul style="list-style-type: none"> <li>i. <b>Spenddown</b> – Take a look at your caseloads to see if you can get the spenddown consumers on full Medicaid.</li> <li>ii. <b>FY26 GF Plan Review</b> – Nothing to report this month.</li> <li>iii. <b>GF Exceptions</b> – Nothing to report this month.</li> </ul> </li> <li>g. <b>EHR Changes</b> – BABH is looking to have the LOCUS/CALOCUS embedded into the medical record. If staff have a name change that is different than what the consumer’s legal name shows, it can be searched by their preferred first name. Under the clinical assessment, altering tobacco use to include vaping and weed pens. Under Personal Care/Community Support, the NA definition is being added. Under the Behavior Treatment Assessment, adding in the referring case holder. There is a special report to pull Medicaid eligibility based on next day scheduled appointments.</li> <li>h. <u>Supervisor Signature on Interim Plan</u> – Nothing to report this month.</li> <li>i. <b>CLS Assessment</b> – Supervisors need to review the CLS assessments and make sure they are completed and as accurate as they can be. Add in the skills that the individual is working towards. If the individual has personal care needs, community living supports, make sure CLS needs matches the biopsychosocial assessment.</li> <li>j. <b>MDHHS Universal Consent Changes</b> – The consent to change form was sent to the PNOQMC and is saved in the meeting folder. Sections 1, 3 and 4 need to be filled out, but section 2 is only filled out by SUD providers.</li> </ul>	

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

Thursday, February 12, 2026

1:30 p.m. - 3:00 p.m.

Lincoln Center - East Conference Room/Zoom

Topic	Key Discussion Points	Action Steps/ Responsibility
<ul style="list-style-type: none"> <li>ii. Documenting coordination/follow-up with SUD services/providers</li> <li>iii. Documenting problem solving barriers to completing a petition or other concerns identified</li> </ul> <p><b>I. General Reminders</b></p> <ul style="list-style-type: none"> <li>• Scheduling Future Appointments</li> <li>• Addendums for Add on Services</li> <li>• Reason for Referral</li> <li>• Diagnostic History and Summary</li> <li>• Gaps in Plans</li> <li>• Services included in Interim Plans</li> <li>• Intake/Annual Checklist</li> </ul> <p><b>m. Network Adequacy Assessment</b></p>	<p>k. <b>RCA Follow-Ups</b> – Make sure staff are addressing and documenting coordination or follow-up with SUD providers as there are gaps between treatments. Recommend that staff talk to their supervisor on problem solving barriers for completing a petition or any other concerns that need to be addressed. If there are any questions you can contact EAS.</p> <p><b>I. General Reminders</b></p> <ul style="list-style-type: none"> <li>• When scheduling future appointments, please use the scheduler for all future appointments, especially when multiple disciplines are involved.</li> <li>• When creating addendums for add on services, goals/objectives for psych and OPT (etc.) should be separated so if one service gets closed via a future addendum, those goals/objects can be early terminated along with the authorizations.</li> <li>• Intake workers should clearly indicate the reason for the referral.</li> <li>• Diagnostic History and Summary should not be blank. Amy reminds prescribers as well. If you notice one, please send Amy a message.</li> <li>• There should not be gaps in plans of service; future services should have authorizations.</li> <li>• Include all services in the interim plans. If you do an interim plan, make sure you include psych services, not just the primary services.</li> <li>• Intake/Annual checklists are being filled out and one is being embedded in Phoenix; BABH is waiting for implementation.</li> </ul> <p>m. <b>Network Adequacy Assessment</b> – A network adequacy assessment is required by MSHN to send out to the providers. MSHN needs to know the average number of full-time employees for each department/program, and it's due back by February 23<sup>rd</sup>.</p> <p>There was discussion in the past about how to bill if staff was limited license and if they should be billing under their supervisor or under their own NPI number. Guidance was given to CMHs on what needs to be done. If you have a limited license staff, they need to bill under their own NPI number. If you have an intern, bill under their supervisor. Any other licensed person needs to bill under their own credentials.</p>	
<p>5. <b>Adjournment/Next Meeting</b></p>	<p>The meeting adjourned at 3:00 pm. The next meeting is scheduled for March 12, 2026, 1:30-3:30, at the Lincoln Center in the East Conference Room.</p>	



