BAY ARENAC
BEHAVIORAL HEALTH

BOARD OF DIRECTORS
REGULAR MEETING

Thursday, July 16, 2026 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

AGENDA

Page

1. CALL TO ORDER & ROLL CALL

2. PUBLIC INPUT (5 Minute Maximum Per Person)

3. REGULAR BOARD MEETING, 06/18/2026 – Distributed – Pawlak, Ch/ McFarland, V Ch
   3.1 Motion on minutes as distributed

4. PERSONNEL & COMPENSATION COMMITTEE, 06/29/2026 – Distributed – Conley, Ch/ O'Brien, V Ch
   3 — 4.1 Res# 2607001: Approve the 2026 Cultural Competency & Diversity Plan – *See page 3 resolution sheet & plan attached to back of packet*
   4-8 — 4.2 Res# 2607002: Approve the Employee Handbook Revision – *See page 3 resolution sheet & pages 4-8*
   4.3 Consideration of a motion to receive and file the 2026 CEO Evaluation
   4.4 Consideration of a motion to approve the minutes as distributed

5. FINANCE COMMITTEE, 07/08/2026 – Distributed – Banaszak, Ch/ Mrozinski, V Ch
   9-10 — 5.1 Motion to accept investment earnings balances for period ending June 30, 2026 – *See pages 9-10*
   3, 11 — 5.2 Res# 2607003: Approve the Finance July 2026 contract list – *See page 3 resolution sheet & page 11*
   3, 12 — 5.3 Res# 2607004: Approve purchasing the IT replacement equipment – *See page 3 resolution sheet & page 12*
   5.4 Consideration of a motion to approve the minutes as distributed

6. PROGRAM COMMITTEE, 07/09/2026 – Distributed – Girard, Ch/ Schumacher, V Ch
   3 — 6.1 Res# 2607005: Approve the requests for clinical privileges – *See page 3 resolution sheet*
   6.2 Consideration of a motion to approve the minutes as distributed

7. AUDIT COMMITTEE, 07/13/2026 – Distributed – McFarland, Ch/ Banaszak, V Ch
   3, 13-19 — 7.1 Res# 2607006: Accept financial statements – *See page 3 resolution sheet & pages 13-19*
   3, 20-23 — 7.2 Res# 2607007: Accept electronic fund transfers – *See page 3 resolution sheet & pages 20-23*
   3, 24 — 7.3 Res# 2607008: Approve disbursement & health care claims payments – *See page 3 resolution sheet & page 24*
   7.4 Consideration of a motion to approve the minutes as distributed

BOARD OF DIRECTORS
REGULAR MEETING

Thursday, July 16, 2026 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

AGENDA

9. UNFINISHED BUSINESS
   9.1 None

10. NEW BUSINESS
    10.1 Special Facilities & Safety Committee Meeting
    A special Facilities & Safety Committee meeting has been scheduled for 5:00 pm on Wednesday, August 5, 2026 for consideration of future facilities planning.
    10.2 Upcoming Conferences
    a) 33rd Annual Recipient Rights Conference at Crystal Mountain is Wednesday, September 16 – Friday, September 18, 2026.
    b) Community Mental Health Association Fall Conference at Grand Traverse Resort is Monday, October 26 & Tuesday, October 27, 2026.

11. BOARD MEMBER COMMENTS

12. ADJOURNMENT

BOARD OF DIRECTORS
REGULAR MEETING

Thursday, July 16, 2026 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

RESOLUTIONS

Personnel & Compensation Committee, June 29, 2026

Res#2607001: Resolved by Bay Arenac Behavioral Health Authority to approve the 2026 Cultural Competency Plan.

Res#2607002: Resolved by Bay Arenac Behavioral Health Authority to approve the Employee Handbook revision to begin tracking both ETO and ESTA at the same ¼ hour increment.

Finance Committee, July 8, 2026

Res# 2607003: Resolved by Bay Arenac Behavioral Health Authority to approve the Finance July 2026 contract list.

Res# 2607004: Resolved by Bay Arenac Behavioral Health Authority to approve purchasing the IT replacement equipment in the amount of $105,443.78.

Program Committee, July 9, 2026

Res# 2607005: Resolved by Bay Arenac Behavioral Health Authority to approve the following requests for clinical privileges:

1) Sylvia Exum, M.D. – three-year renewal term expiring July 31, 2029.
2) Yasmin Jilla, M.D. – three-year term expiring July 31, 2029.
3) Ryan Waugh, FNP-C – three-year term expiring July 31, 2029.
4) Sunil Parashar, M.D. – three-year term expiring July 31, 2029.

Audit Committee, July 13, 2026

Res# 2607006: Resolved by Bay Arenac Behavioral Health Authority to approve the Financial Statements for the period ending June 30, 2026.

Res# 2607007: Resolved by Bay Arenac Behavioral Health Authority to approve the electronic fund transfer (EFTs) for the period ending June 30, 2026.

Res# 2607008: Resolved by Bay Arenac Behavioral Health Authority to approve the disbursements and health care payments from June 13, 2026 through July 10, 2026.

EARNED TIME OFF

22.1 Earned Time Off (ETO)

Earned Time Off (ETO) is provided to all eligible full-time employees of BABHA. ETO is a combined paid leave benefit to be utilized for vacation, and personal leave. (Please refer to the Section 22.11 Earned Sick Time Act for paid sick leave time.) Planned use of ETO is encouraged to assist employees with balancing work and home life. ETO is to be pre-approved by the supervisor whenever possible. The excessive use of unplanned ETO may impact an employee's ability to schedule vacations or take other planned time off.

22.2 Rate of Accrual

Full-time employees currently accrue Earned Time Off (ETO) at the following rate, provided, however, the employee's combination of hours worked and used banked ETO result in at least all scheduled hours being covered. Regular full-time employees working less than forty-(40) hours per week accrue ETO on a pro-rated basis provided, the employee's combination of hours worked and used banked ETO result in at least a pro-rated amount of paid days similar to that of a 40 hour a week employee. Eligible employees who were previously, but no longer, subject to a negotiated CBA shall accrue ETO at the following rate effective January 1, 2020 based on eligible years of service with BABH, as approved by the BABH Board of Directors.

Employees may be eligible to accrue ETO as follows:

First Year	160 hours (20 days)
Years 2-9	232 hours (29 days)
10 or more Years	264 hours (33 days)

22.3 Accumulation of ETO

Accumulation of ETO is limited; that is, the amount carried forward may not exceed eight hundred forty (840) hours. Hours above this amount will be forfeited and are not compensable.

When an employee's continuous length of service reaches a point entitling him/her to the next higher rate of ETO accrual, earning at the new ETO rate will begin with the payroll period that includes his/her date of employment.

Employees shall receive ETO on the basis of their normal work week and at the rate of pay prevailing at the time the ETO is taken.

The amount of ETO available for use is available to view in the time and attendance system.

22.4 Probationary Period

Probationary employees shall accrue ETO as outlined in "Rate of Accrual" above.

22.5 Temporary

Temporary employees shall not be entitled to ETO.

22.6 Separation

Currently, upon retirement, death, layoff, or voluntary resignation, eligible employees shall be compensated for any accrued ETO hours at the rate prevailing on the employee's last working day. Effective October 1, 2018, eligible employees will receive payout of 50% of accrued ETO at voluntary separation (non-retirement) as long as 30 day written notice of resignation is received. Eligible employees retiring under the terms and conditions of Bay-Arenac Behavioral Health and the Bay County Employees' Retirement System, layoff or death will receive 100% payout of accrued ETO. Payment of ETO upon voluntary resignation or retirement is further contingent upon the employee's return of all agency property issued to, or in the possession of the employee, including, but not limited to, keys, ID badge, computer equipment, cell phone, etc. ETO is not authorized once notice of resignation is made unless pre-approved prior to notice of resignation**.** Employees who are discharged are not eligible for payout of accrued ETO. Terminal ETO shall not be added to an employee's length of service.

Failure to return all agency issued property at the time of separation will be considered theft and will be reported to the local police department.

22.7 Holiday

If an observed holiday falls within an employee's ETO, it shall not be counted as an ETO day unless the employee was scheduled to work on a holiday.

22.8 Leave of Absence

ETO shall not accrue during periods of leave of absence.

22.9 ETO Schedules

ETO schedules for employees shall be developed and approved by his/her Supervisor. Each supervisor shall schedule ETO over as wide a period as possible in order to maintain required services. Employees are to seek written pre-approval from their immediate supervisor prior to scheduling time off. ETO may be taken in increments of one-quarter (1/4) hour with advance approval of the supervisor. (Banked ETO must be utilized prior to requesting leave without pay.) ETO requests are not guaranteed and may be denied based on program need and/or outstanding work assignments.

Employees who request leave without pay must submit their request, including reasons for the request, through the chain of command to the Chief Executive Officer for approval. Denial of the request and/or the use of leave without pay due to poor attendance will subject the employee to disciplinary action as referenced within this handbook.

22.10 Verification of Illness

a) Eligible employees may utilize ETO due to illness if the employee has exhausted ESTA hours or does not have accrued ESTA available.

b) In the absence of available ESTA, ETO may be used for injury or illness of an employee or a member of his/her immediate family that necessitates his/her absence from work. Immediate family is defined in the ESTA and FMLA sections of the Employee Handbook. ETO may also be utilized for appointments with doctors, dentists, or other recognized practitioners to the extent of time required to complete such appointments in the absence of available ESTA.

c) Employees returning to work from an illness or leave of absence of more than three (3) days may be required by his/her department head to submit a statement from his/her physician qualifying his/her ability to work or to verify the illness.

22.11 Earned Sick Time Act (ESTA)

Effective February 21, 2025 all employees, including full-time, part-time, seasonal, and temporary workers are eligible to accrue paid sick time. Employees will accrue one (1) hour of paid sick, time for every 30 hours worked. Current employees may begin using their accrued paid sick time as it accrues. Employees hired after February 21, 2025 may not begin using their accrued sick time until the one hundred twentieth (120) calendar day after commencing their employment with BABH.

a. Employees who are exempt from the overtime pay requirements of the Fair Labor Standards Act, 29 USC 213(a)(1), are assumed to work forty (40) hours per week unless the employee's normal work week is less than forty (40) hours, in which case earned sick leave time accrues based upon that normal work week.

b. When requesting the use of sick time, employees should provide sufficient information for the employer to determine whether the leave meets the eligible uses of the ESTA.

c. Sick time can be used in increments of one-quarter (1/4) hour.

d. Employees can use earned sick time for any of the following reasons:

   1. The employee's mental or physical illness, injury or health condition; medical diagnosis, care or treatment of the employee's mental or physical illness, injury, or health condition; or preventative medical care for the employee.

   2. For the employee's family member's mental or physical illness, injury, or health condition; medical diagnosis, care or treatment of the employee's family members' mental or physical illness, injury or health condition; or preventive medical care for a family member of the employee.

   3. If the employee or the employee's family member is a victim of domestic violence or sexual assault, for medical care or psychological or other counseling for physical or psychological injury or disability; to obtain services from a victim services organization; to relocate due to domestic violence or sexual assault; to obtain legal services; or to participate in any civil or criminal proceedings related to or resulting from the domestic violence or sexual assault.

   4. For meetings at a child's school or place of care related to the child's health or disability, or the effects of domestic violence or sexual assault on the child; or

   5. For the closure of the employee's place of business by order of a public official due to a public health emergency; for an employee's need to care for a child whose school or place of care has been closed by order of a public official due to a public health emergency; or when it has been determined by the health authorities having jurisdiction or by a health care provider that the employee's or employee's family member's presence in the community would jeopardize the health of others because of the employee's or family member's exposure to a communicable disease, whether or not the employee or family member has actually contracted the communicable disease.

e. For the purposes of this policy, “family member” includes all the following:

   1. Biological, adopted or foster child, stepchild, or legal ward, a child of a domestic partner, or a child to whom the employee stands in loco parentis.

   2. Biological parent, foster parent, stepparent, or adoptive parent or a legal guardian of an employee or an employee’s spouse or domestic partner or a person who stood in loco parentis when the employee was a minor child.

   3. A person to whom the employee is legally married under the laws of any state or a domestic partner.

   4. A grand parent.

   5. A grandchild.

   6. A biological, foster or adopted sibling.

   7. Any other individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

f. For earned sick leave of more than three consecutive days, the employer may require reasonable documentation that the earned sick leave has been used for a permissible purpose. Upon request, the employee must provide this documentation within fifteen (15) days of the request.

   1. Employer required documentation should not include a description of the illness or details of the violence.

      a. Documentation signed by a health care professional indicating that earned sick time is necessary is reasonable documentation for purposes of this subsection. Documentation providing details of the nature of the illness is not required.

      b. In cases of domestic violence or sexual assault, one of the following types of documentation selected by the employee shall be considered reasonable documentation:

         i. a police report indicating that the employee or the employee’s family member was a victim of domestic violence or sexual assault;

         ii. a signed statement from a victim and witness advocate affirming that the employee or employee’s family member is receiving services from a victim services organization; or

         iii. a court document indicating that the employee or employee’s family member is involved in legal action related to domestic violence or sexual assault.

   2. If the employer requires documentation, the employer is responsible for paying

all out-of-pocket expenses the employee incurs in obtaining the documentation.

3. Commencement of use of sick time will not be delayed while awaiting documentation.

e. A maximum of 72 hours of unused, accrued paid sick time will be carried over into the next benefit year without a maximum. In addition, only a maximum of 72 hours of accrued sick time can be used in a calendar year (January 1st – December 31st). Sick time will be paid at the employee's regular rate of pay. If any employee is paid for sick leave which is subsequently denied, the overpayment may, as permitted by law, be deducted from the employee's next paycheck and/or future paychecks.

f. All unused, accrued sick time will be forfeited at the time of separation (unless the employee is reinstated within 2 months).

g. The use of paid sick leave must be approved by the employee's supervisor. Employees are asked to provide notice no more than 7 days in advance but no less than one hour before your scheduled start time, if they are aware of the need to use sick time if the absence is foreseeable. If the need for sick time is not foreseeable, notification should occur as soon as reasonably practicable. If the employee's absence due to illness or injury exceeds the amount of accrued paid sick leave, the employee must seek and obtain approval for other leave such as Family Medical Leave or ETO.

h. Employees will not be penalized or retaliated against in any way for requesting or using accrued paid sick time for the purposes designated above. Retaliatory actions against an employee for requesting or using paid sick leave time is prohibited. If an employee believes that the Employer has violated this Policy, that employee may file a complaint with the Labor and Economic Opportunity.

Bay-Arenac Behavioral Health Authority
Estimated Cash and Investment Balances June 30, 2026

Balance June 1, 2026	6,561,537.24
Balance June 30, 2026	5,637,332.46
Average Daily Balance	5,015,212.36
Estimated Actual/Accrued Interest June 2026	11,657.09
Effective Rate of Interest Earning June 2026	2.79%
Estimated Actual/Accrued Interest Fiscal Year to Date	130,471.61
Effective Rate of Interest Earning Fiscal Year to Date	2.97%

Note: The Cash and Investment Balances exclude Payroll and AP related Cash Accounts.

Cash Available - Operating Fund

		Rate	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Beg. Balance Operating Funds - Cash, Cash equivalents, Investments			6,179,005	4,597,768	6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441	7,785,704	6,060,159
Cash in			12,225,824	20,990,024	16,234,403	12,208,234	13,636,279	21,097,480	13,203,400	12,594,625	12,095,878	21,243,634	14,182,106	11,806,450	18,483,283
Cash out			(13,807,060)	(19,326,275)	(15,720,233)	(13,017,289)	(14,328,710)	(17,939,763)	(14,858,965)	(13,994,743)	(12,739,564)	(17,870,743)	(14,501,842)	(13,531,996)	(19,400,423)
Ending Balance Operating Fund			4,597,768	6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441	7,785,704	6,060,159	5,143,018
Investments															
Money Markets			4,597,768	6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441	7,785,704	6,060,159	5,143,018
	90.00														
	180.00														
	180.00														
	270.00														
	270.00														
Total Operating Cash, Cash equivalents, Invested			4,597,768	6,261,517	6,775,688	5,966,633	5,274,202	8,431,919	6,776,354	5,376,236	4,732,550	8,105,441	7,785,704	6,060,159	5,143,018
Average Rate of Return General Funds			3.40%	3.37%	3.36%	3.34%	3.06%	2.94%	3.14%	3.00%	2.91%	2.85%	2.81%	2.79%	2.74%
				3.26%	3.13%	3.28%	3.06%	2.81%	3.56%	2.56%	2.56%	2.58%	2.60%	2.57%	2.37%
average			6,222,014	6,225,964	6,275,939	6,295,231	5,274,202	6,853,061	6,698,662	6,464,678	6,118,252	6,449,450	6,780,648	6,567,821	6,409,509

Cash Available - Other Restricted Funds

		Rate	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Beg. Balance-Other Restricted Funds - Cash, Cash equivalents, Investments			474,641	476,260	477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026	491,436	492,896
Cash in			1,619	1,679	1,684	1,608	1,628	1,488	1,473	1,444	1,308	1,452	1,410	1,461	1,418
Cash out															
Ending Balance Other Restricted Funds			476,260	477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026	491,436	492,896	494,314
Investments															
Money Market			476,620	477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026	491,436	492,896	494,314
	91.00	0.70%													
	91.00	1.10%													
	91.00	1.15%													
	91.00	1.35%													
	90.00	1.70%													
	91.00	2.05%													
	90.00	2.15%	-	-	-	-	-	-	-	-	-	-	-	-	-
	365.00	80.00%													
Total Other Restricted Funds			476,620	477,939	479,623	481,232	482,860	484,348	485,821	487,265	488,574	490,026	491,436	492,896	494,314
Average Rate of Return Other Restricted Funds			4.75%	4.68%	4.63%	4.58%	4.11%	4.11%	3.93%	3.85%	3.78%	3.73%	3.70%	3.67%	3.65%
			4.02%	4.02%	4.15%	4.00%	4.11%	4.11%	3.58%	3.58%	3.50%	3.50%	3.50%	3.50%	3.50%
average			469,762	470,615	471,434	472,251	482,860	483,604	484,343	485,074	488,574	486,482	487,190	487,903	488,616
Total - Bal excludes payroll related cash accounts			5,074,388	6,739,456	7,255,311	6,447,865	5,757,062	8,916,267	7,262,175	5,863,501	8,594,015	8,595,467	8,277,140	6,553,055	5,637,332
Total Average Rate of Return			3.47%	3.44%	3.38%	3.39%	3.55%	3.33%	3.53%	3.15%	3.08%	3.04%	3.00%	2.99%	2.97%

