

# AGENDA

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

Thursday, June 11, 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>	<b>Others Present:</b>
Christopher Girard, Ch	_____	_____	_____	Carole O'Brien	_____	_____	_____	BABH: Joelin Hahn, Karen Amon,
Pam Schumacher, V Ch	_____	_____	_____	Staci Tuggle	_____	_____	_____	Nicole Sweet, Melissa Prusi, Chris
Shelley King	_____	_____	_____	Pat McFarland, Ex Off	_____	_____	_____	Pinter, Kelli Wilkinson, Pam
Sally Mrozinski	_____	_____	_____	Robert Pawlak, Ex Off	_____	_____	_____	VanWormer, and Sara McRae
								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.	New Business 4.1) Clinical Program Review: Home Based & Infant Mental Health Services, K. Wilkinson & P. VanWormer  4.2) Request for Clinical Privileges: a) Mukesh Lathia, M.D. – three-year renewal term expiring June 30, 2029 b) Nathalie Menendes, Psy.D., LP – three-year renewal term expiring June 30, 2029  4.3) Policies Ending 30-day Review: a) Personal Property and Funds Policy, 03-03-10 b) Freedom of Movement Policy, 03-03-11		4.1) No action necessary  4.2) Consideration of a motion to refer the requests for clinical privileges for Mukesh Lathia, M.D., and Nathalie Menendes, Psy.D., LP, to the full board for approval  4.3) Consideration of a motion to refer the policies to end 30-day review to the full board for approval

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Page 2 of 2

	4.4) Primary Network Operations and Quality Management Committee Notes from the April 9, 2026 meeting  4.5) Quality Assessment Performance & Improvement Program (QAPIP) Quarterly & Annual Report  4.6) Strategic Initiatives & Dashboard Reviews  4.7) National Night Out		4.4) No action necessary  4.5) No action necessary  4.6) No action necessary  4.7) No action necessary
5.	Adjournment	M -	S - pm MA



"My biggest takeaway is confidence. It's a relief when you and your child know who's in charge."

-PTC PARTICIPANT

## Who is PTC for?

Families who may benefit from PTC services include those who

- Want to add new tools to their parenting toolbox.
- Have experienced transitions such as divorce, co-parenting, or step-parenting.
- Want to strengthen their united parenting front.
- Have children/youth at home or in care.



## Parenting Through Change

A unique parenting group that's actually fun!

### What is PTC?

Parenting Through Change (PTC) is a group-based program created from Parent Management Training-Oregon Model (PMTO). PTC promotes pro-social skills and **prevents, reduces, and reverses repetitive and persistent behavioral and emotional challenges in children and youth.**

### Lively, Supportive, and Engaging

PTC groups use fun activities to keep caregivers interested as they learn. PTC is offered in person or via telehealth, based on location. All groups are private and confidential.

### What We Cover

Groups meet once a week, 90 minutes per session, for 10 weeks. Topics include:

- Working through Change
- Encouraging Cooperation
- Teaching Positive Behavior
- Observing & Regulating Emotions
- Active Communication
- Setting Limits
- Following Through
- Problem Solving
- Managing Conflict & Encouraging Routines
- Monitoring & Supervision



## PTC Recognizes that Caregivers:

- are the **experts** on their children & families
- are their children's **best teachers**
- are the primary **change agents** in their family

## Parenting Through Change

- takes a **strengths-based** approach
- focuses on **positive** parenting strategies
- **adds proven tools** to the parenting tool box—without taking anything away
- is **unique, fun, active & engaging!**
- gives caregivers the opportunity to **practice** skills ahead of time, so they're ready to respond at home

"Whenever I came to class, I knew it was going to be a great time. You end up finding the humor in the situation."

—PTC PARTICIPANT

"This program has become the lifeline between my children and us. Their behavior and emotions have changed in a positive way. Thank you!" —PTC PARTICIPANT

## Interested in Learning More?

- To find a PTC provider in your area, visit [michiganpmto.org](http://michiganpmto.org), click on resources for families, and find an agency.
- Get a preview of PTC and hear directly from parents who have participated by visiting the FREE MI Parenting Resource site at [MIParentingResource.org](http://MIParentingResource.org).



### Questions?

PMTO State Coordinator  
Luann J. Gray  
[lgray@iskzoo.org](mailto:lgray@iskzoo.org)

Michigan PMTO is supported by funds from Substance Abuse and Mental Health Services Administration, Center for Mental Health Services through the Michigan Department of Health & Human Services.

PTC



# Overview

- Evidenced-based intervention to help parents and caregivers manage children's behaviors
- Developed at the Oregon Social Learning Center in the 1970s
  - First implemented in Michigan in 2004
- Identifies and builds upon strengths already present in the family to empower parents to be the change agent in families
- Research supports for children ages 3-18
- Individual and Group Formats
  - Individual Model: Parent Management Training – Oregon model (PMTO)
  - Group Model: Parenting Through Change (PTC)

# Overview

- Parents and caregivers learn Core Parenting Practices and Supporting Parenting Practices
- Each session includes role-plays and problem-solving to meet specific family needs



## Core Parenting Practices:

- **Encouragement:** Parents encourage their children to demonstrate positive behaviors.
- **Limit Setting:** Parents remain consistent in their delivery of effective consequences in order to promote pro-social behavior.
- **Problem Solving:** The family system works together in setting goals, brainstorming, evaluating solutions and carrying out plans.
- **Monitoring:** Parents track children's whereabouts and ensure adult supervision for activities.
- **Positive involvement:** Parents show love and concern for their children by providing positive attention and participating in activities with children.

## Supporting Parenting Practices:

- **Directions:** Promotes children's cooperation and helps parents stay focused on the positive.
- **Tracking:** Notes progress of what is working and what may need to be adjusted for success.
- **Emotional Regulation:** Learning ways to maintain a well-regulated emotional state to cope with everyday stress and be available for learning and interactions.
- **Communication:** The best parent-child relationships are characterized by lots of positive communication and interaction.

# Structured 10 Week Format

- 1. Working Through Change:** The Change process begins by strengthening hope, identifying strengths and building on a better tomorrow.
- 2. Encouraging Cooperation:** We will demonstrate how to increase your children's cooperation and help them follow your directions.
- 3. Teaching Positive Behavior:** You will learn how to break goals into small, achievable steps. Learning through encouragement sets children up for success.
- 4. Observing and Regulating Emotions:** We will explore the power of emotions and how they relate to family life as well as how to recognize our own emotions.
- 5. Active Communication:** You will learn techniques that will work for you to regulate emotions.
- 6. Setting Limits:** We will help you find the correct balance of encouragement, discipline and setting limits on children's behavior to keep them safe.
- 7. Follow Through:** We will review and practice the Time Away procedure before you try it out. You will practice how to explain this effective strategy to children.
- 8. Problem Solving:** Relationships are nourished with good communication. We will demonstrate the use of active listening to engage in communication.
- 9. Managing Conflict and Encouraging:** Routines All families have problems. We will introduce a tool to help families plan activities, manage conflicts and negotiate agreements.
- 10. Putting It All Together:** We will show how to deal with differences in opinion. A life goal is to make sure you have a balance of work and play.

# Who can benefit from PMTO/PTC?

- Families with:
  - Parents with depression or anxiety
  - Adverse contextual problems (poverty, poor neighborhoods, health problems)
  - Family transitions (divorce, re-parenting, moves, new births, deaths)
  - Marital conflict
- Children with:
  - Overt antisocial behavior (noncompliance, aggression, defiance, hyperactivity, fighting)
  - Covert antisocial behavior (lying, stealing, truancy, fire setting)
  - Internalizing problems (depressed mood, peer problems, deviant peer association)
  - Delinquency
  - School Failure

# Referrals

- Children ages 3-18 that are open to services through BABH or a contracted agency
- MDHHS (CPS and foster care) make referrals
  - Family with foster care involvement are recommended to have visitations with their children when participating in PTC

# PTC at BABH

## Who?

### **Bay**

Andrea Rayl – certified

Maryssa Schnieder – training

### **Arenac**

Miechon Jordan –training

Brian Kruzell – training

## When?

Spring, Summer, and Winter

## How?

In person and Telehealth

# Training Process/Ongoing Fidelity

- 18 month training and certification process
  - 10 training days, 2 training groups, and 1 certification group
  - Group sessions are video taped (utilized for state coaching and certification)
- Monthly state coaching
  - Trainee also participate in individual and cohort coaching
- Re-certification every year

**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 3</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:

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<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL/REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
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

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<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>
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**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
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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, April 9, 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	X
Amy Folsom, BABH Program Manager - Psych/OPT Services	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		Kathy Johnson, Consumer Council Rep (J/A/J/O)	
Chelsea Hewitt, SPSI Asst. Supervisor		Melanie Corrión, 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		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		Sarah Mulvaney, SPSI CSM Supervisor	X	Taylor Keyes, BABH Team Leader - Adult MI	
Joelin Hahn (Chair), BABH Director Integrated Care - Child & Family	X	Stacy Krasinski, BABH Program Manager - EAS	X	GUESTS	
Joelle Sporman (Recorder), BABH BI Secretary III		Stephani Rooker, BABH Program Manager - CLS/Horizon	X	Todd Butterfield, List Clinician	X
Karen Amon, BABH Director Integrated Care - Long-term/IDD		Tracy Hagar, MPA Supervisor - Child OPT	X		

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: February 12, 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 February 12th 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> – No updates to report this month.</li> <li>- <u>Arenac</u> – Looking for an Intake/Backup EAS staff.</li> <li>- <u>Children's Services</u> – No updates to report this month.</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>	

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Topic	Key Discussion Points	Action Steps/ Responsibility
	<ul style="list-style-type: none"> <li>- <u>Emergency Access Services (EAS)/Mobile Response Team (MRT)</u> – No updates to report this month.</li> <li>- <u>ID/DD</u> – No updates to report this month.</li> <li>- <u>IT</u> – No updates to report this month.</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> – No updates to report this month.</li> <li>- <u>Recipient Rights/Customer Services</u> – Recently hired two new staff.</li> <li>- <u>Self Determination</u> – No updates to report this month.</li> </ul> <p><u>List Psychological</u>: One staff recently received full license. Hired 4 new support staff that will be assisting with referrals and PCE training.</p> <p><u>MPA</u>:</p> <ul style="list-style-type: none"> <li>- <u>CSM</u> – One ABA CSM is transitioning to a therapist and that position will not be backfilled.</li> <li>- <u>OPT-A</u> – Staff leaving 4/24/26.</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> – Chelsea Hewitt’s last day is 4/13/26. Two new CSMs started.</li> <li>- <u>OPT</u> – Jackie Nolan is the new Bay City Director. They have an Open House on 4/20/26 from 4pm-6pm at their new building.</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>	

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Lincoln Center - East Conference Room/Zoom