## Areas of Concern Regarding the Mental Health Framework (MHF)

April 2026

---

BACKGROUND: The Michigan Department of Human Services (MDHHS) has recently circulated additional details, outlined in two documents ([Mental Health Framework Language](#)) and ([Mental Health Benefit Plan Criteria](#)) of a proposal that MDHHS has been developing for the past several years, the Mental Health Framework (MHF). **These documents underscore the concerns that the Community Mental Health Association (CMHA), its members, and stakeholders have expressed over the past two years.**

**Simply stated, the MHF clearly outlines a system which privatizes the management of a large segment of Michigan's Medicaid behavioral health system.**

Michigan's public mental health system is not an administrative construct; it is a civil rights system grounded in statute. The Mental Health Code (Public Act 258 of 1974) establishes legal protections that govern access, treatment, planning, and due process for individuals receiving mental health services. The newly proposed Mental Health Framework (MHF), particularly through the introduction of the BH-COVER service model, represents a fundamental shift away from these statutory foundations by moving, to the management of private health insurance companies with less consumer control and more red tape.

While the MHF is presented as a mechanism to improve coordination and access, the framework introduces significant risks to clinical integrity, beneficiary rights, continuity of care, due process protections, and fiscal sustainability. The concerns outlined below reflect structural misalignment between the framework and the state's nationally recognized public - not privatized - mental health and the Michigan laws. **Again, what is clear is that the MDHHS proposed Mental Health Framework outlines a system which privatizes the management of a large segment of Michigan's Medicaid behavioral health system.**

### Privatizing the Management of the System

---

The MHF Clearly outlines a system which privatizes the management of a large segment of Michigan's Medicaid behavioral health system for a large segment of the Medicaid beneficiary population:

- The MHF moves the management of a substantial segment of Michigan's Medicaid enrollees to the management of private health plans - a plan that people served, their families, advocates, and a wide range of stakeholders opposes. This move is done by transitioning care to the private health plan system, all but those who are receiving a small range of CMH services.
- Moves the management of high intensity services psychiatric = inpatient care, crisis residential, and outpatient partial hospitalization services (a core set of CMHSP responsibilities) - to the private health plans - a move strongly opposed by persons served, their families, advocates, and a wide range of stakeholder and in violation of the Michigan Mental Health Code.

A poll commissioned, during a recent privatization proposal (2022) by the Community Mental Health Association of Michigan (CMHA) and conducted by third-party survey provider EPIC-MRA found **67% of Michigan voters prefer the public mental health system** to be managed by public entities who specialize in mental health care vs. turning the system over to private, for-profit companies.

- Nearly 3 times as many Michiganders oppose the privatization of the state's mental health services for Medicaid patients. 67% oppose while only 24% support that privatization.
- 76% of voters are concerned that *private health plans do not have a good track record in treating patients with mental health needs* and fear they will make matters worse.
- 73% of voters are concerned that high overhead costs of the private health insurance companies (double that of the public system) and the corporate profits that these companies take out of the taxpayer-funded Medicaid system will lead to less mental health services for those in need.

Private health insurance companies would take over the management of the financing of Michigan's public mental health system. These companies, known as Medicaid Health Plans, have overhead rates, including profits, of 15% (Senate Fiscal Agency Analysis and Milliman's national study data). This overhead rate is 2.5 times higher than the 6.2% overhead rate of the managed care operations of the state's public CMH system. This means that only \$85 of every \$100 dollars sent to these private health insurance companies is used to provide health care, as compared to the \$94 of every \$100 provided to the CMH system that is used for care. If these bills become law, this difference would mean that \$300 million in funds diverted, annually, from the mental health care of Michiganders to health plan overhead and profits.