Bay-Arenac Behavioral Health
Finance Council Board Meeting
Summary of Proposed Contracts
July 8, 2026

			Old Rate	New Rate	Term	Out Clause?	Performance Issues? (Y/N) Risk Assessment Rating (Poor/Fair/Good/Excellent)
SECTION I. SERVICES PROVIDED BY OUTSIDE AGENCIES							
Clinical Services							
1	N	**MyMichigan Respite Care and Adult Day Services (Saginaw, MI)** Single Case Agreement for CLS services for one BABHA individual	$0	$4.74/unit	6/22/26 - 8/28/26	Y	New Provider
Admin/Other Services							
2	M	**Applied Research Consultants (APPRECOTS)** Extension to the agreement for ABA consultation and utilization management services	$0	$7,800	10/1/26 -3/31/27	Y	N
SECTION II. SERVICES PROVIDED BY THE BOARD (REVENUE CONTRACTS)							
SECTION III. STATE OF MICHIGAN GRANT CONTRACTS							
SECTION IV. MISC PURCHASES REQUIRING BOARD APPROVAL							

R = Renewal with rate increase since previous contract
D = Renewal with rate decrease since previous contract
S = Renewal with same rate as previous contract
ES = Extension

M = Modification
N = New Contract/Provider
NC = New Consumer
T = Termination

Footnotes:

Proposal for IT Replacement Equipment 2026

	Included in 2026 IT Plan				Insight Quote		
Device Type	**Quantity**	**Unit Cost**	**Total Cost**	**Device Type Proposal**	**Quantity**	**Unit Cost**	**Total Cost**
*Chromebooks	17	$ 1,500.00	**$ 25,500.00**	Lenovo Thinkbooks 16" Monitor	17	$ 1,163.77	**$ 19,784.09**
Laptop	57	$ 1,500.00	**$ 85,500.00**	Lenovo Thinkbooks 16" Monitor	57	$ 1,163.77	**$ 66,334.89**
Desktop	17	$ 1,500.00	**$ 25,500.00**	Lenovo ThinkCentre Neo	17	$ 1,052.73	**$ 17,896.41**
iPad	3	$ 449.00	**$ 1,347.00**	iPad with Cover	3	$ 476.13	**$ 1,428.39**
TOTAL			**$ 137,847.00**				**$ 105,443.78**

*Intended to swap Chromebooks with Surfaces. The Surfaces are unavailable and more expensive. Proposing Thinkbooks.

Bay-Arenac Behavioral Health
Financial Statements
For Period Ending 6/30/2026

Certified for Accuracy

Kal White
Accounting Manager

Marci Rozek
Chief Financial Officer

Bay-Arenac Behavioral Health Statement of Net Assets

Bay-Arenac Behavioral Health Consolidated Income Statement:

By Month to Date

By Year to Date

Bay-Arenac Behavioral Health Reconciliation of Fund Balance:

Bay-Arenac Behavioral Health Reconciliation of Unreserved Fund Balance:

Bay-Arenac Behavioral Health Fund Balance Summary:

Bay-Arenac Behavioral Health Cash Flow Statement

Bay-Arenac Behavioral Health Projected Cash Flows

Bay Arenac Behavioral Health
Statement of Net Assets

	Column Identifiers A	B	C	
1	**ASSETS**	**June 30, 2026**	**Sept 30, 2025**	
2	**Current Assets**			
3	Cash and cash equivalents	$4,201,608.92	$4,977,204.09	
4	Consumer and insurance receivables	223,324.35	222,608.46	
5	Due from other governmental units	7,206,912.38	7,373,116.91	
6	Contract and other receivables	356,886.14	204,672.26	
7	Interest receivable	0.00	0.00	
8	Prepaid items	471,246.78	550,641.43	
9	**Total Current Assets**	**12,459,978.57**	**13,328,243.16**	(3+4+5+6+7+8)
10	**Noncurrent Assets**			
11	**Cash and cash Equivalents - restricted**			
12	Restricted for compensated absences	1,547,677.45	1,534,594.77	
13	Restricted temporarily - other	84,838.38	96,790.49	
14	**Cash and Cash Equivalents - restricted**	**1,632,515.83**	**1,631,385.26**	(12+13)
15	**Capital Assets**			
16	Capital assets - land	424,500.00	424,500.00	
17	Capital assets - depreciable, net	6,340,427.75	6,176,859.27	
18	Capital assets - construction in progress	-	-	
19	GASB 87 Right to Use Bldg	2,065,688.58	2,065,686.58	
20	GASB 87 Accum Depr. Lease Amortization	(723,744.92)	(723,744.92)	
21	Accumulated depreciation	(4,154,549.86)	(4,067,067.78)	
22	**Capital Asset, net**	**3,952,321.55**	**3,876,236.15**	(16+17+18+19+20+21)
23	**Total Noncurrent Assets**	**5,584,837.38**	**5,507,620.41**	(14+22)
24	**TOTAL ASSETS**	**18,044,815.95**	**18,835,863.56**	(9+23)
25	**LIABILITIES**			
26	**Current Liabilities**			
27	Accounts payable	0.00	4,328,966.97	
28	Accrued wages and payroll related liabilities	780,830.15	512,532.84	
29	Other accrued liabilities	4,046,848.47	837,694.56	
30	Due to other governmental units	194,822.53	185,683.11	
31	Deferred Revenue	3,931.44	3,948.13	
32	Current portion of long term debt	17,280.78	17,280.78	
33	Other current liabilities	-	-	
34	**Total Current Liabilities**	**5,043,713.37**	**5,886,106.39**	(27+28+29+30+31+32+33)
35	**Noncurrent Liabilities**			
36	Long term debt, net of current portion	199,945.42	212,854.20	
37	GASB 87 Noncurrent Lease Liability	1,209,473.08	1,209,473.08	
38	Compensated absences	1,500,988.00	1,587,891.24	
39	**Total Noncurrent Liabilities**	**2,910,406.50**	**3,010,218.52**	(36+37+38)
40	**TOTAL LIABILITIES**	**7,954,119.87**	**8,896,324.91**	(34+39)
41	**NET ASSETS**			
42	**Fund Balance**			
43	Restricted for capital purposes	3,966,653.00	3,966,653.00	
44	Unrestricted fund balance - PBIP	3,696,831.56	3,258,465.99	
45	Unrestricted fund balance	2,427,211.52	2,714,419.66	
46	**Total Net Assets**	**$10,090,696.08**	**$9,939,538.66**	(43+44+45) and (24-40)

Bay Arenac Behavioral Health
For the Month Ending June 30, 2026
Summary of All Units

			Column Identifiers					
	A	B	C	D	E (C-D)	F (C / D)	G	
		June Actual	2026 YTD Actual	2026 YTD Budget	Variance	% to Budget	2026 Monthly Budget	
	Income Statement							
1	**REVENUE**							
2	**Risk Contract Revenue**							
3	Medicaid Specialty Supports & Services	5,073,280.10	43,946,044.45	43,109,712.00	836,332.45	102%	4,789,968.00	
4	Medicaid Autism	1,299,926.44	11,923,644.69	8,705,166.75	3,218,477.94	137%	967,240.75	
5	State Genl Fund Priority Population	135,505.00	1,219,541.00	1,219,540.50	0.50	100%	135,504.50	
6	GF Shared Savings Lapse	0.00	0.00	0.00	0.00	0%	0.00	
7	**Total Risk Contract Revenue**	**6,508,711.54**	**57,089,230.14**	**53,034,419.25**	**4,054,810.89**	**108%**	**5,892,713.25**	(3+4+5+6)
8	**Program Service Revenue**							
9	Medicaid, CWP FFS	0.00	0.00	0.00	0.00	0%	0.00	
10	Other Fee For Service	39,270.42	310,265.86	292,600.50	17,665.36	106%	32,511.17	
11	**Total Program Service Revenue**	**39,270.42**	**310,265.86**	**292,600.50**	**17,665.36**	**106%**	**32,511.17**	(9+10)
12	**Other Revenue**							
13	Grants and Earned Contracts	66,295.70	1,142,452.69	1,377,735.00	(235,282.31)	83%	153,081.67	
14	SSI Reimbursements, 1st/3rd Party	6,645.00	59,468.00	55,368.00	4,100.00	107%	6,152.00	
15	County Appropriation	65,587.83	590,290.47	590,290.87	(0.40)	100%	65,587.87	
16	Interest Income - Working Capital	11,657.09	130,649.10	197,847.75	(67,198.65)	66%	21,983.08	
17	Other Local Income	875.00	450,382.05	337,512.00	112,870.05	133%	37,501.33	
18	**Total Other Revenue**	**151,060.62**	**2,373,242.31**	**2,558,753.62**	**(185,511.31)**	**93%**	**284,305.96**	(13+14+15+16+17)
19	**TOTAL REVENUE**	**6,699,042.58**	**59,772,738.31**	**55,885,773.37**	**3,886,964.94**	**107%**	**6,209,530.37**	(7+11+18)
20	**EXPENSE**							
21	**SUPPORTS & SERVICES**							
22	**Provider Claims**							
23	State Facility - Local portion	8,869.35	130,006.51	115,893.00	(14,113.51)	112%	12,877.00	
24	Community Hospital	687,240.62	5,117,255.56	5,748,999.00	631,743.44	89%	638,777.67	
25	Residential Services	1,534,081.98	13,102,926.91	11,043,066.75	(2,059,860.16)	119%	1,227,007.42	
26	Community Supports	2,504,193.90	22,879,530.87	20,370,558.00	(2,508,972.87)	112%	2,263,395.33	
27	**Total Provider Claims**	**4,734,385.85**	**41,229,719.85**	**37,278,516.75**	**(3,951,203.10)**	**111%**	**4,142,057.42**	(23+24+25+26)
28	**Operating Expenses**							
29	Salaries	1,330,340.72	11,472,934.04	11,113,362.00	(359,572.04)	103%	1,234,818.00	
30	Fringe Benefits	344,103.80	3,581,645.85	3,653,193.75	71,547.90	98%	405,910.42	
31	Consumer Related	3,389.01	28,009.49	18,564.00	(9,445.49)	151%	2,062.67	
32	Program Operations	175,007.83	1,501,861.39	1,240,765.08	(261,096.31)	121%	137,862.79	
33	Facility Cost	43,768.88	413,471.71	389,896.50	(23,575.21)	106%	43,321.83	
34	Purchased Services	1,064.50	9,206.69	16,783.50	7,576.81	55%	1,864.83	
35	Other Operating Expense	154,415.84	1,111,227.92	1,389,318.79	278,090.87	80%	154,368.75	
36	Local Funds Contribution	17,906.00	161,154.00	161,150.25	(3.75)	100%	17,905.58	
37	Interest Expense	582.36	5,378.86	5,767.50	388.64	93%	640.83	
38	Depreciation	12,442.22	106,971.08	120,243.00	13,271.92	89%	13,360.33	
39	**Total Operating Expenses**	**2,083,021.16**	**18,391,861.03**	**18,109,044.37**	**(282,816.66)**	**102%**	**2,012,116.04**	(29+30+31+32+33+34+35+36+37+38)
40	**TOTAL EXPENSES**	**6,817,407.01**	**59,621,580.88**	**55,387,561.12**	**(4,234,019.76)**	**108%**	**6,154,173.46**	(27+39)
41	**NET SURPLUS/(DEFICIT)**	**(118,364.43)**	**151,157.43**	**498,212.25**	**(347,054.82)**	**30%**	**55,356.92**	(19-40)

42 **Notes:**

43 Medicaid Revenue includes an accrual for additional funds if a (shortage) exists/reduction of funds if a surplus exists from/(to) Mid-State Health Network as follows:

BASED ON PEPM FUNDING:

44 Net Medicaid (shortage): ($9,263,028)

45 Medicaid (shortage): ($2,835,863)

46 Healthy Michigan (shortage): ($1,526,138)

47 Autism (shortage): ($4,901,027)

48 BASED ON APPROVED BUDGET:

49 Net Medicaid shortage: ($4,154,247)

50 Medicaid shortage: ($1,510,952)

51 Healthy Michigan surplus: $371,656

52 Autism (shortage): ($3,014,951)

BAY-ARENAC BEHAVIORAL HEALTH
RECONCILIATION OF FUND BALANCE
AS OF JUNE 30, 2026

	TOTALS
Fund Balance 09/30/2025	9,939,538.65
Net (loss)/income June 2026	151,157.43
Net Increase/(Decrease) Funds Restricted for Capital Purposes	-
Calculated Fund Balance 6/30/2026	10,090,696.08
Statement of Net Assets Fund Balance 6/30/2026	10,090,696.08
Difference	-

BAY-ARENAC BEHAVIORAL HEALTH
RECONCILIATION OF UNRESTRICTED FUND BALANCE
AS OF JUNE 30, 2026

	TOTALS
Unrestricted Fund Balance 9/30/2025	5,972,885.65
Net (loss)/income June 2026	151,157.43
Increase/Decrease in net assets	-
Calculated Unrestricted Fund Balance 6/30/2026	6,124,043.08
Statement of Net Assets Unrestricted Fund Balance 6/30/2026	6,124,043.08
Difference	-

Bay-Arenac Behavioral Health
Fund Balance Summary

	Sept. 30, 2025 Unrestricted Fund Balance	June 30, 2026 Permanently Restricted	June 30, 2026 Temporarily Restricted	June 30, 2026 Unrestricted/ Reserved	June 30, 2026 Total Fund Balance
Unrestricted	2,714,420	-	-	2,427,212	2,427,212
Capital Purposes	844,325	-	-	844,325	844,325
Invested in Capital Assets	3,122,328	-	-	3,122,328	3,122,328
Performance Incentive Pool	3,258,466	-	-	3,696,832	3,696,832
Balances	9,939,539	-	-	10,090,696	10,090,696

BAY-ARENAC BEHAVIORAL HEALTH
Cash Flow

	Jun 26	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27	Apr 27	May 27	Jun 27
Estimated Funds:													
Beginning Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment	-	-	-	-	-	-	-	-	-	-	-	-	-
Additions/(Subtractions)	-	-	-	-	-	-	-	-	-	-	-	-	-
Month End Inv. Balance	-	-	-	-	-	-	-	-	-	-	-	-	-
Beginning Cash Balance	6,060,159	5,637,332	8,249,672	7,486,573	6,895,992	5,786,610	5,026,171	3,827,930	2,721,208	1,958,109	1,367,527	2,158,146	1,397,706
Total Medicaid	5,260,696	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501	5,313,501
Medicaid - State Plan	1,665,720	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000	2,189,000
Medicaid - iSPA	1,430,966	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286	1,262,286
Medicaid - HSW	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907	1,032,907
Medicaid HMP	337,073	307,865	307,865	307,865	307,865	307,865	307,865	307,865	307,865	307,865	307,865	307,865	307,865
Autism	794,029	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442	521,442
Grant Funding													
Total General Fund	135,504	135,504	135,505	135,504	135,504	135,505	135,504	135,504	135,505	135,504	135,504	135,505	135,504
General Fund	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504	135,504
State Facility													
Estimated Misc. Receipts	228,316	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900	89,759	89,759	205,900
Client Receipts	78,223	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000
Interest	9,195	11,854	9,195	11,854	9,195	11,854	9,195	11,854	9,195	11,854	9,195	11,854	9,195
Total Estimated Cash	**11,772,093**	**11,242,951**	**13,852,631**	**13,208,333**	**12,498,951**	**11,392,229**	**10,745,271**	**9,433,549**	**8,324,167**	**7,679,868**	**6,970,487**	**7,763,764**	**7,116,807**
Total Estimated Available Funds	**11,772,093**	**11,242,951**	**13,852,631**	**13,208,333**	**12,498,951**	**11,392,229**	**10,745,271**	**9,433,549**	**8,324,167**	**7,679,868**	**6,970,487**	**7,763,764**	**7,116,807**
Estimated Expenditures:													
1st Payroll	609,656	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000
Special Pay													
ETO Buyouts													
2nd Payroll	607,766	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000	605,000
Board Per Diem	1,890	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343	3,343
3rd Payroll		605,000					605,000						
1st Friday Claims	731,721	731,721	731,721	731,721	731,721	731,721	731,721	731,721	731,721	731,721	731,721	731,721	731,721
Mortgage Pmt	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032	2,032
2nd Friday Claims	1,767,416	1,767,416	1,767,416	1,767,416	1,767,416	1,767,416	1,767,416	1,767,416	1,767,416	1,767,416	1,767,416	1,767,416	1,767,416
Board Week Bay Batch	699,927	699,927	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989	1,023,989
Board Week Claims	1,015,512	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000	875,000
Credit Card	-	-	-	-	-	-	-	-	-	-	-	-	-
4th Friday Claims	698,840	698,840	698,840	698,840	698,840	698,840	698,840	698,840	698,840	698,840	698,840	698,840	698,840
5th Friday Claims		400,000			400,000			400,000					
Local FFP payment to MSHN			53,717			53,717			53,717			53,717	
Transfer to State of MI													
Transfer from/(to) Reserve Account													
Settlement with MSHN													
Funds from MSHN		(4,000,000)									(1,500,000)		
Transfer to (from) HRA													
Transfer to (from) Investment													
Transfer to (from) Capital Acct	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Estimated Expenditures	**6,134,760**	**2,993,279**	**6,366,058**	**6,312,341**	**6,712,341**	**6,366,058**	**6,917,341**	**6,712,341**	**6,366,058**	**6,312,341**	**4,812,341**	**6,366,058**	**6,312,341**
Estimated Month End Cash Balance	**5,637,332**	**8,249,672**	**7,486,573**	**6,895,992**	**5,786,610**	**5,026,171**	**3,827,930**	**2,721,208**	**1,958,109**	**1,367,527**	**2,158,146**	**1,397,706**	**804,466**