Topic	Key Discussion Points	Action Steps/ Responsibility
<p>3. <b>Reports</b></p> <p>a. QAPIP Quarterly Report (Feb, May, Aug, Nov)</p> <p>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u></p> <p>    i. <b>Recipient Rights Report (Jan, Apr, Jul, Oct)</b></p> <p>    ii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)</p> <p>    iii. Consumer Satisfaction Report (MHSIP/YSS)</p> <p>    iv. Provider Satisfaction Survey (Oct)</p> <p>c. <u>Access to Care &amp; Service Utilization Reports</u></p> <p>    i. MMBPIS Report (Jan, Apr, Jul, Oct)</p> <p>    ii. <b>Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)</b></p> <p>    iii. <b>Customer Service Report (Jan, Apr, Jul, Oct)</b></p> <p>    iv. <b>Employment Data (Dec, Mar, Jun, Sep)</b></p> <p>d. <u>Regulatory and Contractual Compliance Reports</u></p> <p>    i. Internal Performance Improvement Report (Feb, May, Aug, Nov)</p> <p>    ii. Internal MEV Report</p> <p>    iii. <b>MSHN MEV Audit Report (Apr, Sep)</b></p> <p>    iv. MSHN DMC Audit Report (Sept when applicable)</p> <p>    v. MDHHS Waiver Audit Report (Oct when applicable)</p> <p>e. Ability to Pay Report</p>	<p>a. <u>QAPIP Quarterly Report</u> – Nothing to report this month.</p> <p>b. <u>Harm Reduction, Clinical Outcomes &amp; Stakeholder Perception Reports</u></p> <p>    i. <b>Recipient Rights</b> – Jackie went over the Recipient Rights Report for FY26Q2. The report is saved in the meeting folder and was emailed to the PNOQMC.</p> <p>    ii. <u>RAS</u> – Nothing to report this month.</p> <p>    iii. <u>MHSIP/YSS</u> – Nothing to report this month.</p> <p>    iv. <u>Provider Satisfaction Survey</u> – Nothing to report this month.</p> <p>c. <u>Access to Care &amp; Service Utilization Reports</u></p> <p>    i. <u>MMBPIS Report</u> – Nothing to report this month.</p> <p>    ii. <b>Leadership Dashboard</b> – Melissa went over the leadership dashboard reports. The report is saved in the meeting folder and was emailed to the PNOQMC.</p> <p>    iii. <b>Customer Service Report</b> – Jackie went over the Recipient Rights Report for FY26Q2. The report is saved in the meeting folder.</p> <p>    iv. <b>Employment Data</b> – There are 77 individuals participating in IPS and 70 individuals participating in traditional vocational services. There are 13 individuals that have full time employment and 34 individuals that have part time employment.</p> <p>d. <u>Regulatory and Contractual Compliance Reports</u></p> <p>    i. <u>PI Report</u> – Nothing to report this month.</p> <p>    ii. <u>Internal MEV Report</u> – Nothing to report this month.</p> <p>    iii. <b>MSHN MEV Audit Report</b> – Nothing to report this month. MSHN MEV review was not finalized at the time of this meeting.</p> <p>    iv. <u>MSHN DMC Audit Report</u> – Nothing to report this month.</p> <p>    v. <u>MDHHS Waiver Audit Report</u> – Nothing to report this month.</p> <p>e. <u>Ability to Pay Report</u> – Nothing to report this month.</p>	

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

Thursday, April 9, 2026

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

Lincoln Center - East Conference Room/Zoom

Topic	Key Discussion Points	Action Steps/ Responsibility
<p>f. <b>Program Capacity Status</b> i. <b>Review of Referral Status Report</b></p>	<p>f. <b>Referral Status Report</b> – The referral status report is saved in the meeting folder and was emailed to the PNOQMC.</p>	
<p>4. <b>Discussions/Population Committees/Work Groups</b></p> <p>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> i. Consumer Council Recommendations (as warranted)</p> <p>b. Access to Care and Service Utilization</p> <p>c. <u>Regulatory Compliance &amp; Electronic Health Record</u> i. Management of Diagnostics</p> <p>d. BABH Policy/Procedure Updates</p> <p>e. <u>Medicaid/Medicare Updates</u> i. Medicare Telehealth Regulations - Update ii. Verification of Insurance: Reminder to have staff check with every contact iii. Healthy MI vs. Full Medicaid Coverage</p> <p>f. <b>General Fund</b> i. <b>Spenddown: Priority to Assist with Application for Full Medicaid Redetermination</b> ii. <b>Healthy MI: Assist/Advocate for Full Medicaid</b></p>	<p>a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> i. Consumer Council Recommendations – Nothing to report this month.</p> <p>b. <u>Access to Care and Service Utilization</u> – Nothing to report this month.</p> <p>c. <u>Regulatory Compliance &amp; Electronic Health Record</u> i. Management of Diagnostics – Nothing to report this month.</p> <p>d. <u>BABH - Policy/Procedure Updates</u> – Nothing to report this month.</p> <p>e. <u>Medicaid/Medicare Updates</u> i. <u>Telehealth Regs</u> – Nothing to report this month. ii. <u>Verification of Insurance</u> – Nothing to report this month. iii. <u>Healthy MI vs. Full Medicaid Coverage</u> – Nothing to report this month.</p> <p>f. <b>General Fund</b> i. <b>Spenddown</b> – Take a look at your caseloads to see if you can get the spenddown consumers on full Medicaid. Consumers on a spenddown are not included in the GF plan at this time. ii. <b>Healthy MI: Assist/Advocate for Full Medicaid</b> – Nothing to report this month. iii. <b>FY26 GF Plan Review</b> – Refer to the Adult Eligibility document that is in the folder and sent out to PNOQMC. Individuals who meet the minimum eligibility criteria during the EAS Access Screening will be referred to a BABHA Assessment Specialist. If the assessment supports medical necessity for specialty mental health services, all admissions of eligible consumers for GF supported services must be made through the contracted provider network. Consumers who meet criteria for</p>	<p>f.iii. Joelin/Nicole/Melissa- discuss option of PCE creating a GF bundle for six months.</p> <p>Joelin/Nicole- continue discussing options for groups for consumers</p> <p>Amy to discuss drop down option for level of care at the next EHR meeting.</p>

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

Thursday, April 9, 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. <b>FY26 GF Plan Review</b></li> <li>g. <b>Referrals from Phoenix Queue</b></li> <li>h. <b>24 Hours of Children’s Training</b></li> <li>i. <b>Interim Plans</b></li> <li>j. <b>Expired Assessments</b></li> <li>k. <b>Update Address at Appointments</b></li> <li>l. <b>Supervisor Dashboard- deferred to May</b></li> </ul>	<p>specialty mental health services but do not meet the GF referral criteria, will be placed on a GF waitlist, which will be maintained by the BABHA EAS department. For current GF cases, a redetermination should be made at the time of the next IPOS during the PCP process. There were was a discussion about whether PCE could create GF bundles that are authorized for only 6 months at a time despite the IPOS extending a full year. Discussed options about what is available for consumer groups. Discussed how the drop down for level of care impacts auths and when it should be changed. If during the treatment episode the individual’s symptoms and impairments have stabilized for at least 4-6 week and they no longer meet BABHA GF criteria, the individual should be referred to community resources.</p> <p>g. <b>Referrals from Phoenix Queue</b> – Reminder to check the queue for new referrals. Remind staff when to check the box for new referrals. There is a report that can be run that shows consumers not seen in 90 days that can be used to make sure there aren’t consumers that were assigned to your program that you weren’t aware of.</p> <p>h. <b>24 Hours of Children’s Training</b> – PNOQMC reviewed the MDHHS memo. MDHHS clarified that the cycle for the 24 hours of training falls within the fiscal year. Training hours will be pro-rated to 2 hours per month if the staff hasn’t been working for the full fiscal year. Case consultation/peer supervision documentation needs to contain specific information including the date of the meeting, sign-in sheet showing the staff signature and supervisor/trainer signature, subject/summary of what was discussed, and the number of minutes spent on this topic. BABHA will allow 12 of the 24 training hours to be completed through this option. Staff need to turn in all documentation. Eight hours must be in person/live virtual trainings. Supervisors need to monitor the children’s training hours throughout the year to make sure staff are on track to complete the required 24 hours. Supervisors of children’s services will also need 24 hours of children’s training hours. Staff and supervisors who serve children on the SEDW must attend 16 hours of MDHHS- specific training.</p> <p>i. <b>Interim Plans</b> - CSMs can start the IPOS before the interim plan expires. The CSM would need to early terminate the authorizations in the interim plan. Interim plans are typically dated for 45 days.</p>	

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

Thursday, April 9, 2026

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Topic	Key Discussion Points	Action Steps/ Responsibility
	<p>j. <b>Expired Assessments</b> – A discussion took place about what to do when an assessment expires yet there is still an active IPOS, because the assessment determines medical necessity. That would mean there would be an IPOS without medical necessity. There needs to be more internal discussion around this discussion.</p> <p>k. <b>Update Address at Appointments</b> – Reminder to ask consumers for an changes to their demographics including address and phone number.</p> <p>l. <b>Supervisor Dashboard</b> – Deferred until May meting</p>	<p>j. Internal discussion about how to address this.</p>
<p>5. <b>Parking Lot</b> a. <b>Conflict Free CSM</b></p>	<p>a. Conflict Free CSM – Nothing new to report</p>	
<p>6. <b>Adjournment/Next Meeting</b></p>	<p>The meeting adjourned at 3:00 pm. The next meeting is scheduled for April 9, 2026, 1:30-3:30, at the Lincoln Center in the East Conference Room.</p>	

## Executive Summary of QAPIP

### Reportable Behavior Treatment Events:

- **Emergency Physical Interventions:**
  - There were 33 emergency physical interventions during FY26Q2, involving 12 consumers. One individual accounted for 10 of these interventions.
  - This represents a slight increase from the previous two quarters and trend continues downward.
  - 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 7 calls made during FY26Q2, which marks an increase from the previous quarter. Each consumer accounted for one call and no trend was noted.

### **Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes:**

Compliance remained consistent for FY26Q2 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 2% decrease in consumers receiving the appropriate labs for this measure during FY26Q2 (22%). 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 FY26Q2, the compliance rate was 25%, however, the total number of consumers that met the criteria for this measure was four. BABH will continue to action these alerts monthly to improve compliance.

**Quality of Care Record Reviews - Services Are Written in The Plan of Service Are Delivered at The Consistency Identified:** During FY26Q2, 94% of the records reviewed demonstrated that services were provided as written in the plan of service, exceeding the 90% standard. Staff received education and training regarding the expectation to provide services as stated in the plan.