The Mental Health Framework would place greater responsibility for Michigan's public mental health system in the hands of private health insurance companies that have struggled for decades to manage even basic mental health services. For more than 20 years, these plans have overseen outpatient psychotherapy and psychiatry for Medicaid enrollees, during which time individuals across the state have consistently reported difficulty finding providers willing or able to serve them. If private insurers have been unable to ensure access for lower-complexity mental health needs, it raises serious concerns about their capacity to manage the far more complex, intensive, and long-term needs of individuals with serious mental illness, substance use disorders, or intellectual and developmental disabilities under the proposed framework.

The Mental Health Framework disregards the views of the people most directly affected by these changes. In recent years, similar proposals have faced consistent and strong opposition from individuals who rely on the Community Mental Health (CMH) system, as well as from their families and community partners. The Mental Health Framework also ignores the broad, consensus recommendations developed through recent public discussions on healthcare integration, in which a wide range of stakeholders emphasized that the CMH system should remain publicly managed and governed. By moving in the opposite direction, the framework runs counter to the expressed priorities of Michiganders who have the most at stake in any changes to the mental health system.

## Inadequate Protection of Recipient Rights

---

The Mental Health Framework eliminates recipient rights protections for individuals moved to the management of the private health plans, given that the **recipient rights protections guaranteed by the Michigan Mental Health Code, apply only to those services provided or purchased by a CMHSP.**

Recipient rights are legally enforceable protections under the Mental Health Code (MCL 330.1704). Yet the draft MHF provides insufficient attention to how these rights will be preserved under a "separate-responsibility" model.

The framework does not clearly ensure:

- *Timely access to medically necessary services;*
- *Provision of care in the least restrictive environment;*
- *Freedom from unnecessary financial or administrative burden; or*
- *Clear accountability when rights violations occur.*

Recipient rights are not optional policy considerations; they are legal mandates that must be explicitly protected.

## Reflects a lack of an understanding clinical measures and services

---

The Mental Health Framework demonstrates a lack of understanding as to use of the system's clinical assessment tools (LOCUS and MichiCANS). This plan calls for the movement of a large segment of Medicaid beneficiaries to private health plan management with scores that would, when used appropriately, place these beneficiaries outside of the mild to moderate level of need currently managed by the private health plans and squarely within the benefit managed by the public PIHPs.

The Mental Health Framework raises additional clinical concerns. MDHHS, through this Framework, is proposing eligibility standards that would allow individuals assessed as having mild to moderate needs to be placed in acute inpatient psychiatric settings, a shift that fundamentally contradicts established principles of medical necessity, the use of least restrictive settings,, and clinically supported level-of-care standards. This approach is particularly alarming in Michigan, where psychiatric inpatient and Crisis Residential bed capacity is already severely constrained. Allowing individuals without acute medical necessity to occupy inpatient psychiatric beds directly reduces access for people experiencing more severe psychiatric emergencies. These lifesaving resources cannot be made unavailable for those that need it.

This misalignment threatens the safety of persons served, delays care for high-acuity individuals- if not eliminating it altogether - and exacerbates the statewide psychiatric bed shortage which MDHHS well documents.

## Absence of Required Due Process Protections

---

The most significant legal issue in the MHF is the absence of clearly defined due-process procedures associated with the BH-COVER benefit. Any adverse benefit determination under Medicaid requires a dispute resolution mechanism, yet the draft framework fails to establish such mechanisms:

- *Notice to recipients when BH-COVER assignment is initiated or removed (MCL 330.1706);*
- *Formal appeal rights tied specifically to benefit plan decisions;*
- *Access to a fair hearing before an impartial decision-maker;*
- *Continuation of benefits pending appeal; and*
- *Timely decision-making standards.*

MDHHS technical advisories are clear: "*Nothing about managed care changes these due process requirements.*" Adopting a framework that effectively allows service determinations without due process would place Michigan in direct conflict with both state law and Medicaid requirements. This concern is magnified by recent audit findings across multiple health plans, which have already documented:

- *Ineffective compliance programs;*
- *Improper access limitations;*
- *Erroneous or delayed coverage determinations; and*
- *Inadequate or unclear beneficiary notices.*

Introducing additional complexity without enforceable due-process safeguards will only exacerbate these systemic failures.