Bay-Arenac Behavioral Health

Cash Flow Forecasting
For the Month of July

		Bank Balance	Investment Balance
Estimated Cash Balance July 1, 2026		**5,637,332**	-
Investment Purchased/Interest		-	
Investments coming due during month		-	-
Estimated Cash Balance July 31, 2026		**5,637,332**	-
Estimated Cash Inflow:			
Medicaid Funds:		5,313,501	
General Fund Dollars:		135,504	
Board Receipts:		89,759	
Client Receipts:		55,000	
Funds from Investment:		-	
Interest:		11,854	
Total Estimated Cash Inflow:		**5,605,618**	
Estimated Cash Outflow:			
Payroll Dated:	**07/02/26**	(605,000)	
Payroll Dated:	**07/17/26**	(605,000)	
Board Per Diem Payroll:	**07/17/26**	(3,343)	
Payroll Dated:	**07/31/26**	(605,000)	
Claims Disbursements:	**07/02/26**	(731,721)	
Claims Disbursements:	**07/10/26**	(1,767,416)	
Claims Disbursements:	**07/17/26**	(875,000)	
A/P Disbursements:	**07/17/26**	(699,927)	
Mortgage Payment:	**07/22/26**	(2,032)	
Claims Disbursements:	**07/24/26**	(698,840)	
Claims Disbursements:	**07/31/26**	(400,000)	
Local FFP Payment:		-	
Transfer to Reserve Acct:		-	
HRA transfer:		-	
Transfer to(from) MSHN:		4,000,000	
Transfer to State of MI		-	
Purchased Investment		-	
Total Estimated Cash Outflow:		**(2,993,279)**	
Estimated Cash Balance on July 31, 2026		8,249,672	-
		-	-

Bay Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Electronic Funds Transfers including Cash Transfers/Wires/ACHs
June 2026

Funds Paid from/ Transferred from:	Funds Paid to/ Transferred to:	Amount	Date of Payment	Description	Authorized By
Flagstar Bank	Flagstar Bank	15,000.00	6/2/2026	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	610,000.00	6/3/2026	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	14,918.46	6/4/2026	Credit Card Payment	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	4,656.05	6/4/2026	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Flagstar Bank	145,000.00	6/4/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	605,000.00	6/4/2026	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	788,812.31	6/4/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	575,000.00	6/5/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	75,000.00	6/9/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,876,751.25	6/11/2026	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	2,825,000.00	6/12/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,876,751.25	6/15/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	15,000.00	6/16/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	615,000.00	6/17/2026	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	1,799,930.33	6/17/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	4,656.05	6/18/2026	Transfer from General Account to Flex Spending Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	5,000.00	6/18/2026	Transfer from General Account to HSA Account	Marci Rozek
Flagstar Bank	Flagstar Bank	180,000.00	6/18/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	605,000.00	6/18/2026	Transfer from General Account to Payroll Account	Marci Rozek
Flagstar Bank	Flagstar Bank	830,782.33	6/25/2026	Transfer from MMKT Account to General Account	Marci Rozek
Flagstar Bank	Flagstar Bank	4,450,000.00	6/26/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Huntington Nat'l Bank	2,031.96	6/26/2026	Transfer from General Acct for Mortgage payment	Marci Rozek
Flagstar Bank	Flagstar Bank	830,782.33	6/26/2026	Transfer Gross Amt of Accts Payable to Payable Acct	Marci Rozek
Flagstar Bank	Flagstar Bank	30,000.00	6/29/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	25,000.00	6/30/2026	Transfer from General Account to MMKT Account	Marci Rozek
Flagstar Bank	Flagstar Bank	595,000.00	6/30/2026	Transfer from MMKT Account to General Account	Marci Rozek

Total Transfers: **19,400,072.32**

Marci Rozek

Submitted By: Marci Rozek or Christopher Pinter
Chief Financial Officer or Chief Executive Officer

Bay Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
Electronic Funds Transfers for Vendor ACH Payments
June 2026

Funds Paid from:	EFT #	Funds Paid to:	Amount	Date of Pmt	Authorized By
Flagstar Bank	E10504	MICHIGAN COMMUNITY SERVICES IN	505.29	6/5/2026	Marci Rozek
Flagstar Bank	E10505	LIBERTY LIVING, INC.	33,346.45	6/5/2026	Marci Rozek
Flagstar Bank	E10506	NORTH SHORES CENTER LLC	1,324.20	6/5/2026	Marci Rozek
Flagstar Bank	E10507	HEALTHSOURCE	25,928.20	6/5/2026	Marci Rozek
Flagstar Bank	E10508	FOREST VIEW HOSPITAL	22,440.00	6/5/2026	Marci Rozek
Flagstar Bank	E10509	CEDAR CREEK HOSPITAL	5,440.30	6/5/2026	Marci Rozek
Flagstar Bank	E10510	PHC OF MICHIGAN - HARBOR OAKS	1,477.00	6/5/2026	Marci Rozek
Flagstar Bank	E10511	MPA GROUP NFP, Ltd.	26,567.11	6/5/2026	Marci Rozek
Flagstar Bank	E10512	LIST PSYCHOLOGICAL SERVICES	2,705.40	6/5/2026	Marci Rozek
Flagstar Bank	E10513	SAGINAW PSYCHOLOGICAL SERVICES	20,280.53	6/5/2026	Marci Rozek
Flagstar Bank	E10514	PARAMOUNT REHABILITATION	5,380.40	6/5/2026	Marci Rozek
Flagstar Bank	E10515	DO-ALL, INC.	8,783.14	6/5/2026	Marci Rozek
Flagstar Bank	E10516	TOUCHSTONE SERVICES, INC	41,635.00	6/5/2026	Marci Rozek
Flagstar Bank	E10517	Nutrition for Wellness	1,573.40	6/5/2026	Marci Rozek
Flagstar Bank	E10518	WILSON, STUART T. CPA, P.C.	131,773.29	6/5/2026	Marci Rozek
Flagstar Bank	E10519	CAREBUILDERS AT HOME, LLC	29,397.74	6/5/2026	Marci Rozek
Flagstar Bank	E10520	CENTRIA HEALTHCARE LLC	58,656.00	6/5/2026	Marci Rozek
Flagstar Bank	E10521	Flourish Services, LLL	35,214.24	6/5/2026	Marci Rozek
Flagstar Bank	E10522	GAME CHANGER PEDIATRIC THERAPY	48,744.50	6/5/2026	Marci Rozek
Flagstar Bank	E10523	Spectrum Autism Center	27,981.00	6/5/2026	Marci Rozek
Flagstar Bank	E10524	ENCOMPASS THERAPY CENTER LLC	67,574.24	6/5/2026	Marci Rozek
Flagstar Bank	E10525	Positive Behavior Supports Corporation	1,983.00	6/5/2026	Marci Rozek
Flagstar Bank	E10526	HEALING WITH HEART	200.00	6/5/2026	Marci Rozek
Flagstar Bank	E10527	APS EMPLOYMENT SERVICES, INC	5,555.68	6/5/2026	Marci Rozek
Flagstar Bank	E10528	BETTER LIVING AFC LLC	14,300.00	6/5/2026	Marci Rozek
Flagstar Bank	E10529	EYE MED	2,040.93	6/5/2026	Marci Rozek
Flagstar Bank	E10530	PETER CHANG ENTERPRISES, INC.	23,344.66	6/5/2026	Marci Rozek
Flagstar Bank	E10531	RESERVE ACCOUNT- 15118730	1,400.00	6/5/2026	Marci Rozek
Flagstar Bank	E10532	UNITED PARCEL SERVICE	65.38	6/5/2026	Marci Rozek
Flagstar Bank	E10533	AUGRES CARE CENTER, INC	3,842.14	6/12/2026	Marci Rozek
Flagstar Bank	E10534	HAVENWYCK HOSPITAL	9,402.10	6/12/2026	Marci Rozek
Flagstar Bank	E10535	HOPE NETWORK BEHAVIORAL HEALTH	40,142.50	6/12/2026	Marci Rozek
Flagstar Bank	E10536	Hope Network Southeast	136,681.48	6/12/2026	Marci Rozek
Flagstar Bank	E10537	BEACON SPECIALIZED LIVING SVS	9,610.00	6/12/2026	Marci Rozek
Flagstar Bank	E10538	Fitzhugh House, LLC	12,928.79	6/12/2026	Marci Rozek
Flagstar Bank	E10539	Bay Human Services, Inc.	268,172.01	6/12/2026	Marci Rozek
Flagstar Bank	E10540	Mid Michigan Specialized Residential, LLC	66,532.68	6/12/2026	Marci Rozek
Flagstar Bank	E10541	MICHIGAN COMMUNITY SERVICES IN	297,088.96	6/12/2026	Marci Rozek
Flagstar Bank	E10542	CENTRAL STATE COMM. SERVICES	24,595.29	6/12/2026	Marci Rozek
Flagstar Bank	E10543	LIBERTY LIVING, INC.	32,325.12	6/12/2026	Marci Rozek
Flagstar Bank	E10544	SUPERIOR CARE OF MICHIGAN LLC	8,574.60	6/12/2026	Marci Rozek
Flagstar Bank	E10545	Closer to Home, LLC	8,030.24	6/12/2026	Marci Rozek
Flagstar Bank	E10546	NORTH SHORES CENTER LLC	2,207.00	6/12/2026	Marci Rozek
Flagstar Bank	E10547	HEALTHSOURCE	28,360.80	6/12/2026	Marci Rozek
Flagstar Bank	E10548	MPA GROUP NFP, Ltd.	21,805.32	6/12/2026	Marci Rozek
Flagstar Bank	E10549	LIST PSYCHOLOGICAL SERVICES	2,371.42	6/12/2026	Marci Rozek
Flagstar Bank	E10550	SAGINAW PSYCHOLOGICAL SERVICES	25,970.66	6/12/2026	Marci Rozek
Flagstar Bank	E10551	PARAMOUNT REHABILITATION	5,598.16	6/12/2026	Marci Rozek
Flagstar Bank	E10552	DO-ALL, INC.	12,745.18	6/12/2026	Marci Rozek
Flagstar Bank	E10553	New Dimensions	11,813.25	6/12/2026	Marci Rozek
Flagstar Bank	E10554	TOUCHSTONE SERVICES, INC	7,553.25	6/12/2026	Marci Rozek
Flagstar Bank	E10555	Winningham, Linda Jo	1,442.00	6/12/2026	Marci Rozek
Flagstar Bank	E10556	WILSON, STUART T. CPA, P.C.	12,877.55	6/12/2026	Marci Rozek
Flagstar Bank	E10557	CAREBUILDERS AT HOME, LLC	8,827.68	6/12/2026	Marci Rozek
Flagstar Bank	E10558	AUTISM SYSTEMS LLC	9,853.50	6/12/2026	Marci Rozek
Flagstar Bank	E10559	CENTRIA HEALTHCARE LLC	55,627.50	6/12/2026	Marci Rozek
Flagstar Bank	E10560	Flourish Services, LLL	43,026.25	6/12/2026	Marci Rozek
Flagstar Bank	E10561	GAME CHANGER PEDIATRIC THERAPY	39,356.75	6/12/2026	Marci Rozek
Flagstar Bank	E10562	Spectrum Autism Center	24,895.50	6/12/2026	Marci Rozek
Flagstar Bank	E10563	ENCOMPASS THERAPY CENTER LLC	66,307.14	6/12/2026	Marci Rozek
Flagstar Bank	E10564	NOBLE PATHWAY PEDIATRIC THERAPY	28,558.50	6/12/2026	Marci Rozek
Flagstar Bank	E10565	HEALING WITH HEART	100.00	6/12/2026	Marci Rozek
Flagstar Bank	E10566	APS EMPLOYMENT SERVICES, INC	5,911.46	6/12/2026	Marci Rozek
Flagstar Bank	E10567	MONTCLAIR SPECIALIZED RESIDENTIAL LLC	78,105.12	6/12/2026	Marci Rozek
Flagstar Bank	E10568	PARAMOUNT CHILDRENS THERAPY CENTER IN	37,986.00	6/12/2026	Marci Rozek
Flagstar Bank	E10569	BETTER LIVING AFC LLC	20,150.00	6/12/2026	Marci Rozek

Flagstar Bank	E10570	A GLOBAL HOMECARE	9,300.00	6/12/2026	Marci Rozek
Flagstar Bank	E10571	LISTENING EAR CRISIS CENTER	112,347.10	6/12/2026	Marci Rozek
Flagstar Bank	E10572	ENTERPRISE FM TRUST	7,312.76	6/12/2026	Marci Rozek
Flagstar Bank	E10573	GORDON FOOD SERVICE	98.95	6/12/2026	Marci Rozek
Flagstar Bank	E10574	RESERVE ACCOUNT- 15118730	700.00	6/12/2026	Marci Rozek
Flagstar Bank	E10575	Aho, Ashley	99.62	6/19/2026	Marci Rozek
Flagstar Bank	E10576	Brothers-Estrada, Abbie	52.20	6/19/2026	Marci Rozek
Flagstar Bank	E10577	BRUNO, AMBER	405.28	6/19/2026	Marci Rozek
Flagstar Bank	E10578	Bryan, Kelly	189.73	6/19/2026	Marci Rozek
Flagstar Bank	E10579	BYRNE, RICHARD	159.50	6/19/2026	Marci Rozek
Flagstar Bank	E10580	COOK, BRIANNA	84.83	6/19/2026	Marci Rozek
Flagstar Bank	E10581	Deshano, Jennifer	233.45	6/19/2026	Marci Rozek
Flagstar Bank	E10582	DODGE, JENNIFER	225.77	6/19/2026	Marci Rozek
Flagstar Bank	E10583	FOLSOM, AMY K	230.00	6/19/2026	Marci Rozek
Flagstar Bank	E10584	FRIEBE, HEATHER	50.75	6/19/2026	Marci Rozek
Flagstar Bank	E10585	GRUSNICK, ASHLEE	229.17	6/19/2026	Marci Rozek
Flagstar Bank	E10586	Gunsell, Stephanie	54.00	6/19/2026	Marci Rozek
Flagstar Bank	E10587	HECHT, KERENSA	55.10	6/19/2026	Marci Rozek
Flagstar Bank	E10588	HEWTTY, MARIA	183.65	6/19/2026	Marci Rozek
Flagstar Bank	E10589	Lobodzinksi, Rebecca	195.20	6/19/2026	Marci Rozek
Flagstar Bank	E10590	McClure, Laurel	321.25	6/19/2026	Marci Rozek
Flagstar Bank	E10591	MCKETHER, NY'TAIZJAH	24.58	6/19/2026	Marci Rozek
Flagstar Bank	E10592	Musselman, Amy	216.32	6/19/2026	Marci Rozek
Flagstar Bank	E10593	Niemiec, Kathleen	97.88	6/19/2026	Marci Rozek
Flagstar Bank	E10594	NIX, HEATHER	25.38	6/19/2026	Marci Rozek
Flagstar Bank	E10595	Nixon, Heidi	191.69	6/19/2026	Marci Rozek
Flagstar Bank	E10596	O'BRIEN, CAROLE	91.35	6/19/2026	Marci Rozek
Flagstar Bank	E10597	RICKER, AMY	187.05	6/19/2026	Marci Rozek
Flagstar Bank	E10598	Schneider, Maryssa	534.57	6/19/2026	Marci Rozek
Flagstar Bank	E10599	Schumacher, Pamela	53.36	6/19/2026	Marci Rozek
Flagstar Bank	E10600	STONE, JENNIFER	211.70	6/19/2026	Marci Rozek
Flagstar Bank	E10601	Tenney, Ben	411.80	6/19/2026	Marci Rozek
Flagstar Bank	E10602	Truhn, Emelia	171.61	6/19/2026	Marci Rozek
Flagstar Bank	E10603	VANWORMER, PAMELA	390.90	6/19/2026	Marci Rozek
Flagstar Bank	E10604	VASCONCELOS, FLAVIA	778.15	6/19/2026	Marci Rozek
Flagstar Bank	E10605	HAVENWYCK HOSPITAL	1,736.00	6/19/2026	Marci Rozek
Flagstar Bank	E10606	HOPE NETWORK BEHAVIORAL HEALTH	1,602.21	6/19/2026	Marci Rozek
Flagstar Bank	E10607	Bay Human Services, Inc.	249,391.81	6/19/2026	Marci Rozek
Flagstar Bank	E10608	LIBERTY LIVING, INC.	33,564.95	6/19/2026	Marci Rozek
Flagstar Bank	E10609	NORTH SHORES CENTER LLC	441.40	6/19/2026	Marci Rozek
Flagstar Bank	E10610	HEALTHSOURCE	22,906.80	6/19/2026	Marci Rozek
Flagstar Bank	E10611	CEDAR CREEK HOSPITAL	2,251.84	6/19/2026	Marci Rozek
Flagstar Bank	E10612	MPA GROUP NFP, Ltd.	22,686.09	6/19/2026	Marci Rozek
Flagstar Bank	E10613	LIST PSYCHOLOGICAL SERVICES	2,265.69	6/19/2026	Marci Rozek
Flagstar Bank	E10614	SAGINAW PSYCHOLOGICAL SERVICES	19,296.68	6/19/2026	Marci Rozek
Flagstar Bank	E10615	PARAMOUNT REHABILITATION	6,609.44	6/19/2026	Marci Rozek
Flagstar Bank	E10616	DO-ALL, INC.	6,622.40	6/19/2026	Marci Rozek
Flagstar Bank	E10617	New Dimensions	9,574.89	6/19/2026	Marci Rozek
Flagstar Bank	E10618	TOUCHSTONE SERVICES, INC	21,492.00	6/19/2026	Marci Rozek
Flagstar Bank	E10619	Winningham, Linda Jo	1,227.00	6/19/2026	Marci Rozek
Flagstar Bank	E10620	Nutrition for Wellness	932.40	6/19/2026	Marci Rozek
Flagstar Bank	E10621	WILSON, STUART T. CPA, P.C.	101,491.43	6/19/2026	Marci Rozek
Flagstar Bank	E10622	CAREBUILDERS AT HOME, LLC	20,377.42	6/19/2026	Marci Rozek
Flagstar Bank	E10623	CENTRIA HEALTHCARE LLC	43,801.50	6/19/2026	Marci Rozek
Flagstar Bank	E10624	Flourish Services, LLL	43,717.75	6/19/2026	Marci Rozek
Flagstar Bank	E10625	GAME CHANGER PEDIATRIC THERAPY	56,766.15	6/19/2026	Marci Rozek
Flagstar Bank	E10626	Spectrum Autism Center	28,471.50	6/19/2026	Marci Rozek
Flagstar Bank	E10627	ENCOMPASS THERAPY CENTER LLC	70,207.77	6/19/2026	Marci Rozek
Flagstar Bank	E10628	MERCY PLUS HEALTHCARE SERVICES LLC	88,409.03	6/19/2026	Marci Rozek
Flagstar Bank	E10629	Positive Behavior Supports Corporation	3,546.00	6/19/2026	Marci Rozek
Flagstar Bank	E10630	AUTISM AND NEURODIVERSITY SERVICES LLC	640.00	6/19/2026	Marci Rozek
Flagstar Bank	E10631	HEALING WITH HEART	200.00	6/19/2026	Marci Rozek
Flagstar Bank	E10632	MAXIM HEALTHCARE SEVICES, INC.	12,260.48	6/19/2026	Marci Rozek
Flagstar Bank	E10633	PARAMOUNT CHILDRENS THERAPY CENTER IN	26,676.00	6/19/2026	Marci Rozek
Flagstar Bank	E10634	KEITH SPECIALIZED RESIDENTIAL SERVICES LL	57,173.70	6/19/2026	Marci Rozek
Flagstar Bank	E10635	ASSISTANCE TO INDEPENDENCE HOME CARE S	630.72	6/19/2026	Marci Rozek
Flagstar Bank	E10636	LISTENING EAR CRISIS CENTER	1,334.90	6/19/2026	Marci Rozek
Flagstar Bank	E10637	MICHIGAN COMMUNITY SERVICES IN	960.46	6/19/2026	Marci Rozek
Flagstar Bank	E10638	DO-ALL, INC.	10,225.16	6/19/2026	Marci Rozek
Flagstar Bank	E10639	A2Z CLEANING & RESTORATION INC.	3,092.00	6/19/2026	Marci Rozek
Flagstar Bank	E10640	Applied Innovation	117.26	6/19/2026	Marci Rozek
Flagstar Bank	E10641	Bromberg & Associates, LLC	50.00	6/19/2026	Marci Rozek
Flagstar Bank	E10642	Clean Team, Inc.	1,950.00	6/19/2026	Marci Rozek
Flagstar Bank	E10643	FLEX ADMINISTRATORS INC	437.50	6/19/2026	Marci Rozek
Flagstar Bank	E10644	GORDON FOOD SERVICE	199.65	6/19/2026	Marci Rozek
Flagstar Bank	E10645	HAMPTON AUTO REPAIR	1,585.31	6/19/2026	Marci Rozek