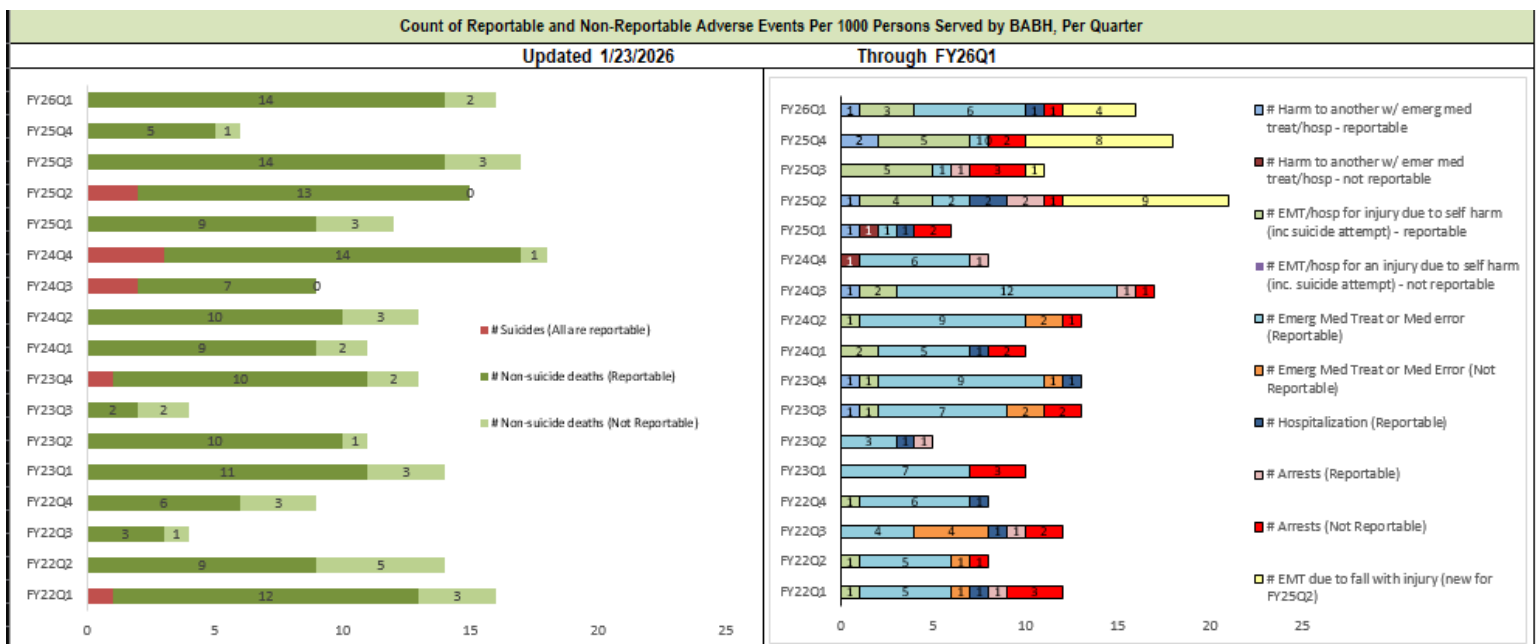
**Quality of Care Record Reviews - All Services Authorized in The Plan of Service Are Identified Within the Frequency, Intervention, and Methodology Section of the Plan of Service:** During FY26Q2, 100% of the records reviewed had services authorized appropriately in the plan of service, exceeding the 90% standard.

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:

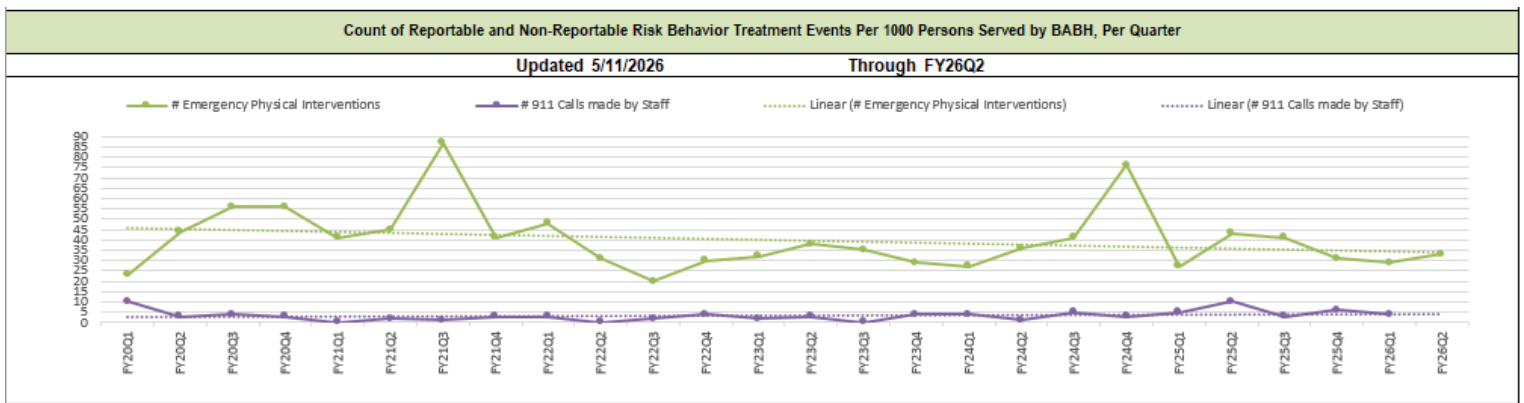
- **Non-Suicide Deaths (reportable):** 14 reported, marking an increase from the previous quarter, but consistent with other quarters.
- **Non-Suicide Deaths (non-reportable):** 2 reported, marking a decrease from the previous quarter.
- **Emergency Medical Treatment/Hospitalizations for Injury due to 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

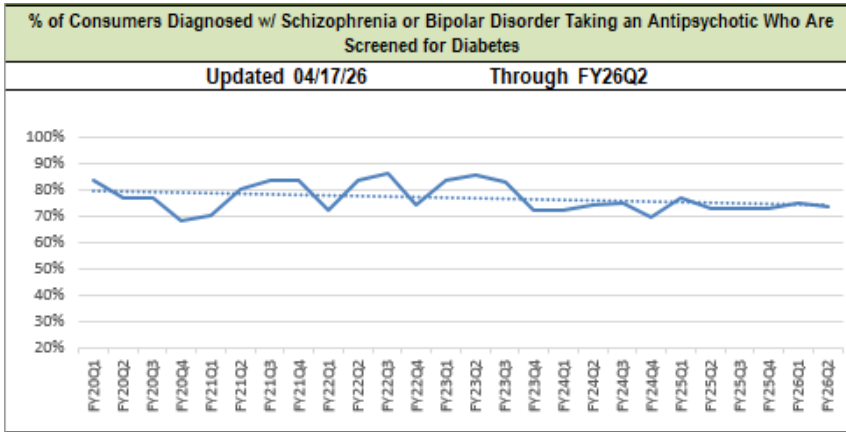


**Reportable Behavior Treatment Events:**

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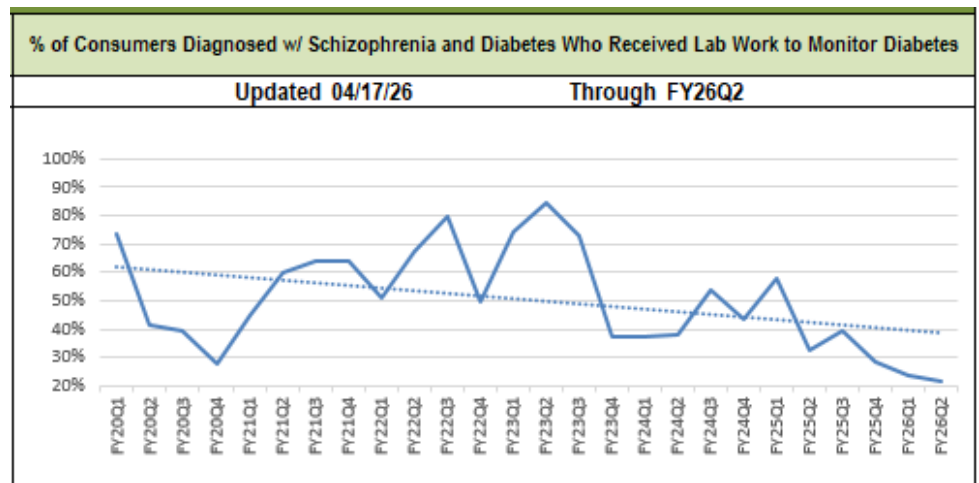
**The Number of Days to Complete the Recipient Rights Investigation is Lower Than the Michigan Mental Health Code Standard of 90 Days:** The Office of Recipient Rights has 90 days to complete an investigation. For FY26Q2, BABH averaged 64.42 days: well below the standard.

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

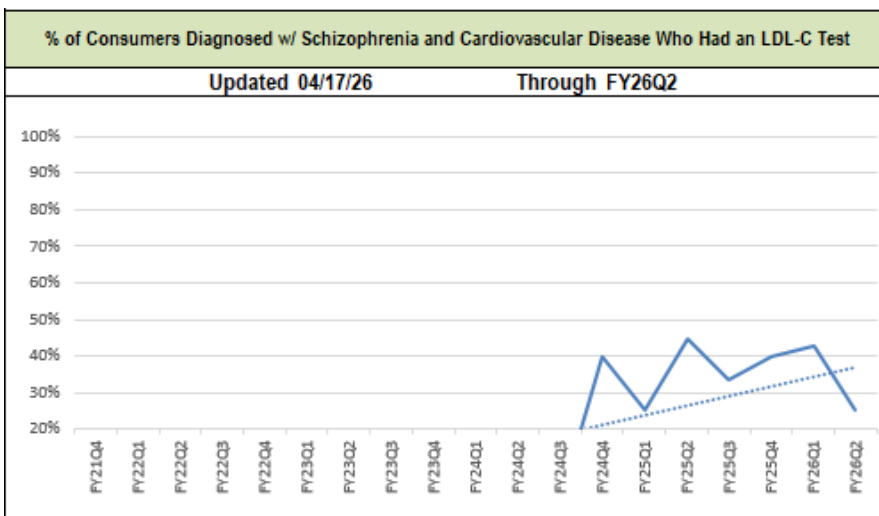


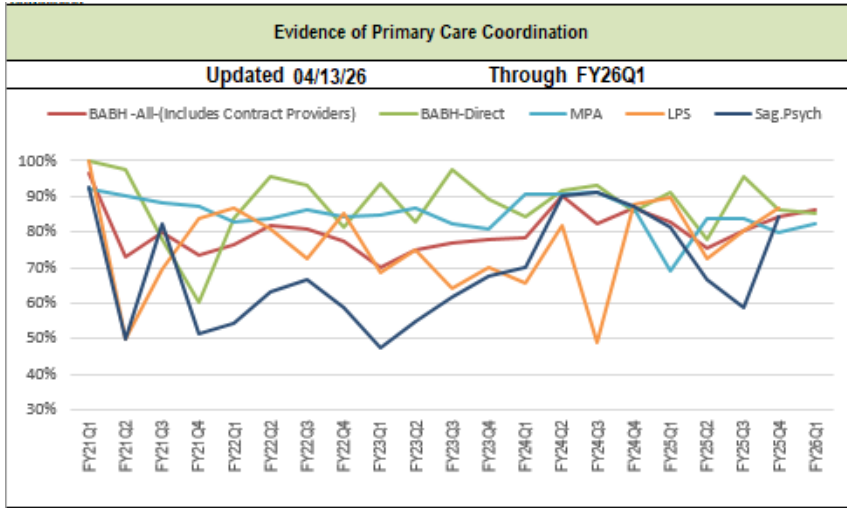
**Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes:** Compliance remained consistent for FY26Q2 for consumers receiving the appropriate labs for this measure. BABH will continue to action these alerts monthly to improve compliance.

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**Evidence of Primary Care Coordination:** All providers scored below the 95% standard, but the compliance rates remained consistent from the previous quarter.