## Conclusion

---

The proposed Mental Health Framework poses serious threats to Michigan's public mental health system by privatizing management of large segments of Medicaid behavioral health care. By transferring oversight and high-intensity services to private health plans, the framework erodes public accountability and introduces financial incentives that conflict with individualized care. It removes many beneficiaries from the legally enforceable recipient rights guaranteed under the Mental Health Code, while relying on assessment tools in ways that misunderstand their clinical purpose and risk inappropriate care transitions within a system that has failed Michiganders historically.

The Mental Health Framework would place greater responsibility for Michigan's public mental health system in the hands of private health insurance companies that have struggled for decades to manage even basic mental health services. For more than 20 years, these plans have overseen outpatient psychotherapy and psychiatry for Medicaid enrollees, during which time individuals across the state have consistently reported difficulty finding providers willing or able to serve them. If private insurers have been unable to ensure access for lower-complexity mental health needs, it raises serious concerns about their capacity to manage the far more complex, intensive, and long-term needs of individuals with serious mental illness, substance use disorders, or intellectual and developmental disabilities under the proposed framework.



**BEHAVIORAL HEALTH**

April 21, 2026

**Chief Executive Officer**  
Christopher Pinter

Representative Matthew Bierlein, District 97  
S-1286 House Office Building  
P.O. Box 30014  
Lansing, MI 48909

**Board of Directors**  
Robert Pawlak, Chair  
Patrick McFarland, Vice Chair  
Christopher Girard, Treasurer  
Sally Mrozinski, Secretary  
Tim Banaszak  
Richard Byrne  
Patrick Conley  
Jerome Crete  
Shelley King  
Kathy Niemiec  
Carole O'Brien  
Pamela Schumacher

**Dear Representative Bierlein:**

**The purpose of this correspondence is to request your assistance in prohibiting the Michigan Department of Health and Human Services (MDHHS) from spending additional dollars on a wasteful and untimely public behavioral health procurement process.**

**Board Administration**  
Behavioral Health Center  
201 Mulholland  
Bay City, MI 48708  
800-448-5498 Access Center  
989-895-2300 Business

As you are aware, Bay-Arenac Behavioral Health Authority (BABHA) is the community mental health services program (CMHSP) created by Bay and Arenac Counties to assume responsibility for the delivery of public behavioral health services for the 120,000 residents in our area consistent with Michigan Complied Laws (MCL) 330.1116 (2)(b). This includes Medicaid and general fund appropriations to serve individuals with severe mental illness, intellectual/developmental disabilities (including autism), and serious emotional disturbances.

Arenac Center  
PO Box 1188  
1000 W. Cedar  
Standish, MI 48658

In February 2025, MDHHS announced its intention to use a state-wide Medicaid procurement process to divert 90% of CMHSP funding for public behavioral health services to commercial and/or private interests with no direct accountability to the consumers, families or their elected representatives. This would reduce the county CMHSPs to statutory shells with no sustainable funding to meet their minimum public safety obligations under the law. As a result, the Michigan Court of Claims issued an order in January 2026<sup>1</sup> directing MDHHS to revise its design to be more consistent with state law which led to the subsequent cancellation of the initial procurement process, 11 months and at least \$2.9 million in expenses after its first announcement<sup>2</sup>.