Flagstar Bank	E10646	HOSPITAL PSYCHIATRY PLLC	50,916.67	6/19/2026	Marci Rozek
Flagstar Bank	E10647	Iris Telehealth Medical Group, PA	83,185.00	6/19/2026	Marci Rozek
Flagstar Bank	E10648	J.E.JOHNSON CONTRACTING, INC.	670.00	6/19/2026	Marci Rozek
Flagstar Bank	E10649	KING COMMUNICATIONS	164.80	6/19/2026	Marci Rozek
Flagstar Bank	E10650	McCoy Heating and Cooling	4,231.04	6/19/2026	Marci Rozek
Flagstar Bank	E10651	MOVVA, USHA	12,400.00	6/19/2026	Marci Rozek
Flagstar Bank	E10652	NETSOURCE ONE, INC.	64,327.83	6/19/2026	Marci Rozek
Flagstar Bank	E10653	New Dimensions, Inc.	1,075.00	6/19/2026	Marci Rozek
Flagstar Bank	E10654	PRO-SCAPE, INC.	280.32	6/19/2026	Marci Rozek
Flagstar Bank	E10655	RESERVE ACCOUNT- 15118730	700.00	6/19/2026	Marci Rozek
Flagstar Bank	E10656	RINGCENTRAL INC	125.44	6/19/2026	Marci Rozek
Flagstar Bank	E10657	SHRED EXPERTS LLC	487.00	6/19/2026	Marci Rozek
Flagstar Bank	E10658	Staples	3,714.60	6/19/2026	Marci Rozek
Flagstar Bank	E10659	STATE OF MICHIGAN DEPT OF COMM HEALTH A	16,491.35	6/19/2026	Marci Rozek
Flagstar Bank	E10660	VanWert, Laurie	50.80	6/19/2026	Marci Rozek
Flagstar Bank	E10661	V.O.I.C.E., INC.	653.65	6/19/2026	Marci Rozek
Flagstar Bank	E10662	Walgreen Co	3,114.75	6/19/2026	Marci Rozek
Flagstar Bank	E10663	Waystar Health - ZirMed, Inc.	244.41	6/19/2026	Marci Rozek
Flagstar Bank	E10664	Yeo & Yeo Technology	102.50	6/19/2026	Marci Rozek
Flagstar Bank	E10665	ZOOM VIDEO COMMUNICATIONS INC	735.09	6/19/2026	Marci Rozek
Flagstar Bank	E10666	HAVENWYCK HOSPITAL	13,162.94	6/26/2026	Marci Rozek
Flagstar Bank	E10667	Fitzhugh House, LLC	12,599.85	6/26/2026	Marci Rozek
Flagstar Bank	E10668	Bay Human Services, Inc.	175.03	6/26/2026	Marci Rozek
Flagstar Bank	E10669	MICHIGAN COMMUNITY SERVICES IN	76,631.25	6/26/2026	Marci Rozek
Flagstar Bank	E10670	CENTRAL STATE COMM. SERVICES	205.02	6/26/2026	Marci Rozek
Flagstar Bank	E10671	HEALTHSOURCE	30,542.40	6/26/2026	Marci Rozek
Flagstar Bank	E10672	PHC OF MICHIGAN - HARBOR OAKS	1,477.00	6/26/2026	Marci Rozek
Flagstar Bank	E10673	MPA GROUP NFP, Ltd.	30,336.44	6/26/2026	Marci Rozek
Flagstar Bank	E10674	LIST PSYCHOLOGICAL SERVICES	181.25	6/26/2026	Marci Rozek
Flagstar Bank	E10675	SAGINAW PSYCHOLOGICAL SERVICES	21,850.80	6/26/2026	Marci Rozek
Flagstar Bank	E10676	PARAMOUNT REHABILITATION	4,203.60	6/26/2026	Marci Rozek
Flagstar Bank	E10677	DO-ALL, INC.	15,627.38	6/26/2026	Marci Rozek
Flagstar Bank	E10678	New Dimensions	66.52	6/26/2026	Marci Rozek
Flagstar Bank	E10679	TOUCHSTONE SERVICES, INC	14,230.25	6/26/2026	Marci Rozek
Flagstar Bank	E10680	Nutrition for Wellness	1,106.40	6/26/2026	Marci Rozek
Flagstar Bank	E10681	WILSON, STUART T. CPA, P.C.	65,643.87	6/26/2026	Marci Rozek
Flagstar Bank	E10682	Flourish Services, LLL	43,659.50	6/26/2026	Marci Rozek
Flagstar Bank	E10683	GAME CHANGER PEDIATRIC THERAPY	62,375.25	6/26/2026	Marci Rozek
Flagstar Bank	E10684	Spectrum Autism Center	34,279.50	6/26/2026	Marci Rozek
Flagstar Bank	E10685	ENCOMPASS THERAPY CENTER LLC	77,650.70	6/26/2026	Marci Rozek
Flagstar Bank	E10686	MERCY PLUS HEALTHCARE SERVICES LLC	54,216.19	6/26/2026	Marci Rozek
Flagstar Bank	E10687	AUTISM AND NEURODIVERSITY SERVICES LLC	1,720.00	6/26/2026	Marci Rozek
Flagstar Bank	E10688	HEALING WITH HEART	100.00	6/26/2026	Marci Rozek
Flagstar Bank	E10689	APS EMPLOYMENT SERVICES, INC	10,887.76	6/26/2026	Marci Rozek
Flagstar Bank	E10690	PARAMOUNT CHILDRENS THERAPY CENTER IN	23,965.50	6/26/2026	Marci Rozek
Flagstar Bank	E10691	RESERVE ACCOUNT- 15118730	400.00	6/26/2026	Marci Rozek
Flagstar Bank	E10692	Sous, Anne	167.91	6/26/2026	Marci Rozek
Flagstar Bank	E10693	WEX BANK	6,366.75	6/26/2026	Marci Rozek

Total Withdrawals: **4,075,330.23**

Marci Rozek

Submitted By: Marci Rozek or Christopher Pinter
Chief Financial Officer or Chief Executive Officer

BAY ARENAC
BEHAVIORAL HEALTH

INTEROFFICE CORRESPONDENCE

July 13, 2026

To:	Sara McRae, Executive Assistant to the CEO
From:	Karl White, Accounting Manager Michele Perry, Finance Manager
Re:	Disbursement Audit Information for Audit Committee

The following is a summary of disbursements as presented

Administration and Services for Behavioral Health

06/19/26 Checks Sequence: #102839-102904, ACH E10575-E10665

Employee travel, conference	$	7,787.81
Purchase Order Invoices	$	5,589.60
Invoices for Routine Maintence, purchase requisitions, & recurring	$	664,314.72
SUBTOTAL - Monthly Batch	**$**	**677,692.13**

ITEMS FOR REVIEW:

EFT transfer - Credit Card 07/06/2026	**$**	**32,276.65**

Weekly Special Checks:

06/26/2026 Checks 102909-102920, E10691-E10693	$	44,831.47
07/02/2026 Checks 102924-102931, E10742-E10743	$	33,261.51
07/10/2026 Checks 102937-102941, E10782-E10783	$	7,891.01
SUBTOTAL - Special Checks	**$**	**85,983.99**

Health Care payments

06/19/26 Checks 102850-102856, ACH Pmts E10605-E10636	$	1,115,512.07
06/26/26 Checks 102905-102908, ACH Pmts E10666-E10690	$	698,840.08
07/02/26 Checks 102921-102923, ACH Pmts E10718-E10741	$	774,580.49
07/10/26 Checks 102932-102936, ACH Pmts E10744-E10781	$	1,860,658.90
SUBTOTAL - Health Care Payments	**$**	**4,449,591.54**
TOTAL DISBURSEMENTS	**$**	**5,245,544.31**

Prepared by: Karl White

Reviewed by:

FY27 Conference Report (Final Budget)

Specific Mental Health/Substance Abuse Services Line items

	FY'27 (Exec Rec)	FY'27 (House)	FY'27 (Senate)	FY'27 (Final)
-CMH Non-Medicaid services	$125,578,200	$125,578,200	$125,578,200	$125,578,200
-Medicaid Mental Health Services	$3,667,513,800	$3,329,969,700	$3,663,869,500	$3,429,794,900
-Medicaid Substance Abuse services	$84,902,600	$84,902,600	$84,902,600	$86,779,200
-State disability assistance program	$2,018,800	$1,922,000	$2,018,800	$1,865,200
-Community substance abuse (Prevention, education, and treatment programs)	$79,221,100	$79,207,900	$78,186,700	$77,133,400
-Health Homes Program	$50,239,800	$50,239,800	$50,239,800	$34,239,800
-Autism services	$560,716,600	$560,716,600	$560,716,600	$552,239,000
-Healthy MI Plan (Behavioral health)	$525,256,200	$375,780,500	$518,153,900	$392,882,000
-CCBHC	$916,062,700	$916,062,700	$916,062,700	$916,062,700
-Total Local Dollars	$9,943,600	$9,943,600	$9,943,600	$9,943,600

Other Highlights of the FY27 Final Budget:

Boilerplate sections NOT included:

Sec. 1020. PIHP Request for Proposal – NOT INCLUDED

Sec. 1021. "Mental Health Framework" Prohibition – NOT INCLUDED

Sec. 1022. Waskul Cost Reimbursements – NOT INCLUDED

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Direct Care Worker Wages

- Executive includes $351.8 million Gross ($118.9 million GF/GP) to backfill federal COVID-19 Public Health Emergency (ARPA) revenue and retain $3.40 per hour wage add-on, incorporate state minimum wage increases for CY 2025 and 2026, include an additional $1.27 per hour increase to recognize minimum wage rate effective January 1, 2027, and provide for statutorily-required sick-leave payment costs for Medicaid reimbursed Direct Care Worker wages. **Conference does not include in FY 2026-27, but includes in a FY 2025-26 supplemental.**

- FY26 Supplemental Budget Boilerplate: Sec. 409. Direct Care Wages Allocates funds for minimum wages increases in 2026, 2027, and sick leave costs related to changes to state law; designates unexpended funds as a work project appropriate.

Applied Behavior Analysis (ABA) Service Delivery

- Conference reduces $21.6 million Gross ($7.4 million GF/GP) from the department implementing service and delivery changes to ABA services either independently or associated with federal policy or regulatory modifications. Section 923 is related boilerplate.

Certified Community Behavioral Health Clinics (CCBHCs)

- Includes $7.9 million GF/GP to offset a like amount of federal funds based on updated, anticipated federal cost reimbursements.

- **Conference moves $242.3 million Gross ($46.0 million GF/GP) to the one-time unit.** This results in a net $0 change in FY 2026-27.

Crisis Stabilization Unit Expansion – One-Time

- Conference includes $5.0 million GF/GP on a one-time basis.to expand the number of crisis stabilization units.

Medicaid Efficiencies – (479,703,400 Gross savings) / (185,000,000 GF/GP savings)
- The Conference reduced funding due to changes to the pharmaceutical program such as participation in the GENEROUS program, utilization of a single pharmaceutical benefits manager, increased utilization of generic and biosimilars, and prescription fee alignment ($311.2 million Gross and $84.0 million GF/GP)
- Carving out of the Medicaid adult dental program ($48.8 million Gross and $11.3 million GF/GP)
- Medicaid autism services utilization review ($21.6 million Gross and $7.4 million GF/GP)
- Medicaid Health Maintenance Organization administrative reductions ($20.3 million Gross and $5.0 million GF/GP)
- Medicaid third-party contract savings ($7.0 million Gross and $3.5 million GF/GP)
- Eliminated the non-Medicaid long term care direct care worker wage backfill ($73.9 million Gross and GF/GP)

Conference One-Time Items

Conference includes 5.4 million GF/GP for the following one-time items:
- Center for Behavioral Health - $2.0 million GF/GP.

- Common Ground Crisis Center - $405,000 GF/GP.
- St. Louis Center - $2.0 million GF/GP.
- First Responder Mental Health Supports - $1.0 million GF/GP.

Behavioral Health Boilerplate Changes

Sec. 226. U.S. Citizenship Requirement **– NOT INCLUDED**

Sec. 227. Prohibition on DEI Programs – **NOT INCLUDED**

REVISED Sec. 231. 264. Direct Care Worker Wage Increase and Report – Conference revises to remove specific direct care wage and references rate of previous fiscal year; requires pass-through of wage uplift directly to direct care workers, and requires documented proof from contractors; and requires the department to recoup payments from employers that do not provide for the wage uplift pass-through.

REVISED Sec. 920. Rate-Setting Process for PIHPs – Requires the Medicaid rate-setting process for PIHPs include any state and federal wage and compensation increases. **Conference adds requirement that DHHS complete rate setting process before requiring PIHPs to implement new direct care worker wage requirements, and requires a report.**

NEW Sec. 923. ABA Adjustments – Conference requires DHHS to identify and implement services delivery and policy modifications to realize utilization efficiencies for ABA either independently or in alignment with federal policy modifications.

REVISED Sec. 924. Autism Services Fee Schedule – Requires DHHS to maintain a fee schedule for autism services by not allowing expenditures used for actuarially sound rate certification to exceed the identified fee schedule, also sets behavioral technician fee schedule at not less than $66.00 per hour. **Executive revises to only require a minimum fee of not less than $66.00 per hour for behavioral technicians. Conference concur with the Executive.**

NEW Sec. 925. Autism Services Quality Control – Requires DHHS to dedicate up to $1.0% from the autism line to contract with an independent agency to identify fraud, institute quality control measures, and provide technical assistance to improve outcomes and accountability.

RETAINTED: Sec. 994. National Accreditation Review Criteria for Behavioral Health Services – House retains Requires DHHS to seek, if necessary, a federal waiver to allow a CMHSP, PIHP, or subcontracting provider agency that is reviewed and accredited by a national accrediting entity for behavioral health care services to be in compliance with state program review and audit requirements; requires a report that lists each CMHSP, PIHP, and subcontracting provider agency that is considered in compliance with state requirements; requires DHHS to continue to comply with state and federal law not initiate an action by negatively impacts beneficiary safety; defines "national accrediting entity."

RETAINED Sec. 1002. Prohibition on using appropriated funds to expand the certified community behavioral health clinic (CCBHC) demonstration.

Sec. 1020. PIHP Request for Proposal – NOT INCLUDED

Sec. 1021. "Mental Health Framework" Prohibition – NOT INCLUDED

Sec. 1022. Waskul Cost Reimbursements – NOT INCLUDED

NEW Sec. 1530. Medicaid Waiver Approvals – House prohibits the department from requesting or implementing a CMS waiver or Medicaid State Plan amendment prior to statutory approval. Senate does not include. Conference concurs with the House.

NEW Sec. 1762/1793. Medicaid Health Plan – Medical Loss Ratio – House requires department to ensure adherence to CMS guidance for Medicaid health plans medical loss ratio requirements. Conference requires adherence to CMS guidance for medical loss ratio requirements, and disallows use of investment income as part of medical loss ratio.