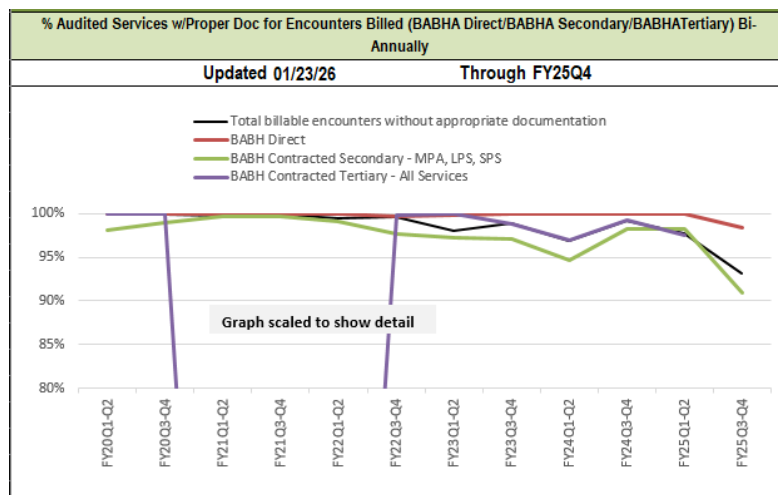
Providers continue to face challenges in completing both the Universal Consent and the Coordination of Care form. Corrective action plans have been implemented to support improvement efforts. BABH staff continue to offer guidance on accurately documenting coordination with primary care providers.

**Quality of Care Record Reviews - Services Are Written in The Plan of Service Are Delivered at The Consistency Identified:** During FY26Q2, 94% of the records reviewed demonstrated that services were provided as written in the plan of service, exceeding the 90% standard. Staff received education and training regarding the expectation to provide services as stated in the plan.

**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:** During FY26Q2, 100% of the records reviewed had services authorized appropriately in the plan of service, exceeding the 90% standard.

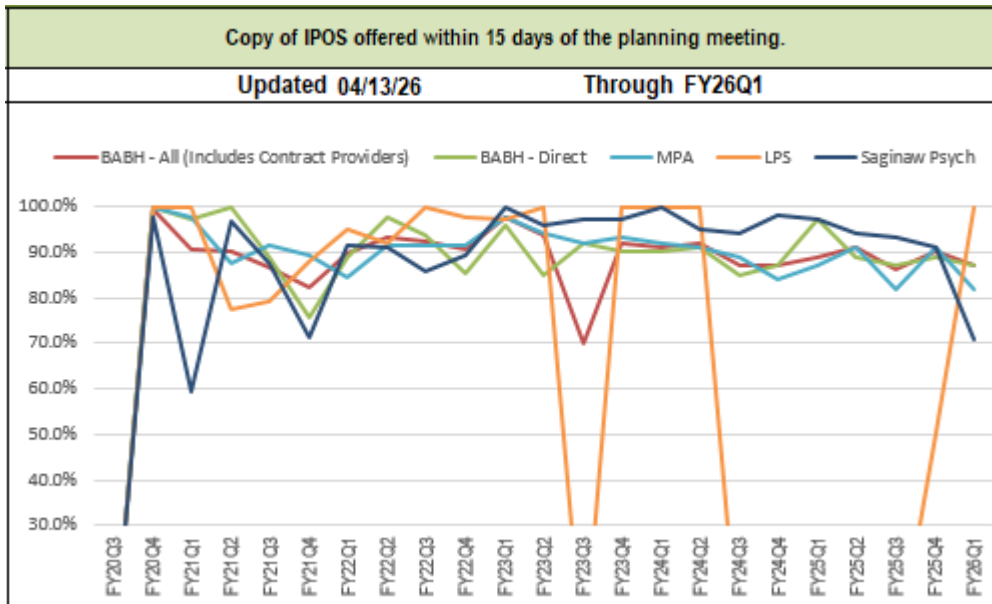
**Develop Quarterly Reports to Increase the Quality Report and Outcomes Related to The Level of Care Utilization System (LOCUS):** No update.

**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.

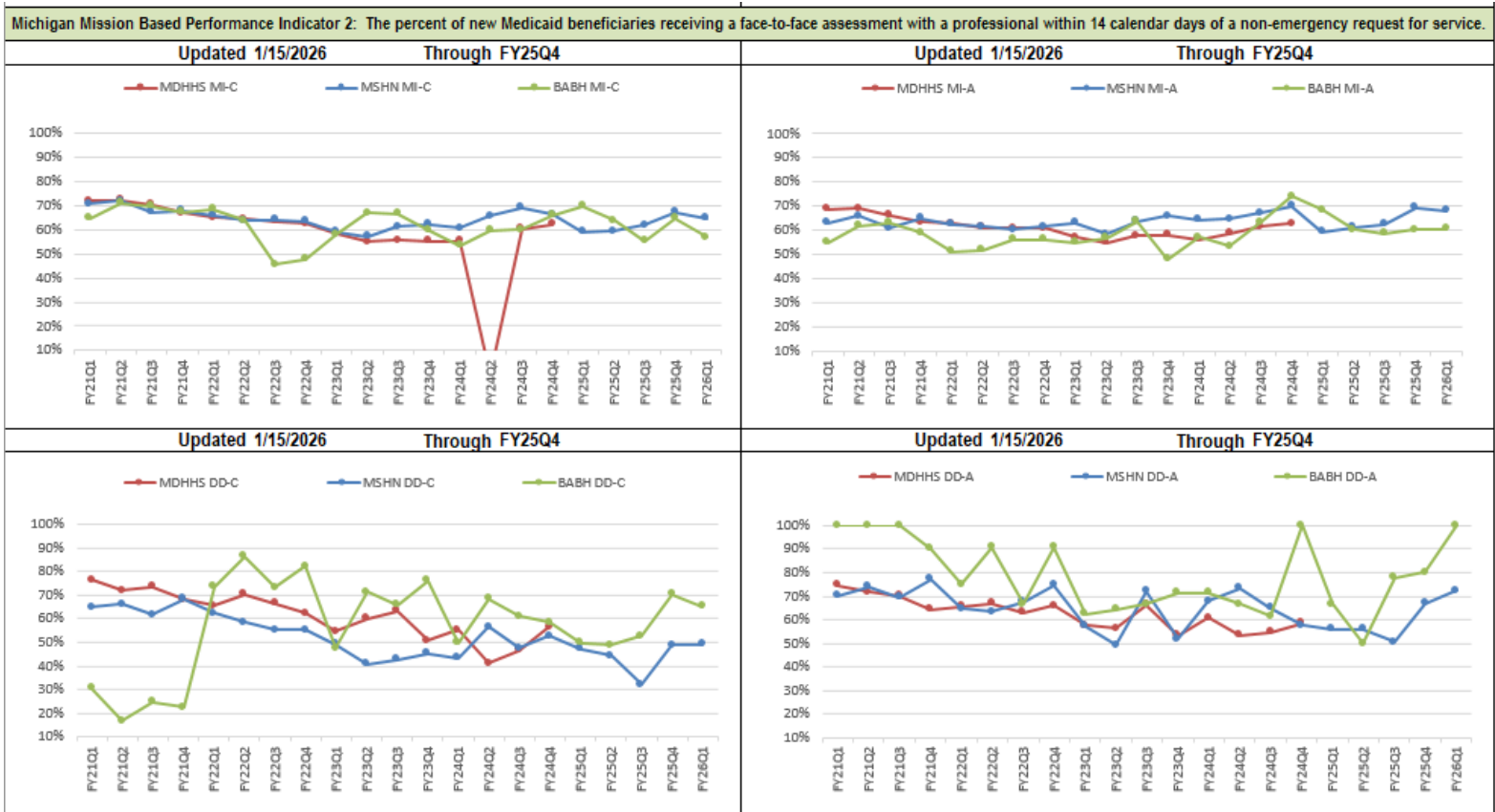
**Increase Medicaid Event Verification (MEV) Reviews:** BABH continues to increase the services audited by completing reviews of all specialized residential, community living support, vocational, primary, autism providers, self-determination, dietary, occupational therapy, speech and language therapy, 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 decreased in FY26Q1 compared to FY25Q4. 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 child population during FY26Q1. The adult population was 99.17% and the result of two consumers being out of compliance.

**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 FY26Q1, 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.):** During FY26Q1, BABH observed a decrease in compliance rates for the child populations and the MI Adult population. The primary contributing factors included a high volume of no-show appointments and consumers requesting appointment dates and times beyond the required 14-day standard.

**MMBPIS: Indicator 4 (The percent of discharges from a psychiatric inpatient unit who are seen for follow-up within seven days.):** Both the Adult (96.39%) and Child (100%) populations met the 95% compliance standard for FY26Q1.

**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 (5.00%) and adult (8.06%) populations for FY26Q1.

**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.

Prepared by: Sarah Holsinger, LMSW – Quality Manager

Date: May 14, 2026

# Clinical Dashboard Report: Executive Summary

**Preadmission Screening Disposition:** Bay City CRU has expanded their contract and is now servicing Midland and Saginaw Counties. This is a possible contributing factor to the fluctuations in utilization. Partial hospitalization has expanded to children's services effective June of 2025. A new PHP for adults is expected to be implemented in July 2025, making three total PHP options available for adults. Current wait times for PHP are 1-3 weeks. ICSS now has a two-person deployment team available for second shift Monday through Friday, so utilization of this service is also expected to increase. ICSS Expansion is expected to grow as an ICSS Expansion Grant has been awarded to BABH to be implemented through FY2027.

**Adults Who Receive Core Services:** Arenac has noticed an increase in case management services, but overall no major changes are noted in this service area. Our contract providers (Saginaw Psychological, MPA, and List), continue to struggle with hiring/retaining fully licensed staff. This has had impacts on their referral status.

**Children's Core Services: Children (Home Based and Infant Mental Health) H0036:** The Home-based service (HBS) is the most intensive community-based service for children diagnosed with serious emotional disturbance and their families. The program has experienced an influx of referrals since 2020, that has created program capacity issues. During FY25, BABHA hired an additional intensive case manager that has allowed the HBS program to step cases down to a less intense level of care. This action has resulted in approximately a 5% decrease in the average program count from FY24-current. HBS provides services to approximately 13.4% of the total children receiving services at BABHA.

**Core Specialty Behavioral Health services include Targeted Case Management (TCSM), Outpatient Therapy (OPT), and Home-based services (HBS).** In FY26 Q2, BABHA provided core services to 1042 children/youth. Of those, 44% received Targeted Case Management and 42.6% received Outpatient Therapy. TREND: Since FY24 Q1, there has been a 15% increase in children/youth receiving TCSM services. A portion of this increase could be attributed to the increase in children meeting criteria for Autism services (Applied Behavioral Analysis- ABA), as TCSM is required to coordinate services with the ABA providers.

**Children who received core services:** The final "Children who received a core service" chart depicts cases served by provider. The continued increase in Bay-Child CSM services is primarily due to the influx of children meeting medical necessity criteria for autism services (i.e. ABA).

**Employment Services:** Arenac Opportunities (AOI) is no longer contracted with BABH and all services were transitioned to Do-All. This includes CLS and Vocational Supports. In anticipation of changes regarding work requirements for Medicaid, there is a greater emphasis on increasing vocational referrals.

**North Bay CLS:** Northbay continues to assist in crisis situations. Training has been assigned to the staff to increase their knowledge and skills of working with children especially those with autism. This seems to be the area of most need for those crisis situations. The crisis needs also tend to be outside of the typical hours that the Northbay staff currently work. Discussions within SLT regarding how to best address this.

**Touchstone Services:** The Clubhouse is a community-based service based on a psychosocial rehabilitation model that is dedicated to supporting and empowering people living with severe mental illness (SMI). The Touchstone Opportunity Center continues to rebound post 2020, as they have increased service penetration by over 4% between FY24 and FY25. As they are now back on a regular contract, a 5% increase from FY24 is projected for FY26. They continue to work on expanding services and have made some recent changes in their hours to offer more opportunities for individuals in the evenings and on weekends. They also have a transitional employment program, which will also be emphasized with changes to Medicaid work requirements pending.