North Bay  
1961 E. Parish Road  
Kawkawlin, MI 48631

William B. Cammin Clinic  
1010 N. Madison  
Bay City, MI 48708

<sup>1</sup> Michigan Court of Claims, "Region 10 PIHP, Southwest Michigan Behavioral Health, Midstate Health Network, et al v. State of Michigan, Department of Health and Human Services, State of Michigan, Department of Technology, Management and Budget", Consolidated Case Nos. 25-000143-MB and 25-000162-MB, January 8, 2026

<sup>2</sup> Newman, Eli, "Michigan paid consultants \$2.9M for failed mental health redesign", Bridge Magazine, March 2, 2026

Unfortunately, in spite of continued concerns raised by consumers, families and advocates, offers from CMHSP systems to mutually collaborate on an improved system design, and near unanimous opposition from the 83 counties<sup>3</sup>, MDHHS announced its intention on April 13<sup>th</sup> to release yet another procurement design and essentially bind the next administration to these controversial policy changes. This is despite the absence of any meaningful policy dialogue with either the Michigan Legislature or the counties that have been responsible for this system for over 60 years.

**In order to prevent an uninformed and ill planned policy change as unelected MDHHS officials leave government service in 2027, we request that the legislature consider the following appropriations boilerplate language during House deliberations:**

***The department shall not issue, implement, or otherwise proceed with any request for proposals, rebid, or procurement process related to the delivery, financing, or administration of public behavioral health or mental health services, nor expend state or federal funds for such purposes, unless the request for proposals fully complies with the Michigan Mental Health Code and the statutory framework governing Michigan’s public behavioral health system, has received approval through enactment of legislation or approval by the legislature as provided in law, and the department has returned to the legislature for approval of a plan for implementation prior to taking any further action.***

As the branch of state government that is statutorily responsible for directing how the \$4 billion in state public behavioral health funds are appropriated, and the direct representatives of all the consumers, families and communities depending upon these services, it is reasonable that any final decision on such significant policy changes should be the purview of the Michigan legislature. Thank you for your consideration in this very important matter. If you have any questions regarding this correspondence or any other public behavioral health matter, please feel free to contact me at (989) 895-2348.

Sincerely,



Christopher Pinter  
Chief Executive Officer

cc: MI Association of Counties  
Community Mental Health Association of MI

---

<sup>3</sup> Currie, Stephen, “Opposition to MDHHS Proposal to bid out PIHP Contracts”, MI Association of Counties, May 15, 2025



**BEHAVIORAL HEALTH**

April 28, 2026

Honorable Governor Gretchen Whitmer  
P.O. Box 30013  
Lansing, Michigan 48909

**Chief Executive Officer**  
Christopher Pinter

Dear Governor Whitmer:

**Board of Directors**  
Robert Pawlak, Chair  
Patrick McFarland, Vice Chair  
Sally Mrozinski, Treasurer  
Pamela Schumacher, Secretary  
Tim Banaszak  
Richard Byme  
Patrick Conley  
Christopher Girard  
Shelly King  
Kathy Niemiec  
Carole O'Brien  
Staci Tuggle

As noted in previous communications to the Executive Office, Bay-Arenac Behavioral Health Authority (BABHA) is the community mental health services program (CMHSP) created by Bay and Arenac Counties to assume responsibility for the delivery of public behavioral health services in our area consistent with the Michigan Mental Health Code, Public Act 258 of 1974.

This represented a transfer of governmental responsibilities from the Michigan Department of Health and Human Services (MDHHS) to the 83 Counties to serve individuals with severe mental illness, intellectual/developmental disabilities, substance use disorders and serious emotional disturbances. This legislative intent is specifically detailed in both the specific transfer of direct care responsibility to CMHSPs in MCL 330.1116 (2)(b) and the State's concurrent obligation to financially support those CMHSPs under MCL 330.1202(1). These policies led to the gradual closure of nearly all State Psychiatric Institutions and a broad expansion of community-based services to persons with disabilities.

**Board Administration**  
Behavioral Health Center  
201 Mulholland  
Bay City, MI 48708  
800-448-5498 Access Center  
989-895-2300 Business

The essential foundation of this evolution in public mental health care has been a strong partnership between MDHHS and the CMHSPs, effectively mirroring the State and County relationship in the Mental Health Code. This foundation has well served the people of Michigan by ensuring a public safety net exists for anyone that may experience a mental health emergency.