Subject: FW: RFP Gongwer Article

From: Alan Bolter <ABolter@cmham.org>
Sent: Wednesday, July 15, 2026 8:49 AM
To: Alan Bolter <ABolter@cmham.org>
Cc: Robert Sheehan <RSheehan@cmham.org>; David Lowe <dlowe@cmham.org>
Subject: RFP Gongwer Article

All,

Below is an article that appeared yesterday in one of the Lansing daily publications regarding the PIHP RFP – thought I would pass along, interesting comments by MDHHS.

Behavioral health overhaul future unclear as clock ticks on Whitmer administration

An estimated August opening date for bids on the state's prepaid inpatient health plans, the managed care organizations for Medicaid behavioral health services, has caught the attention of stakeholders.

But the Department of Health and Human Services is saying little about its plans for the request for proposals, noting that it is merely an estimated date.

In 2025, DHHS launched a rebid of the prepaid inpatient health plans, known as PIHPs, which manage behavioral health provider networks under Medicaid, including community mental health service programs.

The idea was to reduce the number of PIHPs from 10 to 3, and the request for proposals was structured so that none of the existing 10 could qualify to bid. Non-government behavioral health services providers had long chafed at the state's behavioral health service structure in which the PIHPs serve as the funder of the 46 community mental health services programs and each county or coalitions of counties provides the actual services or contracts with others to do so.
The DHHS director at the time, Elizabeth Hertel, championed the restructuring, saying it would mean more efficiency and better care. The goal was for the new structure to begin Oct. 1, 2026.

But the move drew the strong opposition of the prepaid inpatient health plans and community mental health agencies, which argued it would potentially hand the managed care/insurer role over to private health insurance plans, leading to less care.
In August 2025, some of the PIHPs and community mental health agencies filed suit against the rebid. The Court of Claims ruled that the drafted RFP conflicted with state law, particularly in how it would restrict community mental health service providers from entering into managed-care contracts. DHHS pulled the RFP about six months ago while considering next steps.

For months, even with the specter of Gov. Gretchen Whitmer leaving office Jan. 1, 2027, and a new DHHS director taking the helm of the department, there were no developments.

Then, about two weeks ago, an official with one of the community mental health agencies noticed the state's Vendor
Opportunity Dashboard listed "Prepaid Inpatient Health Plans" with an estimated posting date of August 2026, setting off a scramble.

Still, Lynn Sutfin, a spokesperson for DHHS, said there was no official timeline for the new RFP. She noted the Vendor

Opportunity Dashboard disclaimer that "the dates are estimates only; the project may be posted in the month prior or the next consecutive month."

"It is an estimated date," she said in an email. "The Michigan Department of Health and Human Services continues to engage community partners as it evaluates paths forward that strengthen Michigan's behavioral health system and better serve individuals and families."

Hertel resigned as department director June 30 with Whitmer appointing Amy Epkey as interim director. How that may affect the situation is unclear.

Alan Bolter, CEO of the Community Mental Health Association of Michigan, said the timing of the rebid is curious. DHHS has huge projects to handle implementing Medicaid work requirements and Medicaid redeterminations mandated by the federal government.

"You also have the end of the administration," he said. "The Whitmer administration's done at the end of the calendar year. If their timeline is somewhat accurate, this almost certainly will go into the next administration. They're essentially tying the hands of the next administration that comes in. If they put this in motion, this would not go into effect until sometime in 2027."
Contrary to Sutfin's statement that the department is working with community partners, neither his association, nor the 46 community mental health agencies it represents, have heard anything about what's happening, Bolter said.

"There's been no communication with the department on this at all," he said. "The communication with us has been through press release only."

The agencies and PIHPs are open to working with the state on changes that mean better care, but the state's goals have tended to address administrative matters, not care, Bolter said.

Daniel Cherrin, founder of the Michigan Behavioral Health & Wellness Collaborative, is a supporter of the rebid. His organization represents non-government providers of mental health services, which he says are poorly served by the existing structure. Reducing the number of PIHPs will reduce the number of layers in the system that prevents funds from getting to providers, Cherrin has said.

His members hoped to see the second try at a rebid sooner but were excited to see it on the Vendor Opportunity Dashboard.

"For us, it's just waiting and seeing what the department will do next," he said. "They have a lot of things they're working on."
Like Bolter, Cherrin noted the Medicaid requirements from the federal government and also noted the rural health transformation grant.

Rumors are rampant about what the new RFP will include, he said, but neither he nor his members have been a part of any discussions.

Time is short, he said.

"Whatever happens is up to the department, but I don't think there's a lot of time to move things forward before a new administration comes in," he said. "Certainly, I hope this is a priority of the next administration. ... It will have to be on the radar, nonetheless."

The community mental health agencies and PIHPs are making moves to protect their turf in the interim, Cherrin said. Some of his members have seen their agreements with the local agencies to provide services ended.

"We hope that there could be some guardrails put in place to protect community-based providers and the services they've been providing for decades," he said.

Bolter said such moves occur on a case-by-case basis and are generally the result of the squeeze on Medicaid from the federal One Big Beautiful Bill Act. State law empowers the agencies to provide services themselves or contract with others to do so, he noted.

"They're doing whatever they can to best meet community need," he said. "They do have that within their ability to make those changes. I think it comes down to the financial pressure that everyone is under."

– By Zach Gorchow

Alan Bolter
Chief Executive Officer
Community Mental Health Association of Michigan
507 S. Grand Ave, Lansing MI 48933
(517) 374-6848 Main
(616) 340-7711 Cell

STATE OF MICHIGAN

OFFICE OF THE GOVERNOR

LANSING

GRETCHEN WHITMER
GOVERNOR

GARLIN GILCHRIST II
LT. GOVERNOR

July 10, 2026

Michigan House of Representatives
State Capitol Building
Lansing, MI 48909-7514

Representatives,

Today, I am vetoing Enrolled House Bills 4177, 4665, 4666, 4667, 4900, 4901, 5817, 5818, and 6058 of the 2023-2024 legislative session. The session during which the Legislature passed these bills has adjourned, and therefore my disapproval means they will not become law (1963 Const. Art. IV, sec 33). I stand ready to work with the Legislature to consider new versions.

House Republicans spent the last 18 months sitting on these bills, spending taxpayer dollars on costly lawsuits, and creating unnecessary uncertainty and preventing action on issues that matter to Michigan families. These bills would have lowered costs for Michiganders and strengthened public safety. Had the House presented these bills to me in a timely manner, as the Constitution requires, today would have looked much different.

However, if I were to sign these bills, the effective date would be April 2, 2025, which is more than 15 months ago (1963 Const. Art IV, sec. 27). Implementing these bills retroactively would impose an insurmountable administrative burden on the state and all Michiganders affected. It would give rise to endless litigation. It would overwrite law that has since gone into effect. Many of these bills have statutory deadlines that have long since passed. Lastly, many of these bills have significant fiscal impacts now spanning three fiscal years that have not been accounted for in the newly negotiated and passed budget for Fiscal Year 2027.

For these reasons, I must regrettably veto these bills. This was political gamesmanship at its worst. Michiganders deserved better from the House.

Respectfully,

Gretchen Whitmer
Governor

GEORGE W. ROMNEY BUILDING • 111 SOUTH CAPITOL AVENUE • LANSING, MICHIGAN 48909
www.michigan.gov

Bay Area
community foundation

Opioid Remediation Committee Charter

Purpose

The Opioid Remediation Committee is responsible for reviewing and making recommendations to the Board of Trustees for awarding grant funds to community and regional nonprofit organizations to be used for opioid remediation efforts such prevention, treatment, recovery and harm reduction programs in Bay County. The Opioid Remediation Committee will review grant applications on an ongoing basis for funding disbursements from the Opioid Remediation Fund. Oversight for awarding grants from other funds may be assigned. The amount of funds that can be disbursed for grant awards will be determined on an annual basis as outlined in the Foundation's Administration of Endowment Funds policy. The Committee will work to promote awareness on the impact of opioid abuse and stewardship to improve the quality of life now and for future generations.

Committee Activities

- Reviews grant applications submitted to funds that fall under the Opioid Remediation Committee charter.
- Discusses grant applications, determines amount of funds to award, and documents recommendations for final approval by the Foundation's Board of Trustees.
- The Committee, with the assistance of BACF staff:
    - confirms a nonprofit's eligibility, legitimacy and sustainability by reviewing documentation submitted by the applicant.
    - awards grants which promote access, equity and inclusiveness.
    - will confirm that grant proposals do not discriminate on the basis of race, color, religion, gender, age, weight, height, sexual orientation, marital status, national origin, disability or other characteristic protected by law.
    - confirm that the activities are allowable under the terms of the Opioid settlement agreement.
- Provides assistance to the Foundation's Program Officer and President & CEO to determine goals, agendas and updates to grant application policies.
- Implements the Foundation's duality/conflict of interest policy by documenting duality/conflict of interest annually and disclosing conflicts on an as-needed basis.
- Reviews evaluation reports to ensure projected outcomes have been met and discusses potential areas for future funding initiatives.
- Engages in self-assessment on an annual basis.
- Makes recommendations to applicants to foster collaboration and open communication with other organizations.

Committee Structure

- The committee will consist of no fewer than 5 and no more than 11 members plus the Chair of the committee who is appointed by the Chair of BACF Board of Trustees.
- Members must demonstrate an interest in and knowledge of opioid issues or the impacts abuse has on families.
- Members are appointed to three-year terms and may serve unlimited, consecutive terms.
- Members are not eligible to serve if they also serve as board members or staff of an organization applying for a grant. This prohibition lasts for one year from the time they held those positions.
- BACF staff members as designated by the President & CEO may participate as nonvoting members.
- The committee will meet for at least one grant review annually as well as a planning/educational meeting.

Approved by BACF Board of Trustees – February 10, 2026

CULTURAL COMPETENCY AND DIVERSITY PLAN

~~2025~~2026

APPROVALS
Strategic Leadership Team: 6/17/25
Board of Directors: 7/17/25

Contents

Statement of Purpose

As an organization, Bay-Arenac Behavioral Health Authority (BABHA) acknowledges and values diversity from the perspective that every individual has his/her own cultural background/ ethnicity which contributes to the life of the community and serves to support the Agency's mission. It is the intent and purpose of BABHA to offer effective and accessible behavioral health services to all persons living in Bay and Arenac Counties by staff who demonstrate cultural competence, recognize diversity, and recognize the need for accommodations for service delivery when necessary. Furthermore, BABHA understands and supports the need to recruit and maintain staff, in leadership, management, direct service, and support service positions, who reflect the cultural backgrounds and diversity of the communities served.

BABHA recognizes the scope of diversity including, but not necessarily limited to culture, age, cognitive state, physical functioning, spiritual beliefs, economic status, gender identity/expression, ethnicity, language, or sexual orientation, all of which contribute to an individual's uniqueness[1]. In addition, the Agency's geographical areas encompass both rural and urban settings.

BABHA is committed to understanding, appreciating, and respecting differences and similarities in beliefs, values, and practices within and between cultures. As part of this commitment BABHA recognizes the importance of addressing the implicit biases of the organization and its personnel, to continue to move the organization forward with recognizing and respecting diversity.

BABHA complies with all applicable federal and state laws and regulations to promote the delivery of services in a competent manner to all enrollees, including those with limited English proficiency, diverse cultural and ethnic backgrounds, and special communication needs.

The BABHA Cultural Competency and Diversity Plan is reviewed by senior leadership and consumer advisory groups at least annually and updated as necessary.[2] The plan is reviewed by the Personnel and Compensation Committee of the Board of Directors and approved by the full Board on an annual basis.

Definitions

Accommodations: Internal or external resources used to provide individuals meaningful access to services at no cost to them. Examples include, but are not limited to voice interpreters, augmentative communication specialists, interpreter/translation services, etc.

Brochure: Booklets providing easy to read information regarding behavioral conditions or treatments.

Cultural Competence: Cultural competence is defined as a set of congruent behaviors, attitudes, beliefs, practices and procedures that come together in a system, agency, or among professionals, to enable that system, agency, or those professionals to work effectively in cross-cultural situations. The word culture implies the integrated patterns of human behavior that include thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. The word competence implies having the capacity to function within the context of culturally integrated patterns of human behavior defined by the group.

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[1] Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY20, section 4.5 (Cultural Competence)

[2] CARF Standards, Section 1.A. Leadership; standard 5.c&d.

Diversity: Diversity is defined as differences due to cognitive or physical ability, culture, ethnicity, religion, economic status, gender, age, or sexual orientation.

Gender Expression: External appearance of one's gender identity, usually expressed through behavior, clothing, hair style or voice, which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine[3].

Gender Identity: One's innermost concept of self as male, female, a blend of both or neither; how individuals perceive themselves and what they call themselves. Gender identity may be the same or different than a gender assigned at birth[4].

Implicit Bias: Implicit biases are unconscious associations, beliefs, and/or attitudes that affect our actions, decisions and understanding.

Large Print: Per 42CFR438.10, standard font on print materials must be no smaller than 12-point font.

Limited English Proficiency (LEP): The inabilities to speak, read, write, or understand English at a level that permits effective interaction with health care providers.

Taglines: Standardized statements providing information about how to access translation services, presented in various languages; used with non-English speaking or LEP individuals to help them request appropriate translation assistance.

Population Diversity and Culture

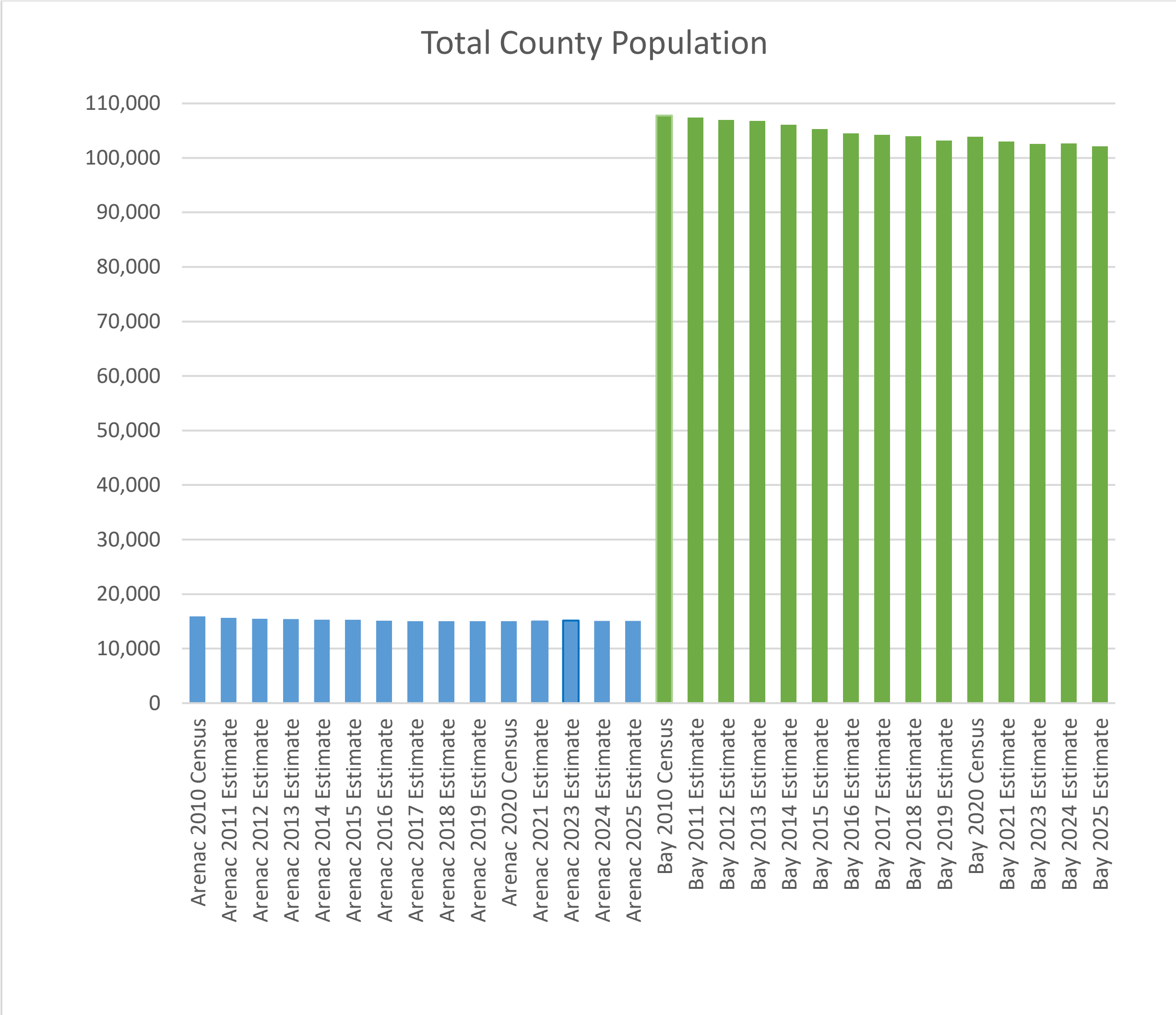
Community Composition

The US Census Bureau Annual Population Estimates and the 202~~3~~5 Demographic Profile[5] data for Arenac and Bay Counties provides the following profile of the more than 11~~5~~7,000 people living in the coverage area for BABHA. The Census Bureau has resumed publishing updated population estimates for all counties each year. The data in this plan reflects the most current statistics available from the Census Bureau.

Population Size and Age[6]

Over the past few years, the population for Arenac County has remained relatively flat, which is a change from the ~~The~~ downward trend in total population for Arenac County was experiencing. ~~continues; however~~ Bay County had a slight decrease ~~rise~~ in population over the past year.~~, t~~Over the past four years, the median age in Arenac and Bay Counties has also remained flat. This is a variance for the continues as previously the median age was rising ~~to rise~~, suggesting the populations in Arenac and Bay counties ~~will~~ would continue to decrease and as the population became ~~are becoming~~ older. However, as the median age has remained flat, so has the population.