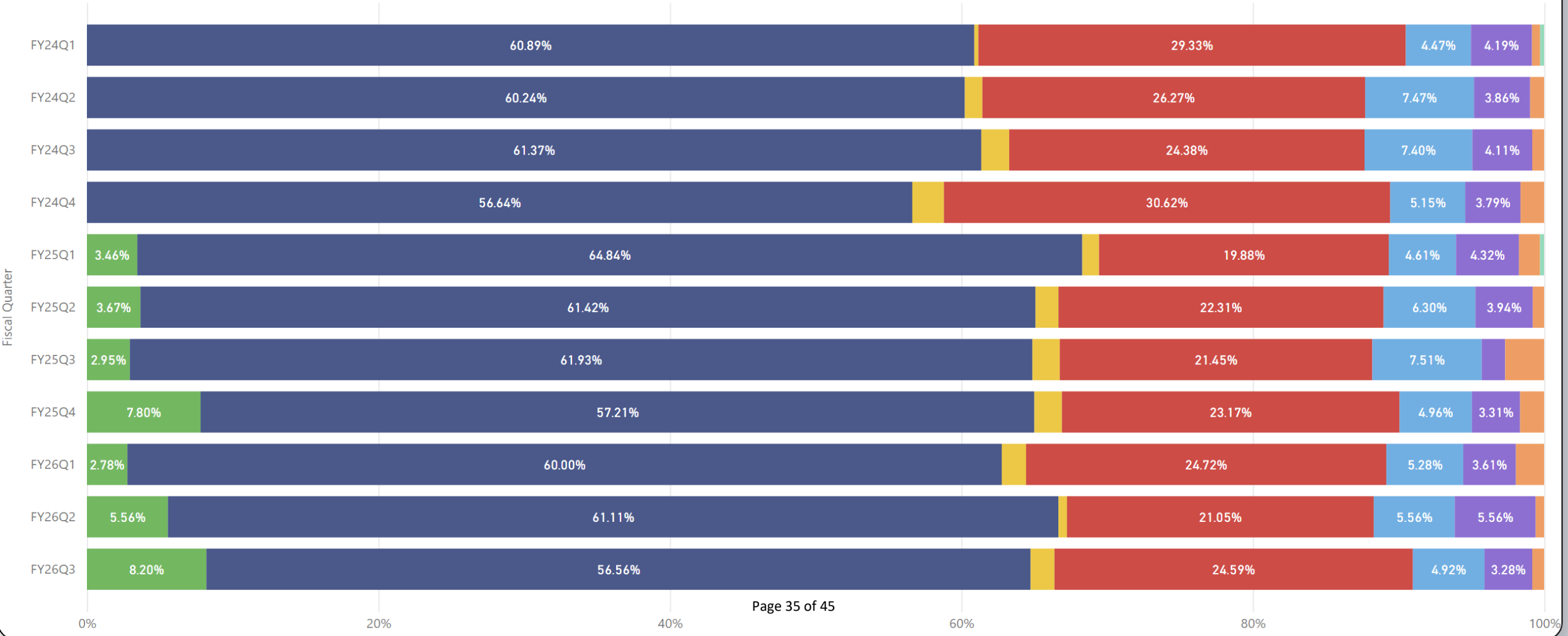
**Specialized Residential:** Valley Residential Services Inc. have ended their contract and Listening Ear has taken over their three homes in Bay and Arenac County. There continues to be vacancies in our Residential system despite the increase in the out of county placements. Local providers are unable to provide the support needed for higher acuity individuals. The Residential Referral Committee has been discussing the possibility of consolidating and potentially eliminating or converting a home to be direct operated or try to get an out of county provider to provide higher level of care.

**Community Living Supports:** CLS utilization has decreased and costs are tending down, which is in line with our Strategic Plan for cost containment. The CLS Review Committee reviewed the CLS tool for effectiveness and some changes were implemented to help achieve this goal.

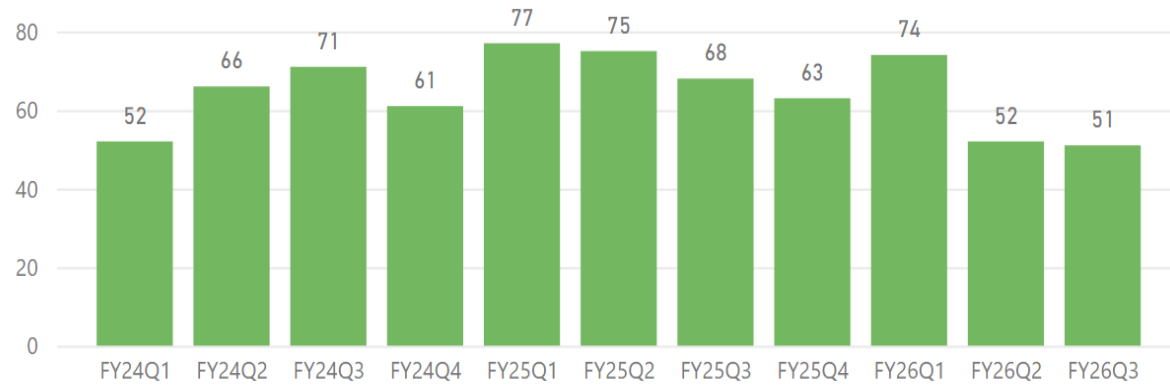
**Autism Services:** The number of children who meet criteria autism service (Applied Behavioral Analysis – ABA) continues to increase each quarter. BABHA has implemented an RFP process to identify our FY27 ABA provider network.

Adult or Child	FY24Q1	FY24Q2	FY24Q3	FY24Q4	FY25Q1	FY25Q2	FY25Q3	FY25Q4	FY26Q1	FY26Q2	FY26Q3
Child (0 -17)	63	81	72	57	54	64	60	70	74	72	21
Adult (18+)	295	334	293	312	293	317	313	353	286	270	101

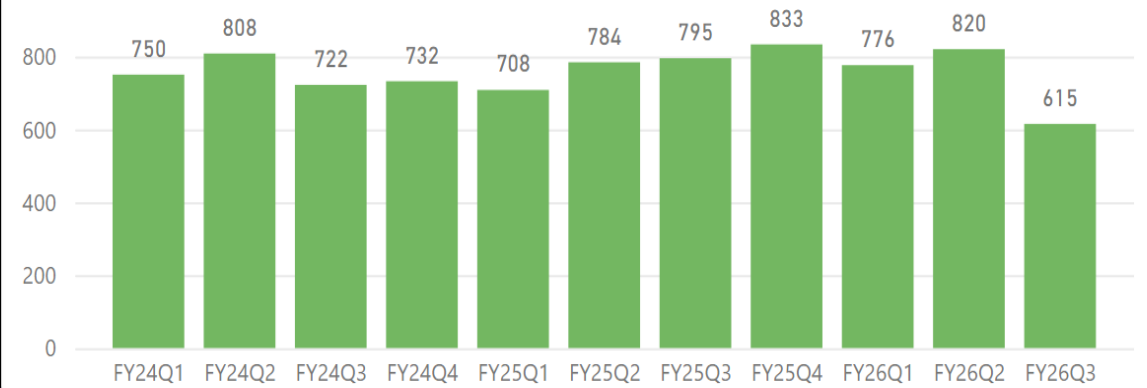
PreAdmissionScreeningDisposition ● Crisis Residential ● Inpatient Admission ● Intensive Crisis Stabilization ● Mental Health Diversion ● Other ● Partial Hospitalization ● Substance Use Diversion ● Withdrew - Declined to finish the Assessment/Screening



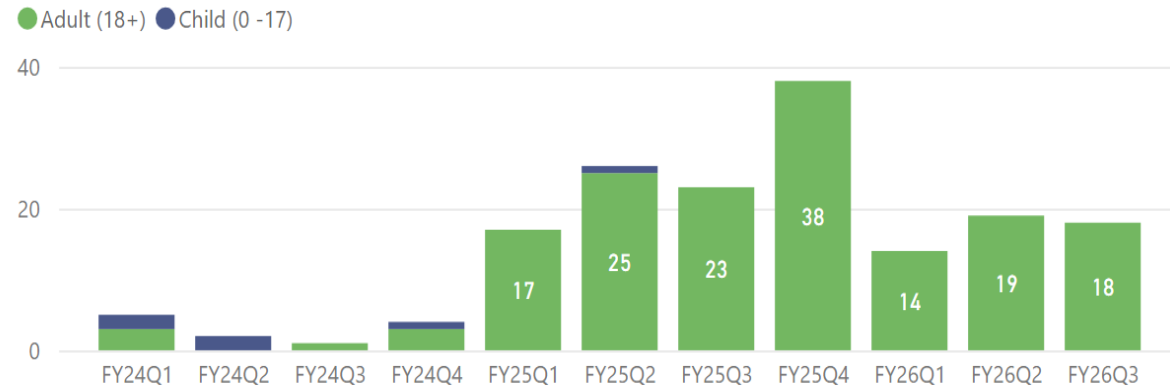
### Intensive Crisis Stabilization Services (ICSS)



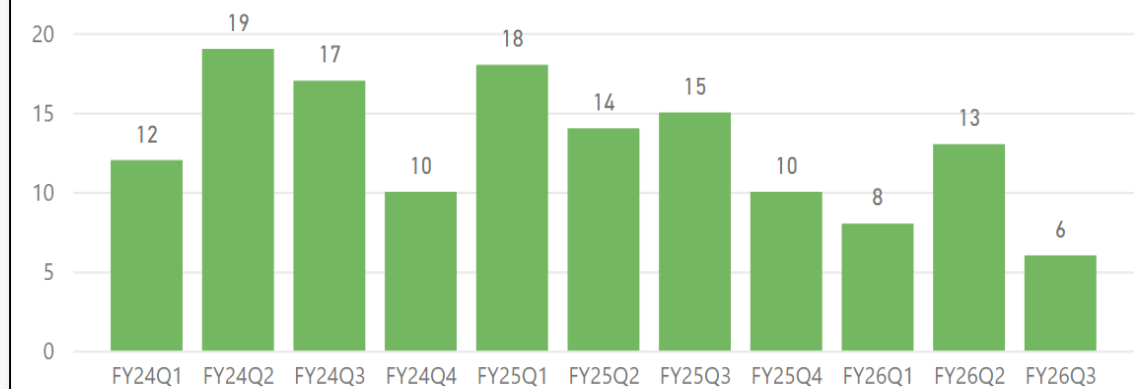
### Crisis Intervention (H2011)