Arenac Center  
PO Box 1188  
1000 W. Cedar  
Standish, MI 48658

Unfortunately, this partnership has significantly deteriorated in recent years despite a successful state-wide response to the COVID-19 pandemic and expansion of Certified Community Behavioral Health Clinics (CCBHCs). For the first time in my 35 years of public service, MDHHS has taken an adversarial position with respect to the county CMHSPs and repeatedly undermined our ability to carry out obligations under the law. This has included all of the following actions:

North Bay  
1961 E. Parish Road  
Kawkawlin, MI 48631

William B. Cammin Clinic  
1010 N. Madison  
Bay City, MI 48708

- Repeatedly mischaracterizing CMHSPs as pursuing “for-profit” or pecuniary motives in its assessment and service processes despite clear prohibitions and safeguards in existing state laws.
- Deliberately interfering with competitive market dynamics by directing expenditures to benefit only specific types of providers regardless of long term sustainability.
- Consistently misrepresenting the state and county partnership as a principal agent relationship by attempting to override CMHSP discretion in meeting federal accounting requirements at 2 CFR Part 200 and produce inaccurate cost reporting.

[www.babha.org](http://www.babha.org)

- Underfunded the CMHSPs in 2023 and 2024 by a range between \$137-\$246 Million each year, representing a cumulative impoundment of over 10% of funds appropriated for CMHSPs during this period despite increased service demand.
- Pursuing a privatization strategy to permit commercial/non-governmental interests to abscond with 90% of public mental health funds and reduce county CMHSPs to statutory shells with no resources to meet their obligations under the law.
- Implementing the “Mental Health Framework” policy design to transfer additional CMHSP specialty mental health services and responsibilities to the basic Medicaid health care benefit in clear violation of MCL 400.109f (1).

All of these actions taken collectively lead to the conclusion that MDHHS is determined to financially bleed the county CMHSP system dry and leave it unable to serve the consumers and families most in need. The Michigan Court of Claims essentially acknowledged this fact in its January 2026 order<sup>1</sup> directing MDHHS to revise its procurement design to be more consistent with state law, 11 months and at least \$2.9 million in expenses after its first announcement<sup>2</sup>.

Unfortunately, in spite of continued concerns raised by consumers, families and advocates, and near unanimous opposition from the 83 counties, MDHHS announced its intention on April 13th to release yet another procurement design and essentially bind the next administration to these controversial policy changes. This without any meaningful dialogue with either the Michigan Legislature or the counties that have been responsible for this system for over 60 years.

On behalf of the 5000 residents that receive BABHA services every year, I urge the Executive Office to perform its own inquiry into the actions noted above and reconsider the current strategic direction of MDHHS.

Thank you for your consideration in this very important matter.

Sincerely,



Christopher Pinter  
Chief Executive Officer

cc: Tricia Foster, Chief Operating Officer  
JoAnne Huls, Chief of Staff

---

<sup>1</sup> Michigan Court of Claims, “Region 10 PIHP, Southwest Michigan Behavioral Health, Midstate Health Network, et al v. State of Michigan, Department of Health and Human Services, State of Michigan, Department of Technology, Management and Budget”, Consolidated Case Nos. 25-000143-MB and 25-000162-MB, January 8, 2026

<sup>2</sup> Newman, Eli, “Michigan paid consultants \$2.9M for failed mental health redesign”, Bridge Magazine, March 2, 2026

---

**Subject:** FW: Letter of Support Request by May 1st

---

**From:** Lori Ziolkowski <[loriziolkowski65@gmail.com](mailto:loriziolkowski65@gmail.com)>  
**Sent:** Saturday, April 18, 2026 3:18 PM  
**To:** Chris Pinter <[cpinter@babha.org](mailto:cpinter@babha.org)>; Joelin Hahn <[jhahn@babha.org](mailto:jhahn@babha.org)>  
**Subject:** Letter of Support Request by May 1st

**WARNING:** This message has originated from an **External Source**, please use caution when opening attachments or clicking links.