[3] Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff; National LGBT Health Education Center
[4] Ibid.
[5] US Census Bureau: Quick Facts: Population Estimates; and American Community Survey: Annual Population Estimates
[6] CARF Standards, Section 1.A. Leadership; standard 5.b(2)

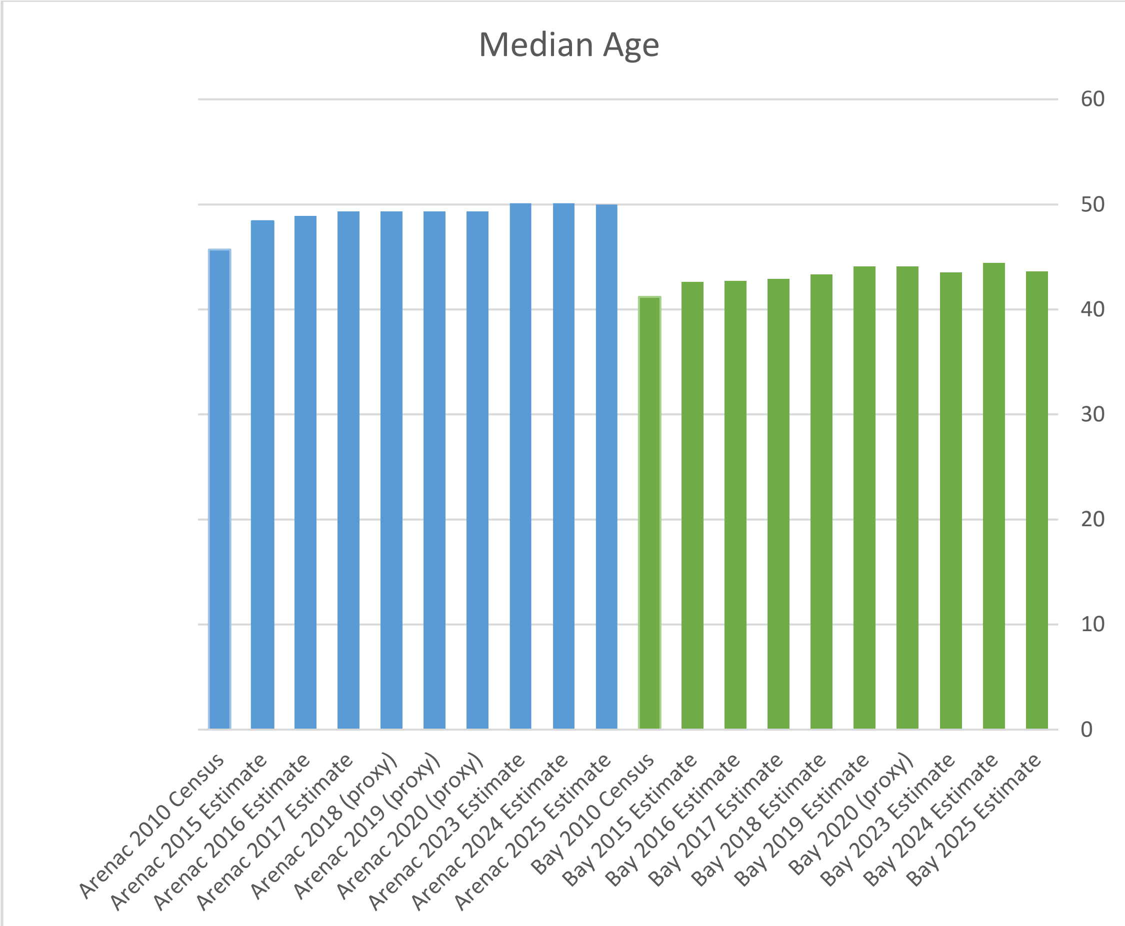


A World Health Organization article from October ~~1~~8, 202~~4~~5 states that the share of the population aged 60 years and older will increase from 1 billion in 2020 to 1.4 billion by 2030. ~~b~~By 2050, the world's population of people aged 60 years and older will double (2.1 billion). ~~etween 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.~~ Nearly 15% of adults age 50 and older have some type of mental health disorder.[7] Given the nation's large aging population, the number of older adults with mental health disorders is expected to double by the year 2030. Approximately 14.1% of adults over age ~~6~~70 have a mental health condition, and older adults who have higher rates of depression and anxiety disorders. The Global Health Estimates 2021~~9~~ shows that globally, around a ~~quarter~~ sixth of deaths from suicide (~~27.2~~16.6%) are among people aged ~~6~~70 or over. [8] The rate of suicide among older men is greater than the rate for older women.[9] So cultural sensitivity and competency with older individuals is important to minimize barriers to treatment for people whose risk of poor health outcomes may be higher than other age groups.

[7] National Institute of Mental Health. Mental Illness. Found on the internet at https://www.nimh.nih.gov/health/statistics/mental-illness

[8] World Health Organization/Fact Sheets/Mental Health of Older Adults/~~2~~13~~0~~ August 2025 ~~October 2023~~

[9] SAMHSA/Administration on Aging: Issue Brief 11: Older Americans Behavioral Health: Reaching Diverse Older Adult Populations and Engaging Them in Prevention Services and Early Interventions

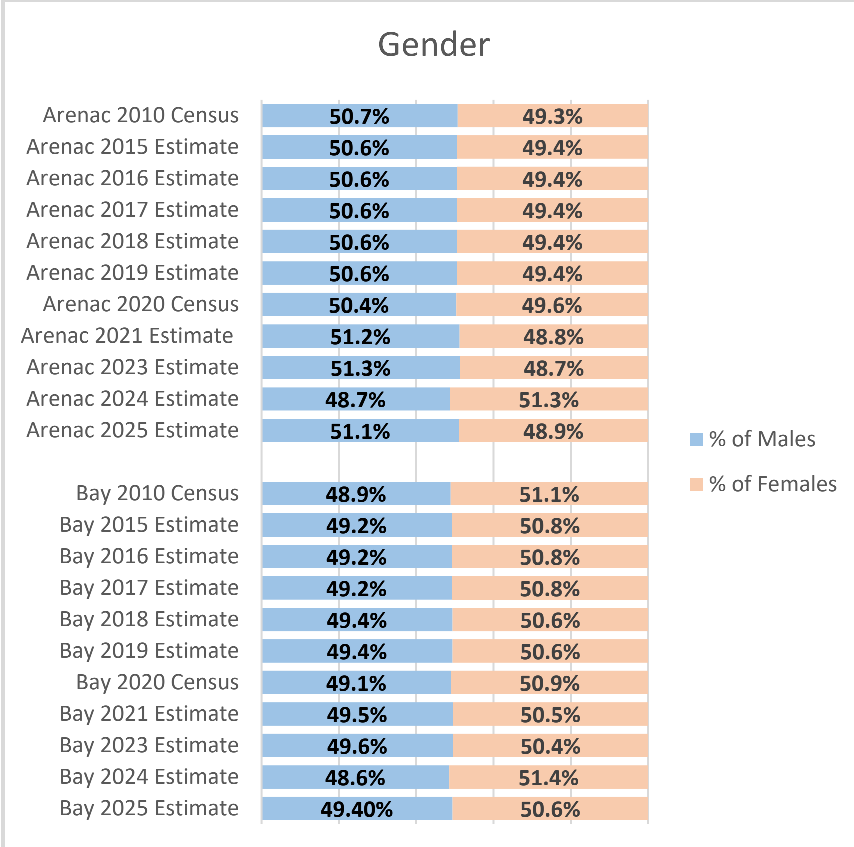


Gender Identification, Expression and Identity[10]

Nominal change in the reported gender mix of the two counties has been noted.[11] Arenac County has shifted back to having ~~slightly more female residents than male~~more male residents than female residents.~~, now matching the continued trend of~~ Bay County continues to have more female than male residents.

[10] CARF Standards, Section 1.A. Leadership; standard 5.b(3) & (4.

[11] US Census Bureau; American Fact Finder: American Community Survey (ACS): Demographic and Housing Estimates



Beginning in July 2021, the US Census Bureau included questions regarding sexual orientation and gender identity (SOGI) on its Household Pulse Survey (HPS). According to an aritcle by The Census Project[12]In January 2026, drastic changes occurred at the US Census Bureau and across the federal statistical system. Gender identity measures were removed from the relaunched version of the Household Pulse Survey (HPS), now known as Household Trends and Outlook Survey. As a result, we no longer have related data available for comparison purposes. ~~According to the HPS, 8.0% of the respondents reported identifying as lesbian, gay, bisexual, and/or transgender and 4.2% reported in the "other" category. In Michigan, 7.1% adults over age 18 reported the identified as lesbian, gay, bisexual, or transgendered. The HPS reports that a larger share (38.2%) of LGBT respondents than non-LGBT responsdents (16.1%) experienced depression for more than half of the days in the week. A higher share (21.3%) of LGBT respondents than non-LGBT respondents were Hispanic.[13]~~

Providing Inclusive Services and Care for LGBT[Q+] People: A Guide for Health Care Staff published by the National LGBT Health Education Center reports that people who identify as LGBT[Q+] are more likely to experience health issues due to the stigma and discrimination they experience including in health care settings. The Guide points to the following health disparities for people identifying as LGBT[Q+]:

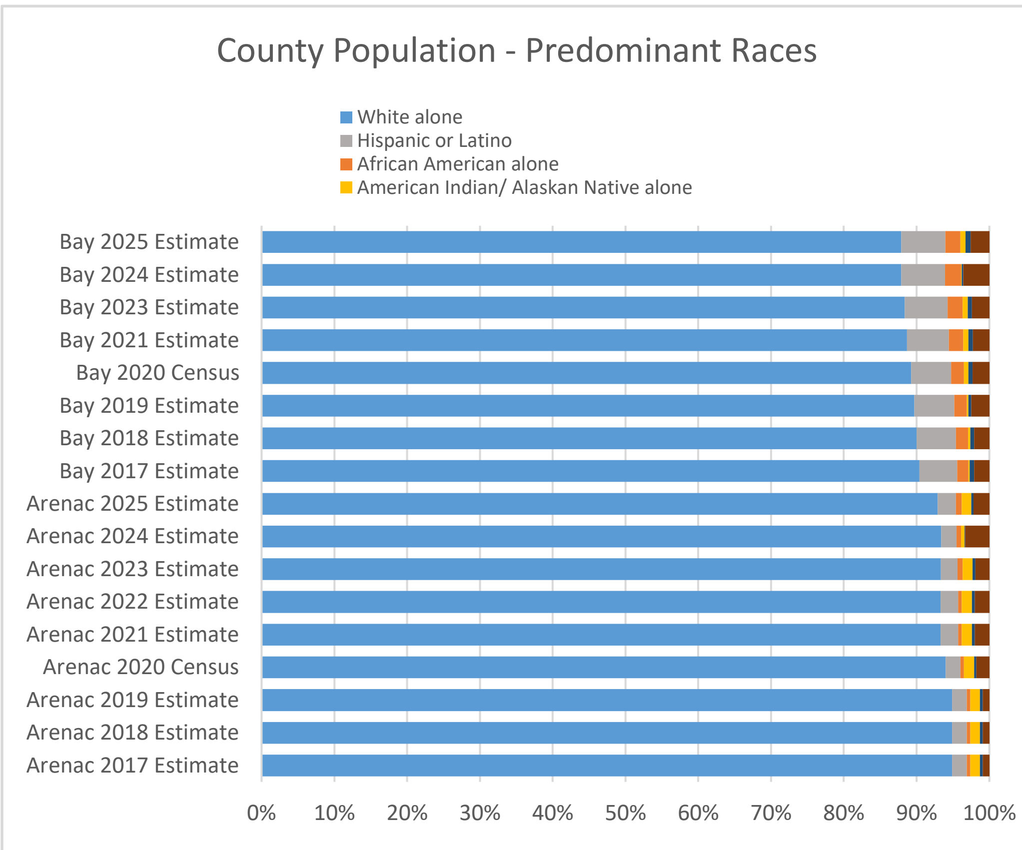
- LGBT[Q+] youth are 2 to 3 times more likely to attempt suicide, and are more likely to be homeless (it is estimated that between 20% and 40% of all homeless youth are LGBT[Q+]);

[12] The Census Project; STANDARD DEVIATIONS: LGBTQ Data at the Census Bureau: What's Changed and Why It Matters 03/03/2026
~~[13] Census Bureau; Household Pulse Survey; July 2021~~

- LGBT[Q+] people are much more likely to smoke than others; they also have higher rates of alcohol use, other drug use, depression, and anxiety;
- Transgender individuals experience a high prevalence of HIV and STDs, victimization, and suicide; and
- Elderly LGBT[Q+] individuals face additional barriers to health care because of isolation, diminished family supports, and reduced availability of social services.

Race/Ethnicity[14]

The racial backgrounds of residents of Arenac and Bay Counties continue to be primarily white/Caucasian, with a notable presence of people of Hispanic/Latinx origin, or who are Black and of African American descendance. It appears more people in BABHA's catchment area are reporting a mixed racial background. This trend may not increase the need for interpretative services, but sensitivity to the increasing diversity of racial heritage among local populations is important to include in annual cultural competence training for BABHA staff, particularly regarding people of Hispanic/Latinx origin and who are black with African American ethnicities.



[14] CARF Standards, Section 1.A. Leadership; standard 5.b(1)

Board of Directors and Personnel[15]

Board of Directors

The BABHA Board of Directors includes two representatives from Arenac County and ten from Bay County, based upon the relative population size of the counties. This is a 5-1 proportion which is slightly higher than the 7-1 population ratio between the counties based on the 2020 US Census. Four ~~Six~~ board members are primary consumers (i.e., individuals who use BABHA or similar services) or family members of primary consumers (i.e., secondary consumers).

White	Non-White	Female	Male	Primary or Secondary Consumer	Non-Consumer
100%	0%	~~42~~50%	5~~8~~0%	33%	67%

Executive Leadership

Organizational leadership at the Chief/ Director Level includes the Chief Executive Officer; Chief Financial Officer; Director of Human Resources; Director of Healthcare Accountability; four Directors of Integrated Care; and the Medical Director.

White	Non-White	Female	Male
89%	11%	78%	22%

Employees

Bay-Arenac Behavioral Health Authority (BABHA) is an equal employment opportunity employer. It is the policy of BABHA to recruit and select the best-qualified persons for employment. Recruitment and selection is conducted in such a manner to ensure open competition, provide equal employment opportunity, and to prohibit discrimination because of religion, race, color, national origin, age, sex, sexual orientation, gender identity, height, weight, marital or familial status, mental or physical disability or genetic information, or such other classifications protected by law or regulatory/accrediting bodies. BABHA gives preference to qualified eligible veterans in the filling of vacant positions, in accordance with the requirements of Michigan and Federal law.

BABHA seeks to encourage diversity in background and expertise among its staff and external providers to offer those who receive services with meaningful options to assist with their recovery. However, BABHA hiring practices adhere to state and federal requirements for maintaining neutrality regarding race, sex and other protected classifications. Public employers in Michigan, which includes BABHA, are precluded from establishing quotas to meet representational requirements for employees.[16]

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15 CARF Standards, Section 1.A. Leadership; standard, 5.a(2&3).

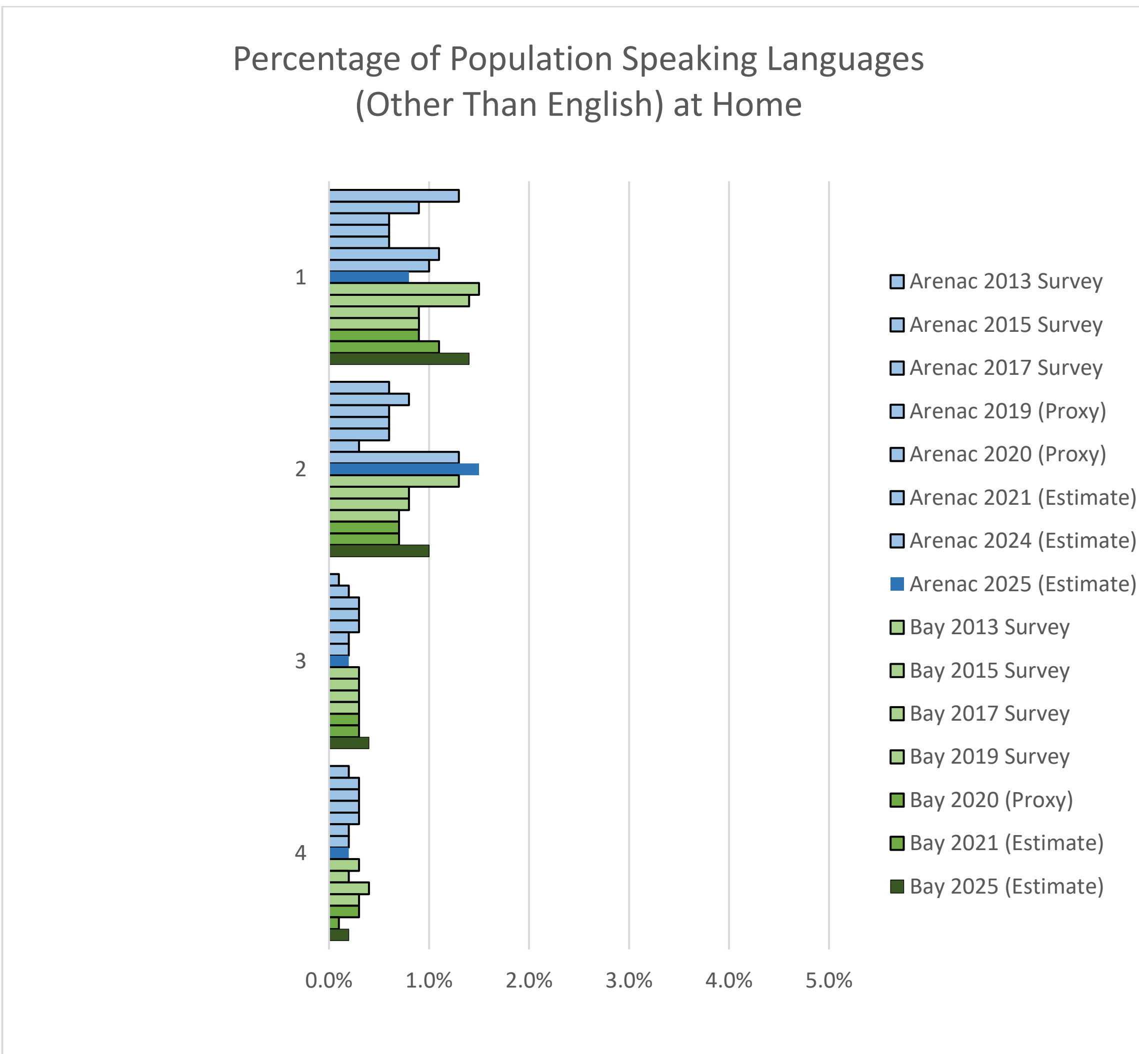
16 Michigan Constitution (Art. I, Sec. 26 Affirmative action programs.) indicates public employers may not utilize quotas or preferences in public employment; Title VII of the Civil Rights Act and the Equal Protection Clause of the 14th Amendment makes it unlawful for an employer (1) "to fail or refuse to hire or to discharge" any individual, or otherwise to racially discriminate against any individual "with respect to his compensation, terms, conditions, or privileges of employment," or (2) "to limit, segregate, or classify," on grounds of race, "any employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee . . . ." 42 U.S.C. § 2000e-2(a). Courts have applied a strict scrutiny standard to invalidate non-remedial quotas, employment preferences, and other policies that require employers to take race into account in individualized employment actions. *Wygant v. Jackson Bd. of Ed.*, 476 U.S. 267 (1986).