### Crisis Residential (H0018)

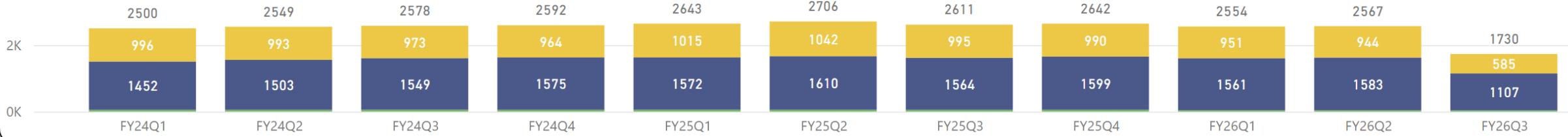


### Partial Hospitalization (0912)



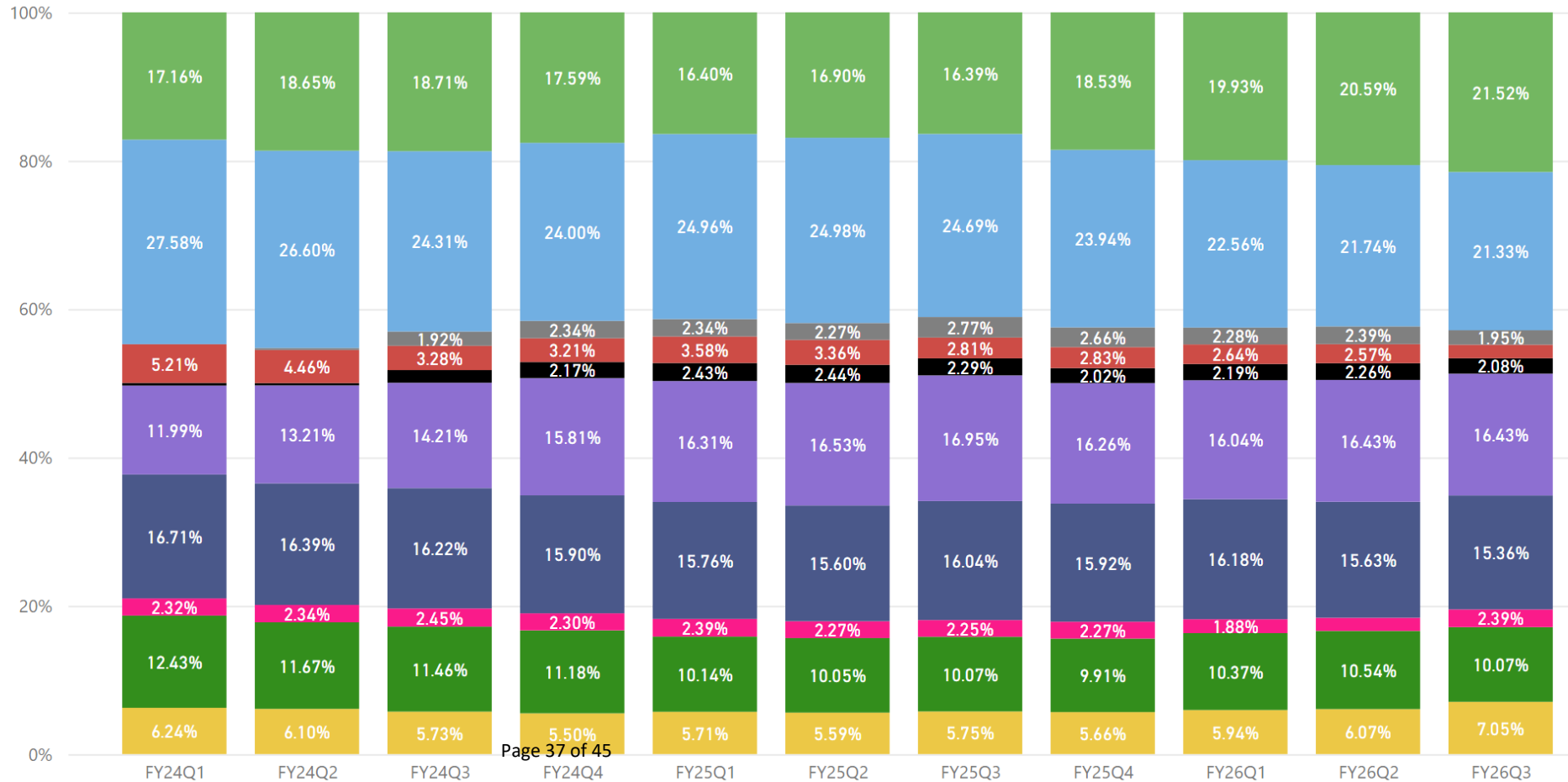
### Adults who received core services

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



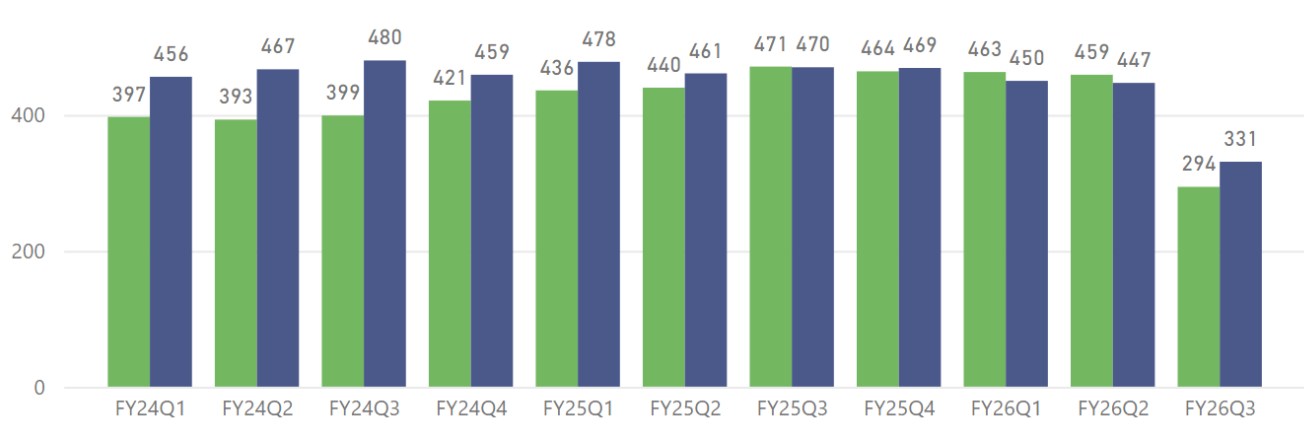
### Adults who received core services

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

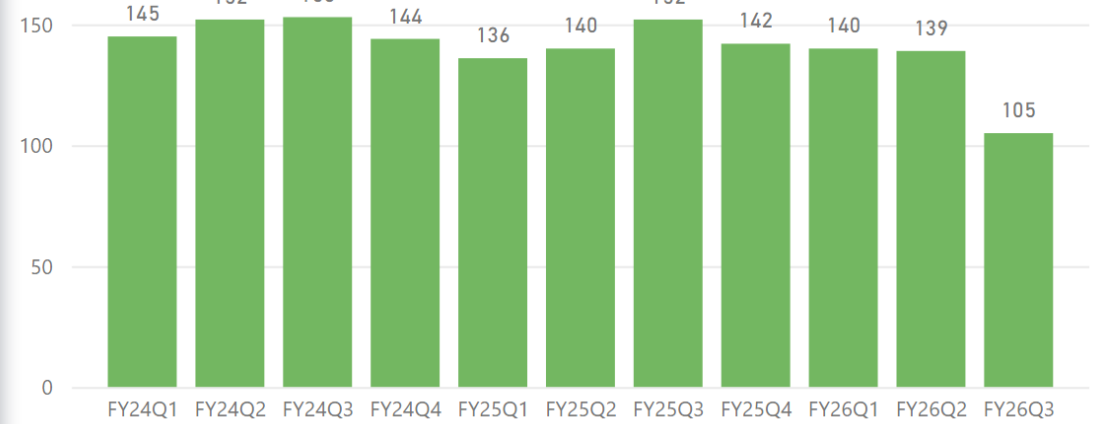


### Children who received core services

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

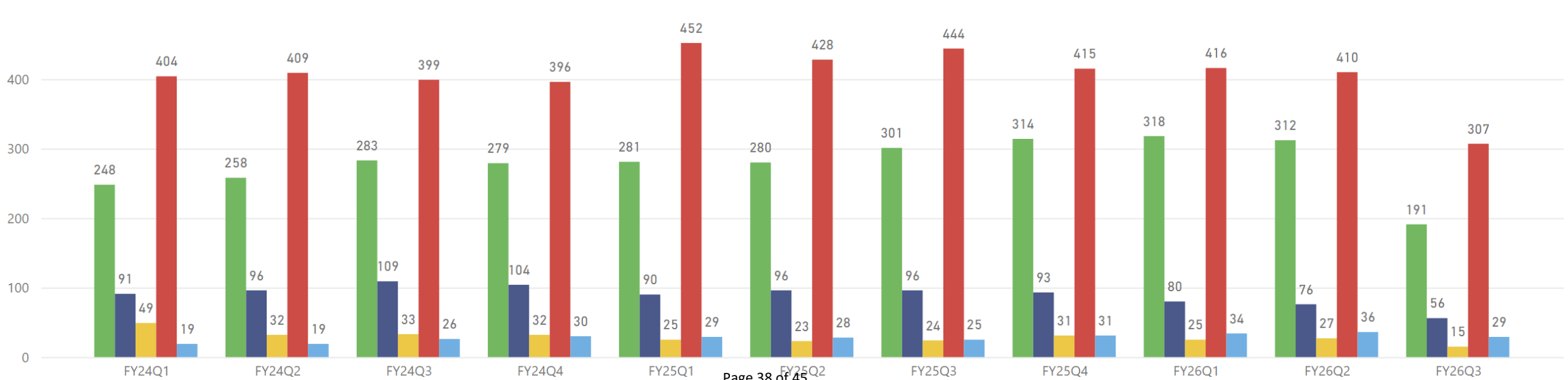


### Children (Home Based and Infant Mental Health) H0036



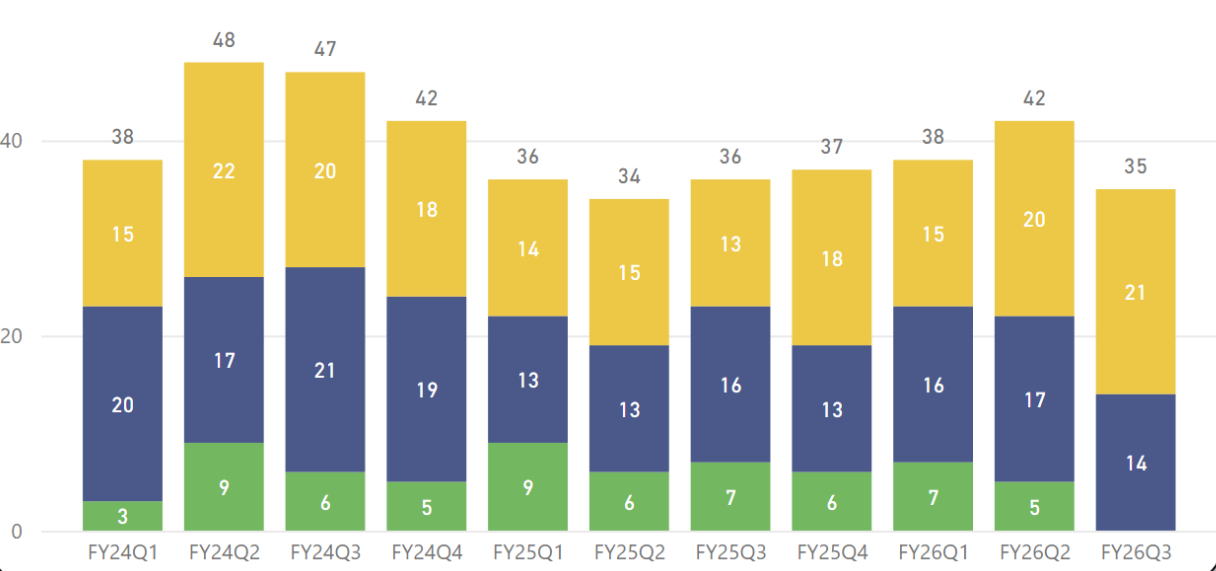
### Children who received core services

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



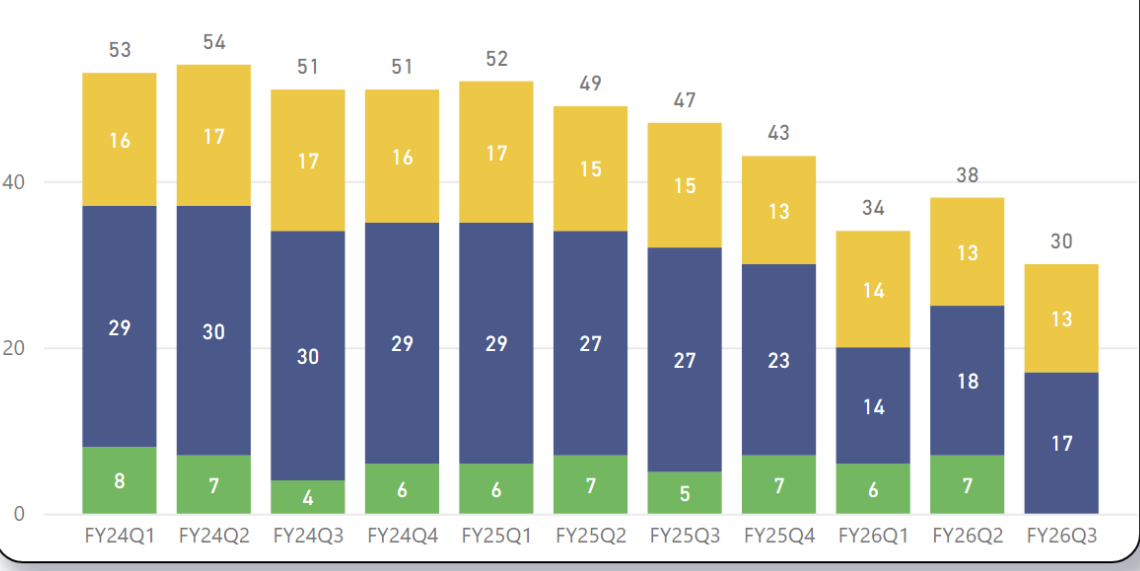
### Supported Employment (H2023 2Y & 3Y)

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



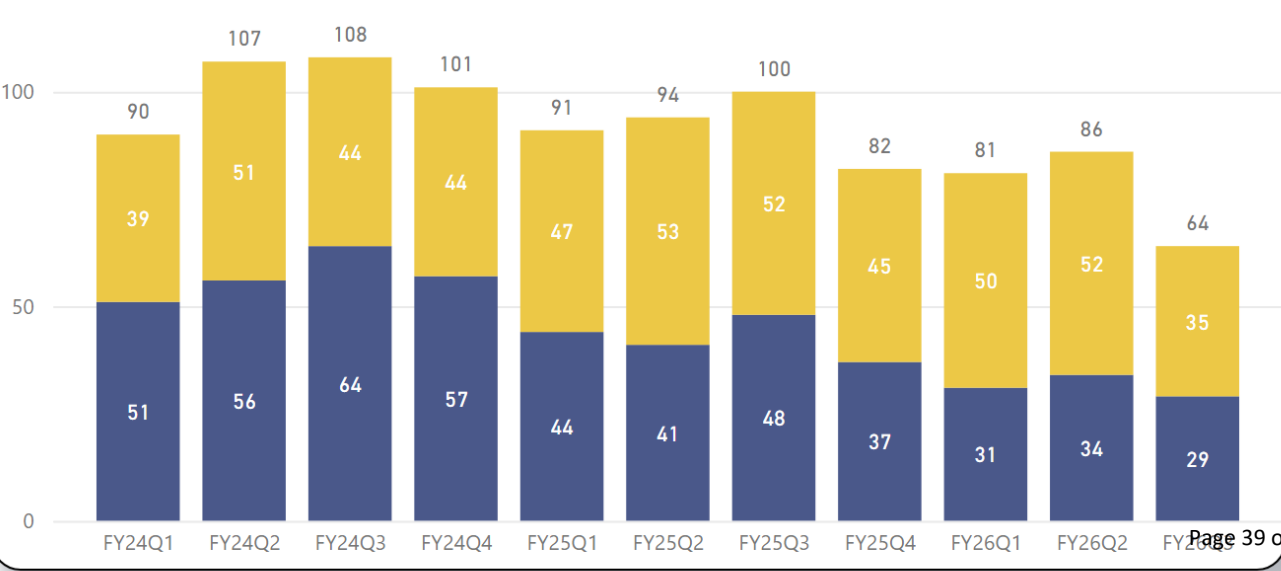
### Job Coaching (H2025)