---

Hello Chris and Joelin,

**We are requesting a letter of support for the Great Lakes Recovery Apartments (Andy's Place) project by May 1st.**

Letters will be submitted to the Bangor Township Trustees as they vote on the Payment In Lieu of Taxes (PILOT) at the Monday, May 18th board meeting. This approval is required for the project to move forward.

Information about the project and its positive impact on our community can be viewed in this **12 minute presentation** (start at 5:50) - <https://www.youtube.com/watch?v=61Kpkmlq7s8&t=350s>

**Attached is a template and sample letter of support that can be customized to fit your thoughts.**

There are additional recovery apartments like this being built:

**Kalamazoo:** <https://secondwavemedia.com/breaking-ground-project-will-provide-new-housing-option-for-those-in-kalamazoo-coming-out-of-recovery/>

**Southfield:** [https://cinnaire.com/wellspring-apartments-breaks-ground-in-southfield-michigan/#:~:text=Wellspring%20Apartments%20will%20include%2060,area%20median%20income%20\(AMI\).](https://cinnaire.com/wellspring-apartments-breaks-ground-in-southfield-michigan/#:~:text=Wellspring%20Apartments%20will%20include%2060,area%20median%20income%20(AMI).)

**Jackson (Andy's Place):** <https://andysangels.net/media/>

Let me know if you can join the growing list of individuals and organization who are supporting this important project:

Bay County Health Department	Joel Strasz	Health Officer
MyMichigan Health	Paul Berg, MD Kathy Dollard, Psy. D Shannon Martin, DO	Sr. VP and Chief Medical Officer Director, Behavioral Health Services Line Medical Director of Population Health
Great Lakes Bay Health Centers	Brenda Coughlin, MD	President and CEO

Lormax Stern Development Co.	Daniel Stern	Partner and Principal (mall property owner)
Bay County Circuit Court (retired)	Honorable Harry Gill	Circuit Judge of the 18th Judicial Circuit in Bay County (Retired)
Michigan 211	Sarah Kile	Director of Community and Partner Engagement
Neighbors Advocating for Recovery and Awareness (NARA)	Mark and Lisa Trieber	Board of Directors
Bay County Prevention Network	Katie Ball	Coordinator
Bay Veterans Foundation	Keith Markstrom	President
Bay County Circuit Court	Honorable Jesse Scott Wood	18th Circuit Court & Treatment Court Judge

Let's work together to bring this solution to our community!

Lori Ziolkowski, MBA  
989-297-2763

Date

Bangor Township Board of Trustees  
180 State Park Drive  
Bay City, MI 48706

**RE: Support for Great Lakes Recovery Apartments**

Dear Bangor Township Trustees,

I am writing to express my strong support for the proposed 50-unit Great Lakes Recovery Apartments in Bangor Township.

I am a life-long Bangor Township resident and have seen the negative impact that substance use disorder has on individuals and families in our community. Our local healthcare systems, law enforcement, judicial system and local resources are being strained by the opioid epidemic. One of the most critical barriers for individuals in recovery is access to safe, stable housing that supports long-term recovery.

Supportive recovery housing models, like Andy's Place in Jackson, demonstrate how structured housing environments can help individuals rebuild their lives, maintain recovery, secure employment, and reintegrate into their communities.

In addition to its public health benefits, this development will create positive economic impact for Bangor Township by:

- Increasing local property tax revenue
- Supporting construction and local employment
- Providing housing stability that reduces public costs related to emergency services, hospitalization, and incarceration

Communities that invest in recovery housing strengthen both public health and local economies. This project represents an opportunity for Bangor Township to be part of a proven solution that saves lives while contributing to the long-term vitality of the community.

For these reasons, I respectfully encourage the you to support the development of this supportive recovery housing project.

Thank you for your leadership and consideration.