Attached to this Plan Bay-Arenac Behavioral Health Authority's Equal Employment Opportunity (EEO)-1 Report for calendar year 20245 showing the demographic mix of individuals employed by BABHA.

Service Population

Population of Areas Served by Language[17]

The United States Census shows the following Languages Spoken at Home population estimates for Arenac and Bay Counties.[18] Less than 2% of the populations of Arenac and Bay Counties speak a language other than English. (Please note the US Census Bureau does not update this statistic every year for counties under a certain population size. Where data is not available for a given the most recent data published is carried forward as a proxy for the missing year.) The survey for 20245 has not been completed/updated for Bay County on the US Census, so the data for 2021 is the most updated.



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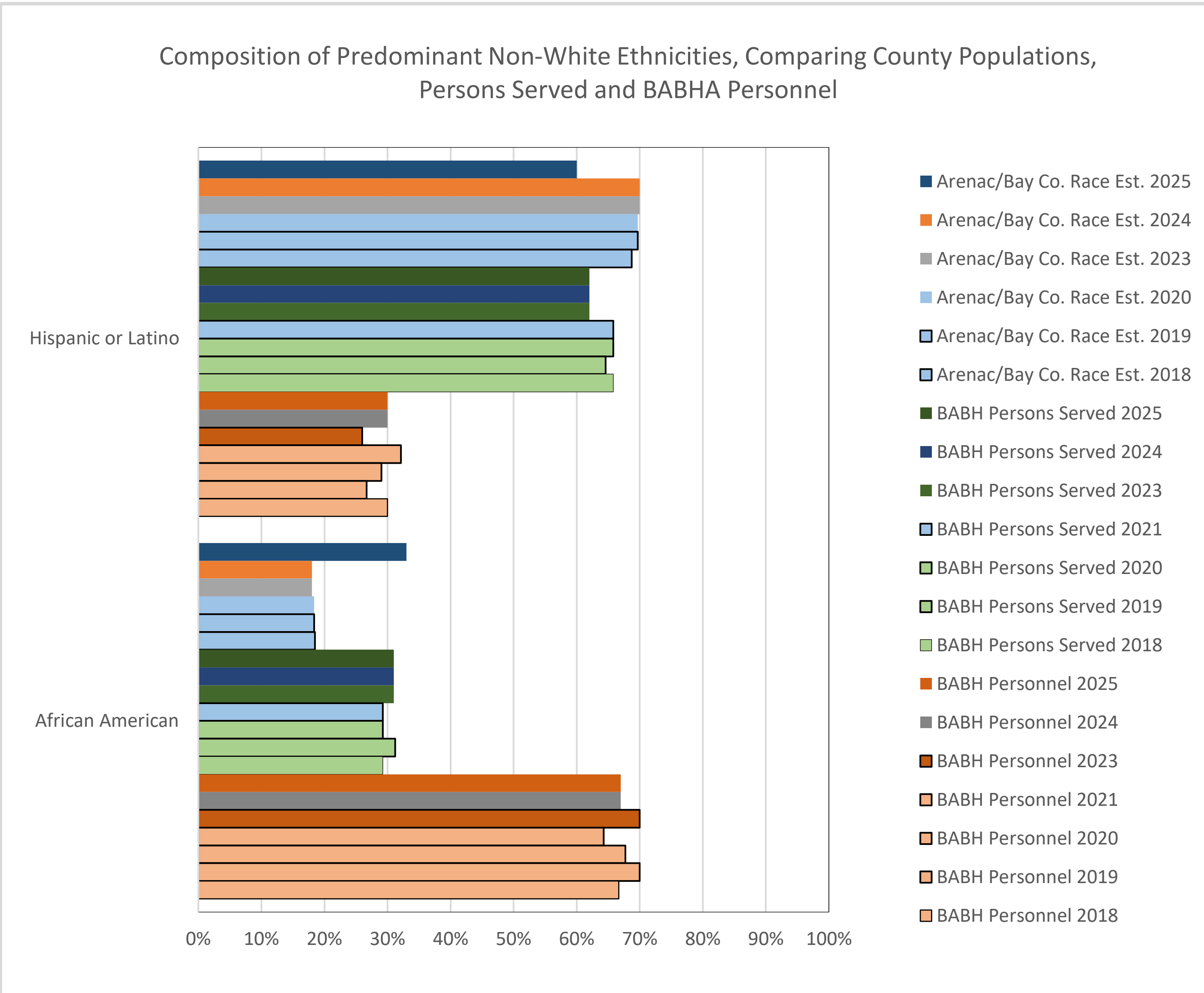
[17] CARF Standards, Section 1.A. Leadership; standard,5. b (7)

[18] United States Census: Quick Facts: Decennial Census: Language Spoken at Home; and American Community Survey 5-Year Estimates: Language Spoken at Home.

Comparison of Community, Personnel and Persons Served[19]

The ethnicity of persons served in Arenac and Bay Counties continues to be primarily white, which aligns with population statistics. The primary non-white ethnicities reported by people served by BABHA are of Hispanic/Latinx Origin, African American or Black, and Other Race. However, individuals reporting Asian ethnicities and membership in indigenous peoples are increasingly represented over time.

The graph below compares the key ethnic population groups in Arenac and Bay Counties from US Census population estimates as compared to the ethnicities of those who are obtaining services through BABHA, as well as the mix of personnel employed by BABHA:



BABHA serves proportionately more individuals of Hispanic or Latinx heritage than are represented among BABHA personnel. The trend continues to widen, and this disparity warrants consideration by BABHA leadership to ensure

[19] CARF Standards, Section 1.A. Leadership; standard 5a.

adequate cultural competency among personnel for this population. Conversely, BABHA has more staff of African/American heritage than among persons served.

Although the population statistics are relatively low for the presence of indigenous peoples in Arenac and Bay counties, the central area of Michigan has an active tribal presence. The Saganing Tribe has tribal land in Arenac County and a small community of indigenous people. Since many indigenous people suffer from trauma, substance use disorders, mental health issues, homelessness, and poverty, even though the Saganing Tribe has its own health services, BABHA is cognizant of the need to engage with the Tribe to support its efforts[20].

Overall diversity will continue to be an area of attention for BABHA leadership, but BABHA practices must continue to adhere to state and federal requirements for maintaining neutrality regarding protected classifications.

Recruitment[21]

Board of Directors

BABHA abides by the Michigan Mental Health Code and the local processes utilized by the Bay County Board of Commissioners and the Arenac County Board of Commissioners for the selection of Board members. The Arenac and Bay Boards of Commissioners appoint individuals to the BABHA Board of Directors according to the terms and qualifications specified in state law. The Chief Executive Officer of BABHA and/or designee, and the chairperson, or his/her designee, of the Bay and Arenac County Board of Commissioners communicate on at least an annual basis each January or February, or in the event of an unexpected vacancy, prior to formal appointment to coordinate this process. In addition, both counties have also publicized vacancies on local websites and/or press releases.

To increase community awareness of pending Board vacancies (and to increase the potential for more diversity among applicants) BABHA may inform staff and the community via:

- Interoffice e-mail and through community e-mail distribution list
- Internal staff meetings, consumer advisory council meetings, and meetings with our provider community
- Public service announcements and reports to county government
- BABHA Intranet and social media presence

Leadership

As warranted, BABHA utilizes expanded search methods for key leadership positions as they become available in order to reach the most qualified and culturally diverse applicant pool. This expanded search may include:

- Advertising in large metropolitan locations within the state of Michigan and outside of Michigan (as needed) based on the level of expertise required
- Engagement of a professional recruitment firm
- Advertising on web-based recruitment sites
- Advertising in identified trade journals or other non-traditional publications/websites
- Advertising with trade associations specific to position sought

While BABHA values diversity and makes every effort to recruit staff in all levels of the Agency that is representative of the community served, the ultimate hiring decision will be based on hiring the best qualified person for the position.

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[20] SAMHSA: Culturally Competent Treatment of Native Americans

[21] CARF Standards, Section 1.A. Leadership; standard 5a (2&3).

Staff Employed

BABHA hiring practices strive to ensure that staff reflect the cultural diversity of the community and maintain high standards for education and competence for new hires. BABHA will hire the best-qualified candidates and will monitor the diversity of its service areas through various methods of community assessment, such as: census data, staff demographics, utilization data from the files of individuals enrolled in services, and data from community agencies, and community organizations.

Methods to recruit will include (but are not limited to):

- A regular cycle of advertising on popular web-based recruitment sites, University and trade associations, job boards~~, and Michigan Talent Bank~~
- Employment ads which may target both mid-sized and larger metropolitan areas; recruitment fairs at area universities and/or trade associations to recruit from a diverse pool of potential applicants for all positions.

Action Step 1: Explore forums to recruit a more diverse group of employees focusing on Hispanic sources and utilize in our efforts to increase, stabilize, and maintain adequate staffing and representative of our communities.
Person/Group Responsible and Target Dates: Director of Human Resources: Jennifer Lasceski by 9/202~~5~~6

Training:

The Staff Development Center, as part of the Human Resources Department, has developed standards for cultural competence and Limited English Proficiency (LEP) training for all staff. In addition, BABHA maintains a Training Plan that is reviewed and revised on a bi-annual basis.

New staff receive training on cultural competence and LEP policies and procedures during orientation. Annually, all staff receive updated training on cultural competence. BABHA updates the training content from year to year to address a different aspect of culture, with the core information and definitions remaining the same from year to year. In 2022 a resource folder was created to maintain materials that have been used in previous years to enhance the Cultural Competence and LEP training. There are professional articles, PowerPoints, videos, etc. that may be helpful with clinical practice. BABHA staff continue to receive online training by completing a course entitled “Overcoming Your Own Unconscious Bias” and this course is completed as part of the New Employee Orientation Curriculum.

BABHA convened a specialized two-part training event in 2022. The part-one training was titled “Implicit Bias” focusing on understanding implicit bias and the impact it has on individuals, communities, organizations, and systems. Part two of the training was titled “Beyond Implicit Bias” addressing engagement in self-exploration and application. This was particularly helpful for all staff as nearly all licensed health care professionals in Michigan are required to receive implicit bias training for their next renewals. BABHA provides information regarding training opportunities on Implicit Bias through Relias Learning and community resources. BABHA will also approach the Saganing Tribe to see if they have training resources to increase staff understanding of local Indigenous Peoples.

In addition, staff are educated regarding LEP-related policies and procedures as they are created or revised. BABHA maintains documentation of training that includes the staff person’s name and the dates of training. The components of the training include:

- An overview of the LEP policies and procedures
- An overview of cultural competency policies and procedures
- Overall awareness of cultural competency and diversity issues, including but not limited to: ethnic/racial backgrounds, gender expression and identity, culture, sexual orientation, age, socioeconomic/education status, physical capacity, spiritual/religious beliefs, regional perspectives, and multi-cultural influences.

The goal of training is to ensure that staff have the understanding and skills to work effectively in cross-cultural situations and with people who have LEP, enhance the ability of staff to comprehend and incorporate the cultural diversity of the community in which services are provided, and to provide services in the most effective and meaningful manner possible to meet the needs of the people we serve. As a result, training is:

- Supported by BABHA and its Board of Directors
- Reflective of the culture and diversity in the community and within BABHA
- Reflective of staff-identified training needs
- Provided annually during Staff Development Days

Cultural competence and LEP are measured by (not an inclusive listing):

- Post-testing during Staff Development Days
- Responses on consumer satisfaction surveys
- Results of consumer focus groups or dialogues with consumer advisory councils

Language is included in employee job descriptions addressing sensitivity to trauma and maintaining a focus on individual recovery. Both principles are congruent with a culturally sensitive approach to service delivery.

Clinical Services and Accommodations

Therapeutic Interactions

Through its training efforts, BABHA expects all personnel to demonstrate sensitivity and consciousness of their own assumptions and potential bias in their interactions with the individuals we serve. The following are additional considerations for therapeutic interactions with selected sub-populations:

Culture/Ethnicity[22]

BABHA's preferred language when addressing the needs of groups of people with different culture backgrounds or ethnicities (unless otherwise specified by persons served or the local community), will be African American or Black, Indigenous Peoples (for people of Native American, Alaskan, Hawaiian and other ancestral heritages), Hispanic/Latinx, Asian, White and Other Races. BABHA will seek to use these terms when population level descriptors are necessary for website materials and other documents. However, BABHA may need to use other terms to avoid mis-representing data from source materials such as US Census Bureau population statistics and MDHHS-defined demographic categories for persons served.

Awareness of potential cultural differences between staff or people served who are Hispanic/Latinx origin and/or Black and those who are not is important given the demographics of Arenac and Bay Counties. Although both population groups represent individuals with diverse backgrounds, the following expectations may be present:

[22] CARF Standards, Section 1.A. Leadership; standard, 5.b(1)

For Individuals of Hispanic or Latinx Heritage[23]:

- Appropriate deference toward others based on age, economic status; not disrespecting males by challenging traditional masculine roles.
- That the relationship is formal at least at first; and the counselor will be seen as an authority figure and should be appropriately dressed.
- That earning trust takes time, and that once developed, the counselor may be treated as family, which may warrant extra monitoring of professional boundaries.
- Respecting pride of self, family, and nationality.
- ~~That~~ Understanding religious or spiritual beliefs are important and can have an influence on mental health.

For Individuals Who are Black and/or of African American Heritage[24]:

- Avoiding misinterpretation of differences in self-expression; studies report instances of over-treatment due to miscommunications during assessment of service needs and symptoms.
- Respecting the importance of spirituality as a source of comfort, coping and support.
- Understanding that private and family concerns may not be shared readily with an outside person such as a counselor and that trust must be earned.
- Respecting generational authority and the influence of the family on personal decision making.
- Not assuming an understanding of the social realities of the person's life experiences.

For Individuals Who are members of Indigenous Populations[25]:

- Be particularly sensitive to the presence of multi-generational trauma.[26]
- Consider the value of traditional (versus Western) practices such as talking circles, storytelling, and spiritual guidance.
- Take a holistic approach to mental health interventions.

~~The trainings~~ BABHA is planning to explore trainings ~~regarding~~ on how to define treatment interventions for families/ individuals and the use of multicultural treatment planning strategies should assist staff with maximizing their competencies in the above areas. Training on Implicit Bias has been incorporated into the annual training requirements for all staff. In addition, licensed master's level social workers are required to complete extra training.

Age[27]

BABHA encourages staff to consider the following strategies to increase engagement when working with older adults:

- Using nonjudgmental motivational approaches and avoiding stigmatizing terms.
- Empowering decision-making; not discounting ability due to age, physical health or living situation.
- Not assuming a frame of reference for the experience of counseling.

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[23] Moitinho, E., Garzon, F., Freyre, F., & Davila, Z. (2015, September). Best Practices for Counseling Hispanic/Latino Clients. Presentation at the American Association of Christian Counseling World Conference, Nashville, TN.

[24] Josepha Campinha-Bacote, PhD, MAR, PMHCNS- BC, CTN, FAAN, Urologic Nursing, January-February 2009; A Culturally Competent Model of Care for African Americans.

[25] SAMHSA: Culturally Competent Treatment of Native Americans

[26] Expanding the Circle: Decreasing American Indian Mental Health Disparities Through Culturally Competent Teaching About American Indian Mental Health; Mays, et.al, 2009, NIH Public Access Author Manuscript

[27] CARF Standards, Section 1.A. Leadership; standard 5.b(2).

- Working with older adults in the setting they prefer (e.g., primary care, senior center, home).[28]

In both Bay and Arenac counties, BABHA provides Senior Outreach services, which is an outpatient therapy service~~s~~ provided in the home for individuals who are over the age of 62 and who have difficulty attending community-based appointments. The current utilization pattern of the Senior Outreach program is ~~75~~94% Bay County and ~~25~~6% Arenac County. BABHA also provides Nursing Home monitoring, for individuals admitted to a long-term care nursing facility and who have been diagnosed with a serious mental illness. Nursing Home monitoring is provided by a case manager, and the level of monitoring is determined by the individual, the case manager, and the nursing facility. These services are identified via the OBRA assessment process and approved by MDHHS OBRA department.

Gender and Sexual Identity/Expression[29]

When working with individuals Identifying as LGBTQ+, staff may want to consider the following practices[30]:

- Use the terms that people use to describe themselves and their partners.
- Do not use words that assume people have an opposite sex partner or spouse, or that they have two opposite sex parents.
- Avoid using pronouns and terms that indicate a gender unless you are certain of the patient's gender identity and/or their preferred pronouns.
- When names or gender do not match insurance or medical records, ask, "Could your chart be under a different name?" Avoid asking a person what their "real" name is.
- Be aware that there are a wide range of sexual and gender identities and expressions, and that these can change over time. Some people do not have a fixed gender identity, and present as different genders on different days.
- Avoid showing disapproval or surprise, including through body language and facial expressions.