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

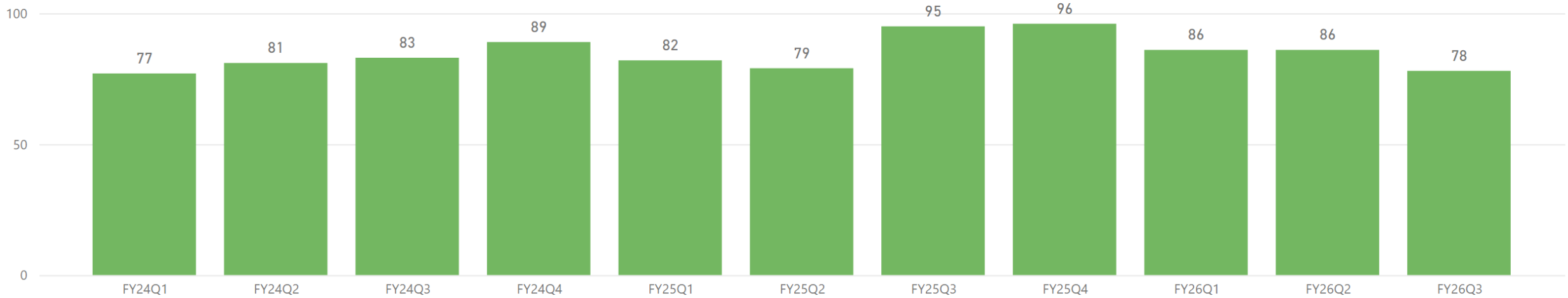


### Individual Placement Services (H2023 Y5)

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

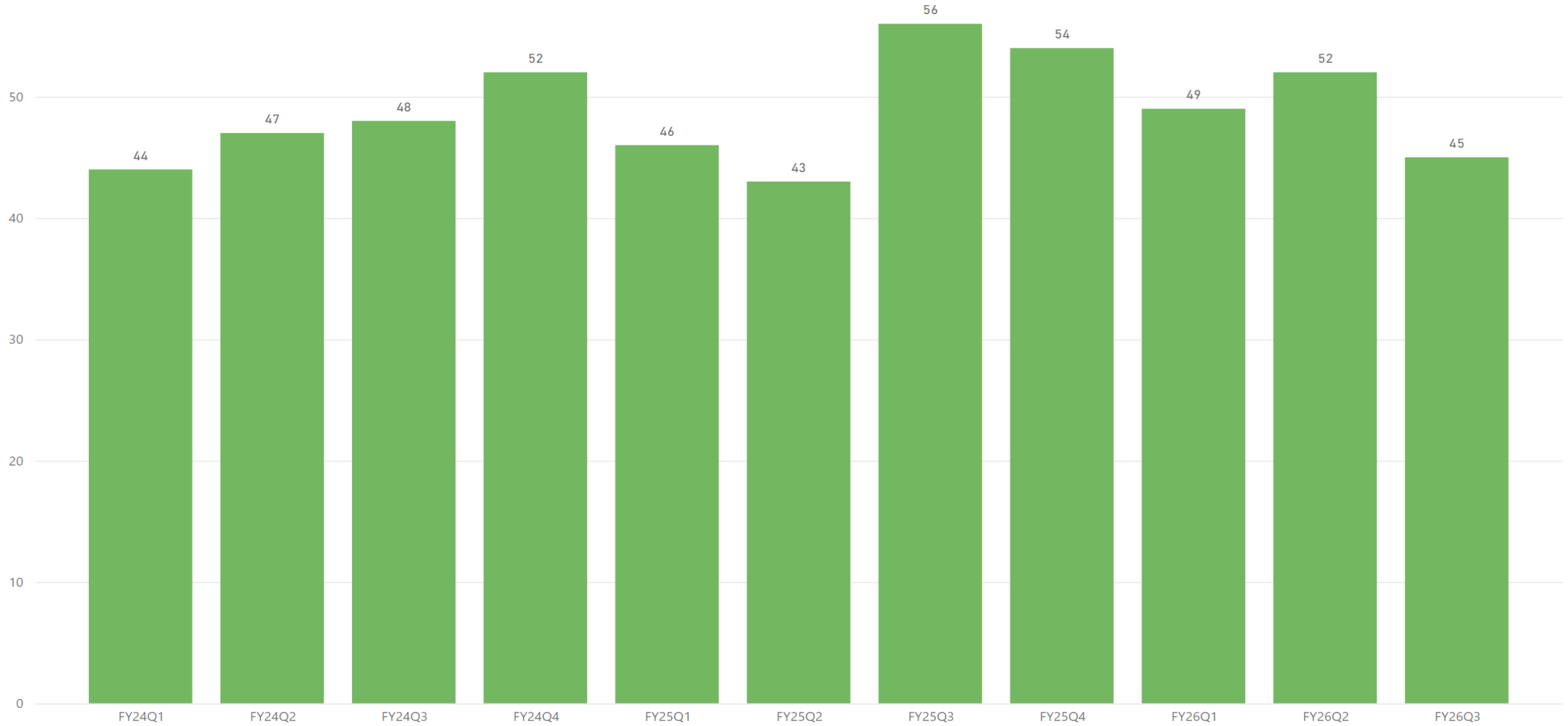


North Bay CLS

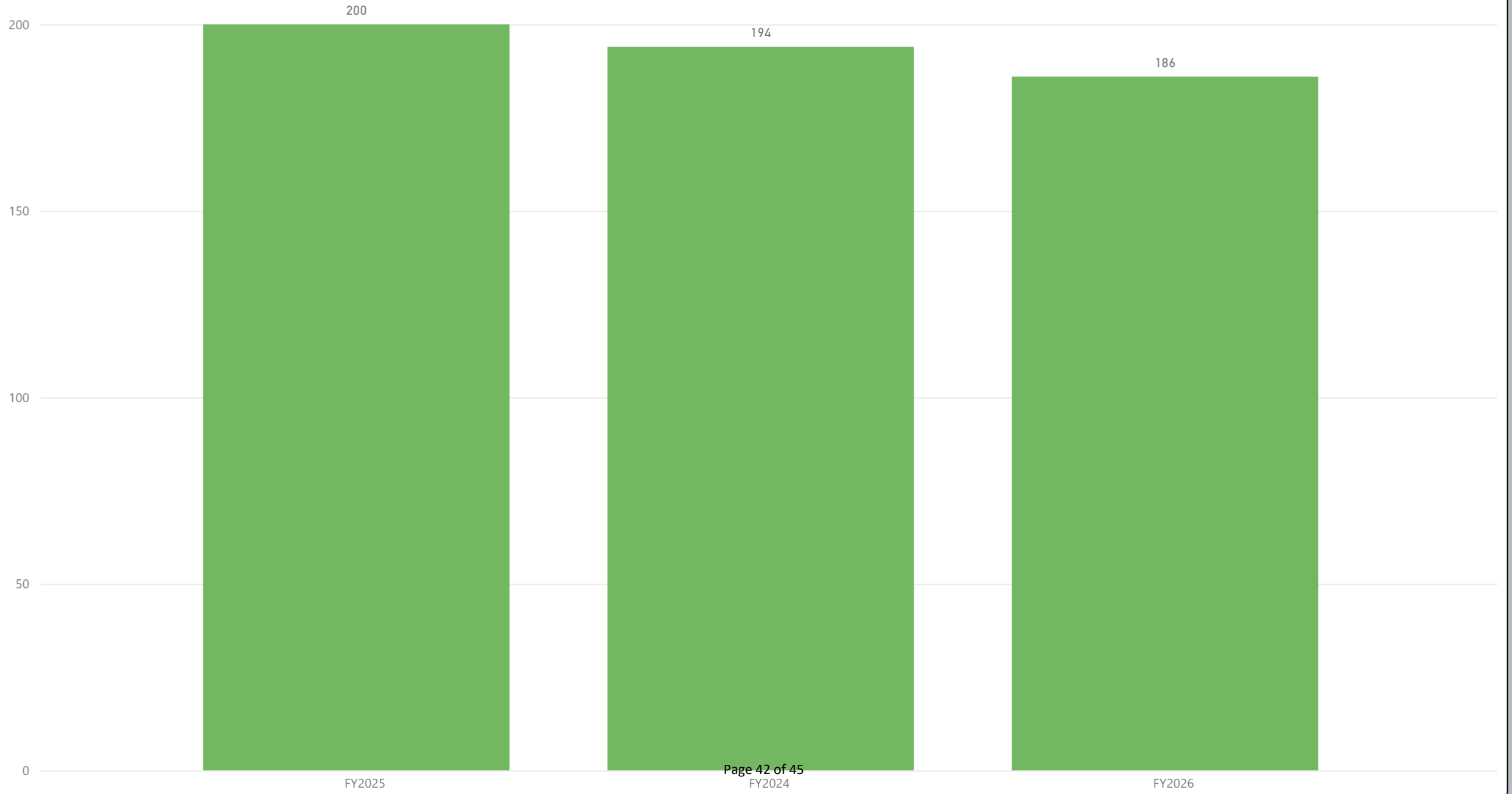


## Touchstone Opportunity Center Clubhouse Services

Procedure Code ● H2030

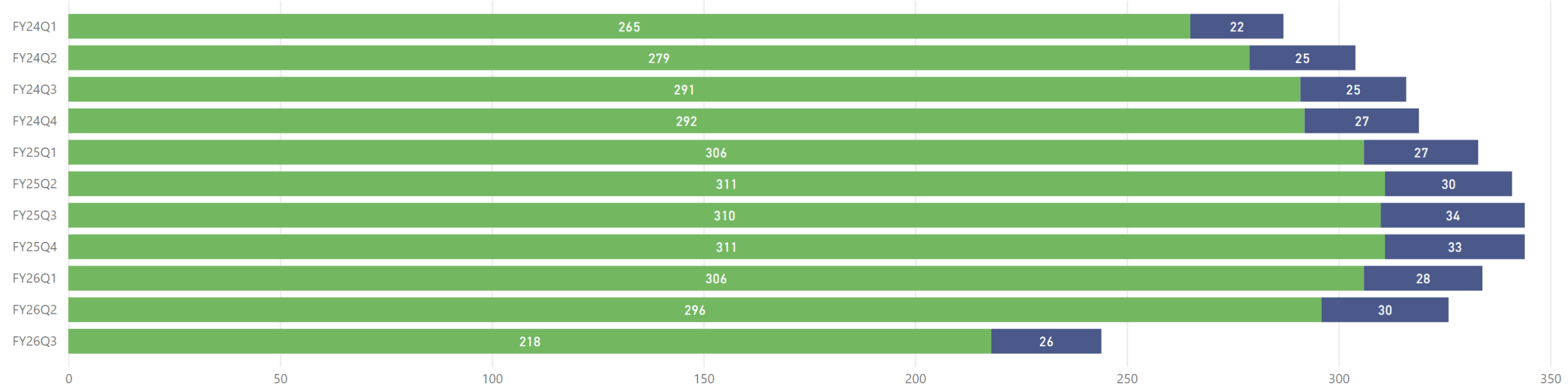


**Specialized Residential (H2016) - Distinct Consumer Count**

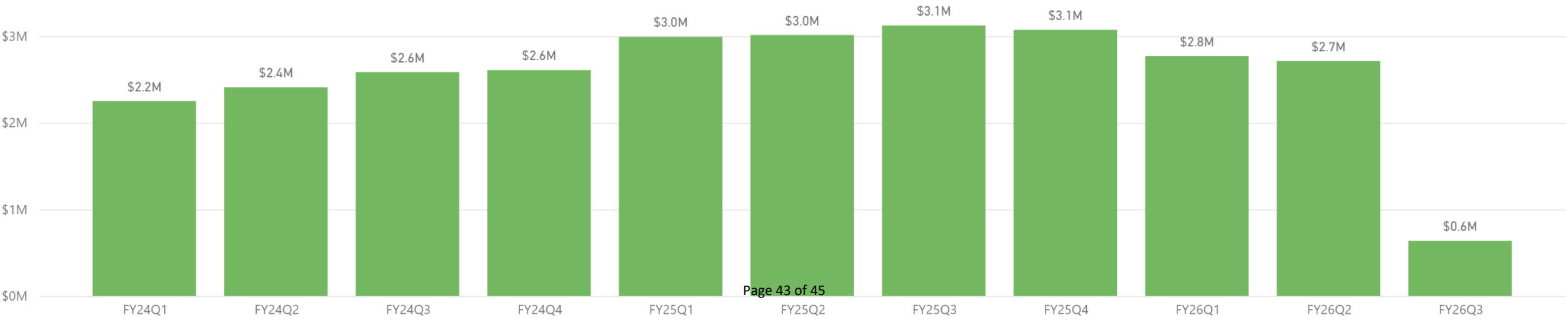


# Community Living Supports

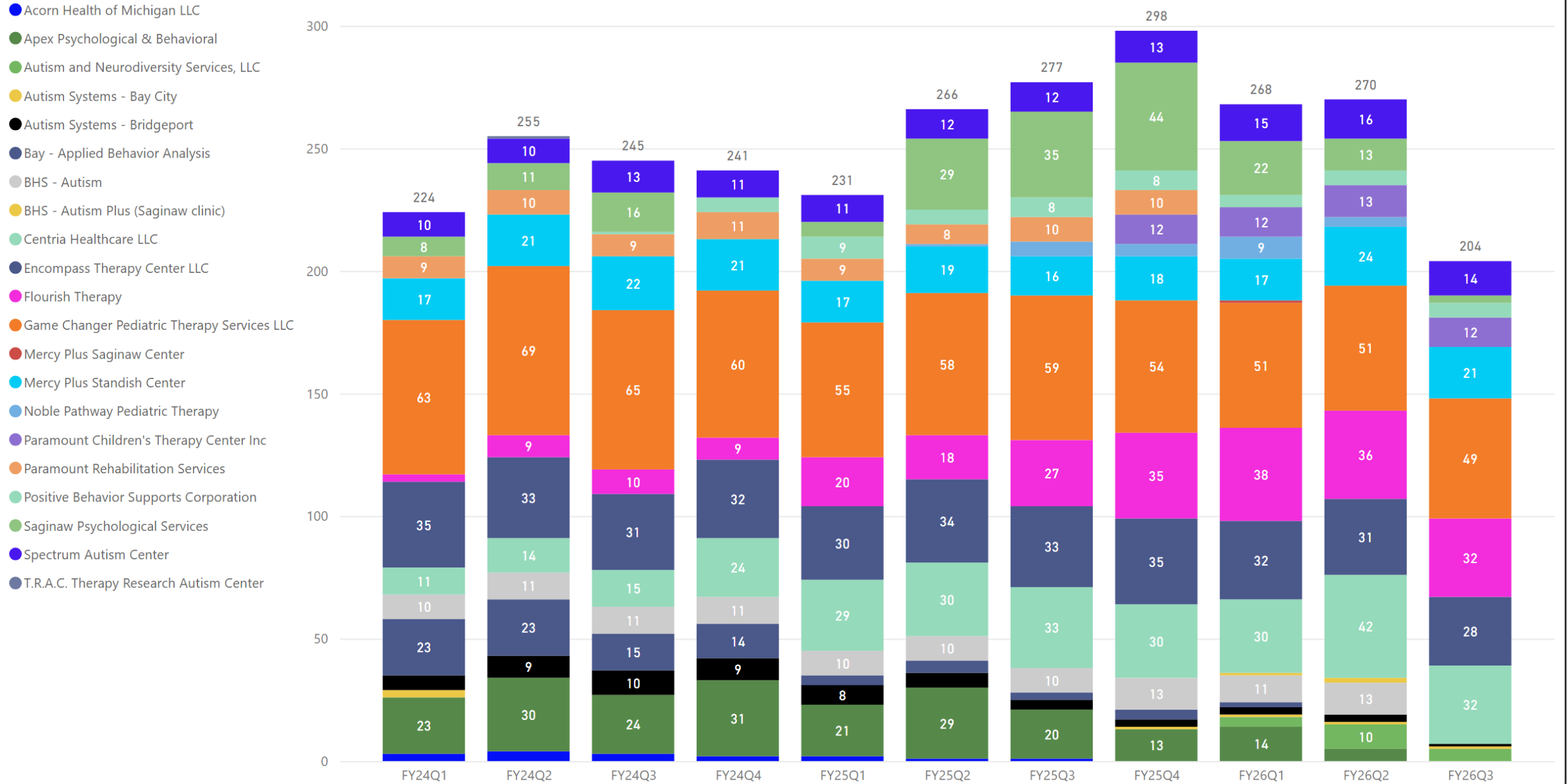
Adult or Child ● Adult (18+) ● Child (0 -17)



## Community Living Supports (Paid Amount)



## Autism Services - Distinct Consumer Count



**Bay City Department of Public Safety**

# National Night Out



**WENONAH PARK  
DOWNTOWN BAY CITY  
TUESDAY, AUGUST 4<sup>TH</sup> 2026  
5PM – 8PM**

**NATIONAL NIGHT OUT IS A FREE EVENT FOR EVERYONE!**

**PLEASE JOIN US AT WENONAH PARK FOR A NIGHT OUT AGAINST CRIME. THERE WILL BE NON-PROFIT GROUPS PROVIDING FOOD, MUSIC, GAMES, AND PRIZES ALONG WITH A LOCAL RESTAURANT COOK OFF. EMERGENCY VEHICLES WILL ALSO BE ON DISPLAY FOR YOUR VIEWING PLEASURE.**