- Name
- Title / Organization
- Contact Information

---

**Subject:** FW: Bay County Substance Use service data 2019-2024

**Importance:** High

---

**From:** Chris Pinter

**Sent:** Tuesday, August 19, 2025 9:53 AM

**To:** Tim Banaszak Secondary ([banaszakt@baycountymi.gov](mailto:banaszakt@baycountymi.gov)) <[banaszakt@baycountymi.gov](mailto:banaszakt@baycountymi.gov)>

**Cc:** Joelin Hahn <[jhahn@babha.org](mailto:jhahn@babha.org)>

**Subject:** Bay County Substance Use service data 2019-2024

**Importance:** High

**Mr. Banaszak,**

**Unfortunately, MSHN was unable to provide any useful additional information.**

**As a result, the following is a summary of the SUD treatment data (attached) in our counties between 2019-2024:**

**Overall SUD treatment episodes of care changed between 2019 and 2024 as follows:**

- Arenac County Detox **increased** nearly 35%
- Arenac County outpatient was relatively constant with the addition of SUD health Homes
- Arenac County Long and Short Term residential **increased** nearly 70%
- Arenac County Recovery Housing was constant
- Bay County Detox *decreased* nearly 40%
- Bay County outpatient *decreased* about 40% (but this is offset to some degree by a 50% increase in Intensive Outpatient and expanded SUD Health Home options)
- Bay County Long and Short term residential **increased** about 25%
- Bay County Recovery Housing *decreased* about 25%

**Notes:**

- MSHN is unable to provide specific Medication Assisted Treatment (MAT) data, but individuals receiving MAT are included in the other service lines.
- The “SUD HH” = Substance Use Disorder Health Home. This is an SUD provider that specializes in specific addictive substances such as opioids and coordinates the consumer’s care similar to a primary care physician’s office
- Recovery Housing data has not changed from what MSHN previously provided and the county differences are only estimates

**There is definitely an emerging need for short and long term residential-based treatment options in both counties.**

As Dr. Morrone has indicated, the challenge would be to make sure any recovery housing options also had a broad range of inherent treatment supports to obtain similar outcomes as formal residential services.

Sorry for the delay in getting this information to you. We can ask them for data on Midland and Saginaw counties from this same period if you think it would be helpful.

Chris Pinter

## MSHN Data from Trisha Thrush

- Bay
  - 2019: 28
  - 2024: 23\*
- Arenac
  - 2019: 1
  - 2024: 1\*
- \*Note: For some reason the FY24 data is missing the county of residence for Bay and Arenac counties. Our IT thinks the State may have changed the codes during that time period. So the data is not coming up as clear as in other years. Minimally the 23 provided is for individuals engaged in services at BABH and received a H2034 code claim – which is the Recovery Housing room and board code.
- Please also note that Holy Cross previously had a recovery house in Bay County during this time period that closed during the pandemic

Individuals with Open TEDS from Arenac County, FY2019	
Row Labels	Count of Consumer
Ambulatory - Detoxification	1
Detoxification	16
Intensive Outpatient	2
Outpatient	68
Residential Long-Term	7
Residential Short-Term	5
<b>Grand Total</b>	<b>99</b>
Individuals with Open TEDS from Arenac County, FY2024	
Row Labels	Count of Consumer
Ambulatory - Detoxification	2
Detoxification	21
Intensive Outpatient	2
Outpatient	61
Residential Long-Term	17
Residential Short-Term	4
SUD HH	7
<b>Grand Total</b>	<b>114</b>
Individuals with Open TEDS from Bay County, FY2019	
Row Labels	Count of Consumer
Ambulatory - Detoxification	70
Detoxification	166
Intensive Outpatient	21
Outpatient	1245
Residential Long-Term	109
Residential Short-Term	90
(blank)	2
<b>Grand Total</b>	<b>1703</b>
Individuals with Open TEDS from Bay County, FY2024	
Row Labels	Count of Consumer
Ambulatory - Detoxification	41
Detoxification	146
Intensive Outpatient	32
Outpatient	738
Residential Long-Term	142
Residential Short-Term	109
SUD HH	102
<b>Grand Total</b>	<b>1310</b>