BABHA ~~has started engaging~~ continues to engage with community groups such as Great Lakes Bay Pride (GLBP), which is a LGBTQ+ advocacy group, and Parents & Friends of Lesbians, Gays, Bi-Sexual and Transgendered People (PFLAG), which is a referral source regarding how BABHA can increase its sensitivity. In addition, ~~Scott Ellis from~~ GLBP provided informational materials and a glossary specific to the LGBTQ+ community. BABHA wil also explore inviting the group to conduct a review of BABHA sites and make recommendations for potential improvements such as the addition of signage that are readily identifiable as welcoming and engaged with this community. GLBP also has an MI Two Spirit and Indigiqueer Coalition to support LGBTQ+ indiginous people.

~~Action Step 1: BABH will complete a review of consumer handouts and brochures to check for gender neutral terminology. BABHA is shifting the terminology in its documents to use the gender-neutral term "Latinx" instead of "Latina" or "Latino" to remove non gender-neutral terminology.~~
~~Person/Group Responsible and Target Date: Completed.~~

Action Step 2: The potential population of people identifying as LGBTQ+ and the behavioral health risk factors identified with this population, warrant attention by BABHA, as well as building/ensuring staff competency in this area. BABHA has reached out to an organizaiton with expertise in the needs of people identifyig at LGBTQ+. BABHA

[28] SAMHSA/Administration on Aging: Issue Brief 11: Older Americans Behavioral Health: Reaching Diverse Older Adult Populations and Engaging Them in Prevention Services and Early Interventions; page 3
[29] CARF Standards, Section 1.A. Leadership; standard 5.b(3&4).
[30] Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff; National LGBT Health Education Center

will continue working with local organizations to assure our processes and practices support a competent and welcoming environment.

Person/Group Responsible and Target Date: SLT/ Ongoing

Chief Executive Officer and SLT: Will review the recommendations of the Organizational Assessment and develop next steps by 12/2026~~4~~.
Director of Human Resources:~~;~~ To schedule the Assessment and facilitate the development of a workgroup to assist with the Organizational Assessment by 9/202~~5~~6.

Military Background

The US Census Bureau indicates that ~~1,195~~ 1,024 people residing in Arenac County and 6,218 people ~~7,621~~ in Bay County are veterans. Although perhaps not typically considered a cultural group, the various branches of the military have their own organizational cultures with strong behavioral norms and shared experiences. The potentially traumatic nature of these experiences is well-known to impact psychological and emotional well-being. The Michigan Department of Health and Human Services has increased its attention on the unique ~~need's~~needs of veterans in the past decade. Mid-State Health Network has a Veteran's Navigator to assist veterans with accessing resources including behavioral health treatment. In addition, Bay County has a dedicated Veteran's Affairs department and shares a Veteran's Navigator with Saginaw County. The Veteran's Navigator services are available to anyone in Bay or Arenac County (via MSHN) who are either a veteran or the immediate family member of a veteran. Increased sensitivity to the needs of this population will continue to be explored by BABHA and resources will be sought out to educate staff on when working with them.

Action Step 3: The potentially traumatic nature of these experiences, the impact on psychological and emotional well-being, and the prevalence of suicidal ideation and behavioral health risk factors warrant attention by BABHA, as well as building/ensuring staff competency in this area. BABHA will continue to support trainings with local organization with expertise in the needs of veterans popuIuation, as well as veteran/military cultural competence trainingnng.

Person/Group Responsible and Target Date: FY24: BABHA supported staff participation in a MSHN hosted training: Building Trust by Building Understandings: Military and Veteran Culture. This training occurred on July 31, 2024.

FY25: BABHA will continue to explore training opportunities related to Military and Veteran Culture.

FY26: BABHA will continue to explore other community resources for Veterans including the Bay County Veteran's Foundation and expanded links to the Saginaw VA Medical Center.

Spiritual Beliefs[31]

BABHA is ~~has a~~ committed~~ment~~ to clinical excellence and comprehensive care that embraces each individual's physical, spiritual, emotional, and social needs. BABHA trains staff on ~~in~~ topics such as the spiritual care of those we serve. Individuals who seek spiritual care come from many faith traditions and have a broad range of questions and concerns.

[31] CARF Standards, Section 1.A. Leadership; standard 5.b (5).

BABHA will honor requests for printed, recorded, or visual material essential to or related to treatment by spiritual means. Treatment by spiritual means includes the rights of recipients and their legal representatives to refuse medications or other treatment on spiritual grounds that predate the current allegations of mental illness or disability, unless the legal representative or the provider has been empowered by a court to consent to or provide treatment or the recipient poses a risk o fharm to self or others and treatment is essential to prevent physical injury.~~Treatment by spiritual means includes the right of recipients and their legal representatives to refuse medication or other treatment on spiritual grounds that predate the current allegations of mental illness or disability. y, uUnless the persony hasve a legal representative, or the provider has been empowered by a court to consent to or provide treatment and has done so,. Oor the a recipient poses a risk of harm to him to self self, herself, or others and treatment is essential to prevent physical injury.~~ BABHA will not honor requests for the use of mechanical devices or ~~,~~ organic or chemical compounds that ~~which~~ are physically harmful, nor will it engage in any activity that is inconsistent with court ordered custody.

Availability of Accommodations

BABHA uses various means to ensure interpreter services are available 24 hours a day, seven days a week and able to be scheduled ahead of time or without notice. Interpreters are provided for those individuals who speak a language other than English, or for those with hearing impairments who use sign language to communicate upon request. Interpreter services are provided at no expense to persons served. Other accommodations BABHA ensures are available to individuals receiving services ~~serves~~ include augmentative communication specialists (those who specialize in supplemental or compensatory~~ional~~ ways to communicate for those with severe expressive communication issues), voice interpreters, and interpreter/translation services, etc.

BABHA ensures that interpreters and bilingual staff can demonstrate bilingual proficiency, receive training that includes the skills and ethics of interpreting, and demonstrate knowledge, in both languages, of the terms and concepts relevant to clinical or non-clinical encounters.

Recipient Rights training is mandatory for all interpreters. Contracted interpreters sign an agreement regarding the confidentiality of treatment.

With the exception of an emergency, an interpreter is not allowed to be a family member of the person served and under no circumstances can an interpreter be a child. Family or friends are not considered adequate substitutes, in part because they usually lack these abilities; however, the basic premises of Person-Centered Planning prevail. If individuals ask that an adult family member or friend interpret for them, their desire must be honored, however, BABHA confirms that the family member is interpreting accurately. Health and safety issues may be a basis for refusing an individual's request for a family member to interpret.

The Consumer Handbook (Your Guide to Services) and BABHA Provider and primary informational written brochures (such as advance directive brochures, Recipient Rights posters, Customer Service posters, etc.) are available ~~hard copy~~ at all sites and on the BABHA website [www.babha.org] for individuals served, their family members/legally responsible parties, staff/students/volunteers, and visitors:

- In understandable English at the sixth-grade reading level
- In Spanish (either written or verbally translated)
- Other languages as needed (either written or verbally translated)
- Verbally read or translated onto CDs or another electronic/virtual and easily accessible format for individuals with sight impairment or individuals with literacy limitations. The readings/translations are available in understandable English, Spanish, and other languages as needed/requested.

Taglines in t~~T~~he top 15 languages spoken in Michigan are ~~have 'taglines'~~ posted at BABHA sites open to the public to ~~that~~ inform individuals with Limited English Proficiency (LEP) about ~~of~~ the availability of language assistance services. The taglines are also included in the local choice provider directory, in ~~and~~ other materials as required by the PIHP-CMHSP contract, and on the BABHA website.

- Phone interpreter services for nearly all languages spoken in North America are ~~is~~ available ~~on a~~ 24 ~~hour~~ hours a day, ~~/~~7 days a week basis through a contracted service, Voices for Health.
- Michigan Relay, ~~or~~ TTY, or similar adaptive devices are ~~is~~ available for callers with hearing impairments.
- Face-to-Face interpreter services for nearly all languages (including sign language) are available 24 hours a day, ~~/~~7 days a week. BABHA Customer Service staff provide necessary resources for persons with LEP requesting services.
- Support and Emergency Services staff utilize BABHA resources when ~~needing~~ accommodations for services are needed.

Physical access to clinical services is guided by specifications set forth by the Americans with Disabilities Act. Leader dogs and certified service animals are permitted at ~~have access to~~ all clinic sites with their owners. BABHA has private bathrooms at most sites for individuals ~~people~~ who may desire accommodation, such as those ~~a person~~ who prefer~~s~~ a gender-neutral bathroom. BABHA will continue to monitor and evaluate the potential need for additional private bathrooms.

Clinical Documents

The electronic health record used by BABHA, called 'Phoenix', includes a field in the consumer demographics section that captures each person's primary language, their communication preference and whether an interpreter is needed. Information regarding vision and hearing challenges, as well as adaptive and assistive devices used, is collected during the access screening and eligibility determination process and updated no less than annually.

Forms requiring the signature of the person receiving services (consent to treatment, release of information, ability to pay, etc.) and other vital documents (anything to which individuals must respond) are in language that is understandable to them or are read to them by an interpreter. For BABHA, the most likely translation need is English to Spanish.

All informational materials are provided in a manner and format that is easily understood and written at the reading level required by the State of Michigan, unless state or federal requirements dictate specific language or terms be used. It is understood that some necessary information, such as diagnosis, medication and conditions, may not meet this criterion.

Clinical assessments clearly identify an individual's strengths, needs, abilities, and preferences including but not limited to: religious/spiritual considerations, veteran status, educational status, socioeconomic needs, language used, gender identity and expression, and the cultural impact of treatment.

Although BABHA is limited in its reporting of gender by state and federal data definitions and must use only legal names of persons served for purposes of state reporting, the clinical record includes a field for reporting a preferred name, which can accommodate non-legal name changes during gender transitions. Previously, ~~D~~demographic, guardian/parent and contact information fields are configured to support the collection of contact information for same sex parents and partners.   Fields were ~~recently~~ also added to collect information about Gender Identity and Sexual Orientation, assuming the person served chooses to share this information.   The gender field was also changed to Gender Assigned at Birth. The clinical assessment includes sections to address gender, sexual orientation and gender expression, as well as cultural, spiritual and religious considerations. However, MDHHS is in the process of transitioning the mental health reporting component of their system from BH-TEDS (Behavioral Health Treatment Episode Data Set) to MHCLD (Mental Health Client Level Data) and with that change BABHA Leadership will have to determine what data elements that were established in the BH-TEDS will continue to be collected in Phoenix that are no longer being reported to MDHHS through the MHCLD.

Action Step 1: BABHA will determine what data elements will continue to be collected in Phoenix that are no longer required for state reporting.
Person/Group Responsible and Target Date: SLT, Extended SLT, Leadership by September 30, 2026.

Person-Centered developed Individual/Family Plans of Service (POS) will reflect individual strengths, needs, abilities and preferences in treatment goals, objectives, and interventions. Service plans will also be developed consistent with principles of self-determination, recovery and trauma-informed care. This will ensure the plan developed is consistent with the preferences of the person receiving services including familial, cultural, gender, spiritual and socio-emotional considerations.

Public Relations

Our agency shares Mental Health related materials as available through the Michigan Department of Health and Human Services, the Community Mental Health Association of Michigan, the National Association of County Behavioral Health Directors, the National Alliance for the Mentally Ill, the National Council for Mental Wellbeing and other advocacy and behavioral health organizations. We periodically forward information to local media outlets on mental health and anti-stigma topics on a regular basis or respond to request for information.

BABHA uses our current website, www.babha.org, and our Facebook page as a tool to relay information to all stakeholders. Our website includes information in written format that explains our services, outlines state and local resources, advocacy organizations, information on disabilities, and explanations on best practices. The website is updated with on-going community information, as well as information related to the services that are available to individuals within the counties we serve. Our Facebook page includes more current information for those who are connected to social media and includes information on legislation, events, and anti-stigma messages.

Action Step 1: BABHA will explore options available through web designers to ensure our BABHA website meets Section 504 of the Rehabilitation Act – Digital Accessibility which requires web content is perceivable, operable, understandable, and robust (POUR principles), typically requiring compliance with Web Content Accessibility Guidelines (WCAG) 2.1 Level AA.
Person/Group Responsible and Target Date: IS Department by July 31, 2026.
Action Step 2: BABHA will complete a review of the contents of the BABHA website are updated and assign appropriate designees to review content routinely to ensure content is current, user-friendly, and accurate for all stakeholders.
Person/Group Responsible and Target Date: Strategic Leadership Team by September 30, 2026.
Action Step 3: BABHA will evaluate and implement strategies to maintain accessible, up-to-date brochures (electronic and paper versions) as well as resource materials that support individuals served and their families in understanding diagnoses, treatment options, and available community services.
Person/Group Responsible and Target Date: Strategic Leadership Team and IS Department by 09/30/2026

Brochures (and any other materials deemed appropriate,) are distributed upon request and will be available on the BABHA website. ~~to and maintained at the following (not an inclusive list):~~

~~Community and Senior Centers, through the Division on Aging~~

- ~~Department of Health and Human Services (DHHS)~~
- ~~Social Security Administration~~
- ~~Community Health Fairs and other related events~~
- ~~Physicians' offices/groups~~
- ~~Schools~~
- ~~Early childhood programs~~
- ~~Law Enforcement Agencies and Court Programs~~
- ~~Community agencies providing resources for basic needs items and other relevant community-based organizations through the Bay County Prevention Network, Bay Human Services Collaborative Council, and Arenac Human Services Multi-Purpose Collaborative Body~~

BABHA staff are involved in collaborative efforts (as appropriate) with community resources such as: Department of Human Services, Bay County Public Health, Great Lakes Bay Health Center, Social Security, community groups, churches, clubs, etc. These have expanded in recent years in response to the nationwide opioid epidemic to include Families Against Narcotics, Hope versus Handcuffs and other recovery-based initiatives to support the community. A listing of community organizational relationships is attached to the BABHA Strategic Plan each year.

BABHA will also identify opportunities to continue to strengthen relationships with community organizations representing the interests of diverse groups such as people of Hispanic/Latinx origin and Indigenous populations. BABHA reached out to the local Saganing Tribe in 2022 as an introduction and provided contact information for any consultative services that may assist their members in the area.

Action Step 4: BABHA will continue to pursue memorandums of understanding with community organizations representing the interests of diverse groups such as people of Hispanic/Latinx origin and Indigenous populations, such as the Saganing Tribe.
Person/Group Responsible and Target Date: Chief Executive Officer; December 2025

Quality Improvement:

BABHA will support the effectiveness of its cultural competency, diversity, and language proficiency efforts through:

- Periodic evaluation through on-site reviews of the current cultural and linguistic competencies of service providers to make sure they accurately reflect the diversity of service areas to ensure they are accurately and adequately meeting cultural expectation standards
    - Standards include, but not limited to: demonstrating an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area; includes acceptance and respect for the cultural values, beliefs, and practices in the community; demonstrates the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services

- Annual monitoring for outcomes, including information on consumer grievances related to LEP, cultural competency, and Recipient Rights concerns
- Monitoring, on an ongoing basis, ways to improve the cultural competence of staff and stakeholders through survey results, training opportunities, feedback from community presentations, and collaboration with community workgroups and/or committees
- Monitoring, on an ongoing basis, the stakeholder suggestion box process which captures the concerns of persons served, staff, and stakeholders
- Utilizing feedback and suggestions from the agency's consumer councils~~.~~
- Identification of barriers and other potential areas requiring action plans
- Consumer satisfaction surveys are used to assess agency performance and identify areas of strengths and development needs
- BABHA Primary Network Operations Quality Management Committee meets regularly to monitor, assess, and respond to issues noted in data monitoring, consumer satisfaction surveys and councils, standing committees, as well as those brought forth by stakeholders

References and/or Legal Authority

1. Michigan Department of Health and Human Services (MDHHS) Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver program, Part II, Section 4.5
2. MDHHS/Community Mental Health Services Program (CMHSP) Managed Mental Health Supports and Services Contract, Part II, Section 3.3
3. Americans with Disabilities Act of 1990, Pub.L101-336
4. Patient Protection and Affordable Care Act, Section 1557.
5. Guidance Memorandum, January 29, 1998, Title VI Prohibition Against National Origin Discrimination – Persons with Limited-English Proficiency
6. LEP Press Release, HHS News, US Department of Health and Human Services, Office for Civil Rights, 8/30/00
7. Federal Register, Volume 67, No. 115, part 438.206 – Availability of Services.
8. Policy Guidance, Title VI Prohibition against National Origin Discrimination as it Affects Persons with Limited English Proficiency
9. Mid-State Health Network Customer/Consumer Service and Information Accessibility/ Limited English Proficiency policies

BABHA Equal Employment Opportunity Reports (EEO-1 Reports - EEO-1 By Location)
as of 12/31/2025

	Section D - EMPLOYMENT DATA														
	Number of Employees														
	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
Job Categories	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total A-N
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
1.1 Exec/Senr Officials & Mgr	0	0	1	1	0	0	0	0	7	0	0	0	0	0	9
1.2 First/Mid Officials & Mgr	0	2	5	0	0	0	0	0	23	0	0	0	0	0	30
2 Professionals	2	2	15	0	0	0	0	1	102	5	0	0	0	4	131
5 Admin Supp Workers	0	2	3	0	0	0	0	0	36	0	0	1	1	0	43
8 Laborers and Helpers	1	1	13	4	0	0	0	3	30	4	0	0	0	5	61
10 Total	3	7	37	5	0	0	0	4	198	9	0	1	1	9	274
11 Previous Reported Totals	2	7	40	6	0	0	0	2	205	14	0	1	0	9	286

1. Date(s) of Payroll period used 01/01/2025 Thru 12/31/2025
2. Does Establishment Employ Apprentices? Y