AGENDA

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
PROGRAM COMMITTEE MEETING

Thursday, September 10, 2026 at 5:00 pm

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

	Committee Members:	**Present**	**Excused**	**Absent**		**Present**	**Excused**	**Absent**	Others Present:
	Christopher Girard, Ch				Carole O'Brien				BABH: Joelin Hahn, Karen Amon, Nicole Sweet, Sarah Van Paris, Melissa Prusi, Sarah Holsinger, Chris Pinter, and Sara McRae
	Pam Schumacher, V Ch				Staci Tuggle				
	Shelley King				Pat McFarland, Ex Off				
	Sally Mrozinski				Robert Pawlak, Ex Off				Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Unfinished Business 3.1) None		
4.	New Business 4.1) Quality Assessment & Performance Improvement Quarterly Report, S. Holsinger 4.2) Policies Beginning 30-day Review: a) Gender Affirming Care, Chapter 4 4.3) 2026-2027 Infection Control Plan, S. Van Paris 4.4) Primary Network Operations & Quality Management Committee Notes from the July 9, 2026 Meeting		4.1) No action necessary 4.2) Consideration of a motion to refer the policy, Gender Affirming Care, Chapter 4, to begin 30-day review to the full Board for approval 4.3) Consideration of a motion to refer the proposed changes to the 2026-2027 Infection Control Plan to the full board for approval 4.4) No action necessary

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	4.5) Strategic Initiative Updates & Dashboard Reports		4.5) No action necessary
5.	Adjournment	M - S - pm	MA

Executive Summary of QAPIP

Plan of Service Training Forms: BABH quality staff consistently monitor the use of the plan training form through site reviews, external audits, and monthly checks. Review findings are communicated to supervisors for appropriate staff follow-up. While progress continues, for FY26Q2, BABH achieved 75% compliance, below the 95% target during the monthly checks.

Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: During FY26Q3, there were eight types of adverse events reported. Key highlights include:

- **Non-suicide deaths (reportable):** There were 15 non-suicide deaths, an increase of one for this quarter.
- **Non-suicide deaths (non-reportable):** There were 4 non-reportable deaths; a slight increase.
- **Emergency Medical Treatment/Hospitalizations for Injury due to Self-Harm:** 6 incidents were recorded, a decrease from the past quarter.
- **Emergency Medical Treatment for Injury:** 3 incidents were recorded; a slight increase.
- **Harm to Another with Emergency Medical Treatment:** 2 incidents; a slight increase
- **Non-Reportable Arrests:** 4 incidents
- **Emergency Medical Treatment Due to Fall:** 3 incidents, marking a decrease from the previous quarter.

Reportable Behavior Treatment Events:

- **Emergency Physical Interventions:**
  - There were 50 emergency physical interventions during FY26Q3, involving 12 consumers. One individual accounted for 16 of these interventions and another individual accounted for 12 interventions. It should be noted that one of these episodes resulted in 7 different interventions and another episode resulted in 5 different interventions.
  - This represents a significant increase as the trend continues slightly upward.
  - The treatment team holds regularly scheduled meetings to coordinate ongoing support strategies for the individual with the highest number of interventions.
- **911 Calls for Behavioral Assistance:**
  - There were 7 calls made during FY26Q3, which marks a decrease from the previous quarter. There were two consumers that each had two 911 calls during this quarter.

Audited Services with Proper Documentation for Encounters Billed: Overall compliance for all primary, secondary, and tertiary services reviewed during FY26Q1 and FY26Q2 was above the 95% standard. The reviews included specialized residential services (for providers located outside of Bay and Arenac counties), self-determination, private duty nursing, psychosocial rehabilitation, occupational therapy, physical therapy, speech language pathology, direct services, vocational, and community living support providers. A total of 7,211 claims were reviewed, with 157 errors identified, resulting in a compliance rate of 97.8%. There was one provider that accounted for 77 of the findings. We no longer contract with this provider.

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

PROVIDER QUALIFICATION AND SELECTION

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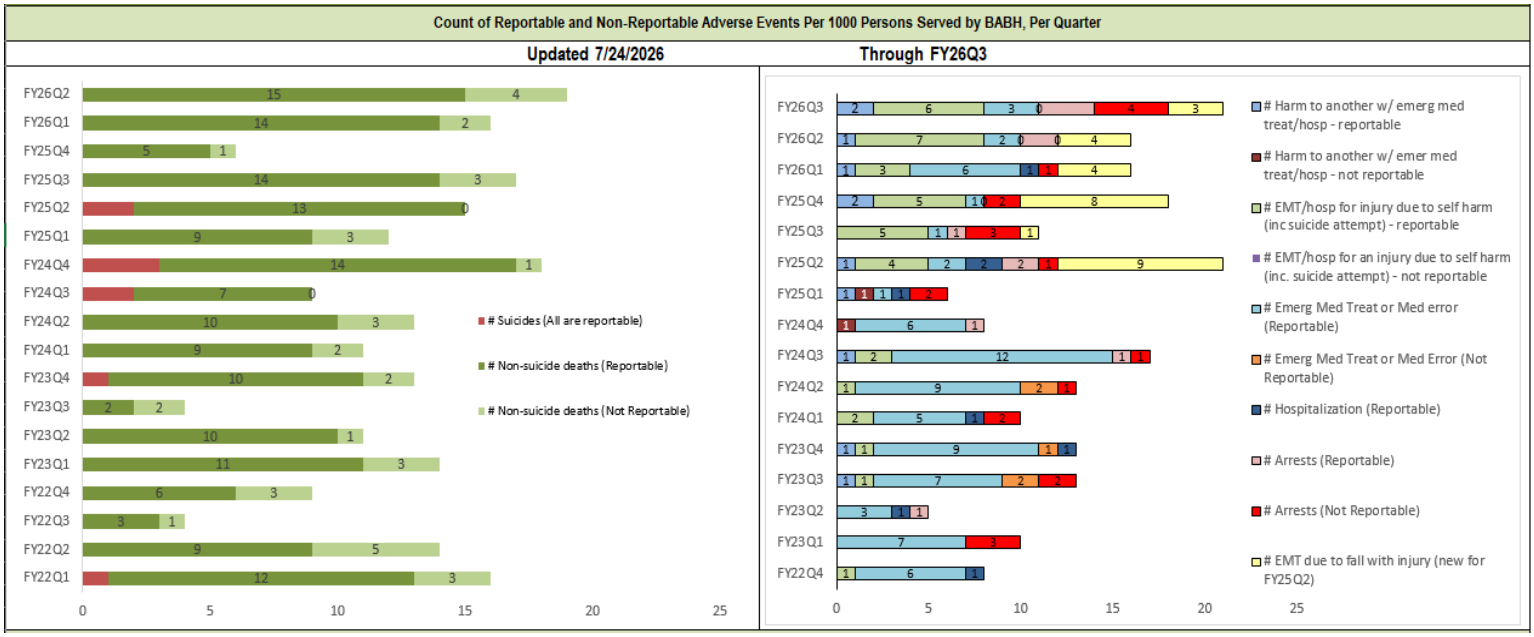
HARM IDENTIFICATION AND REDUCTION



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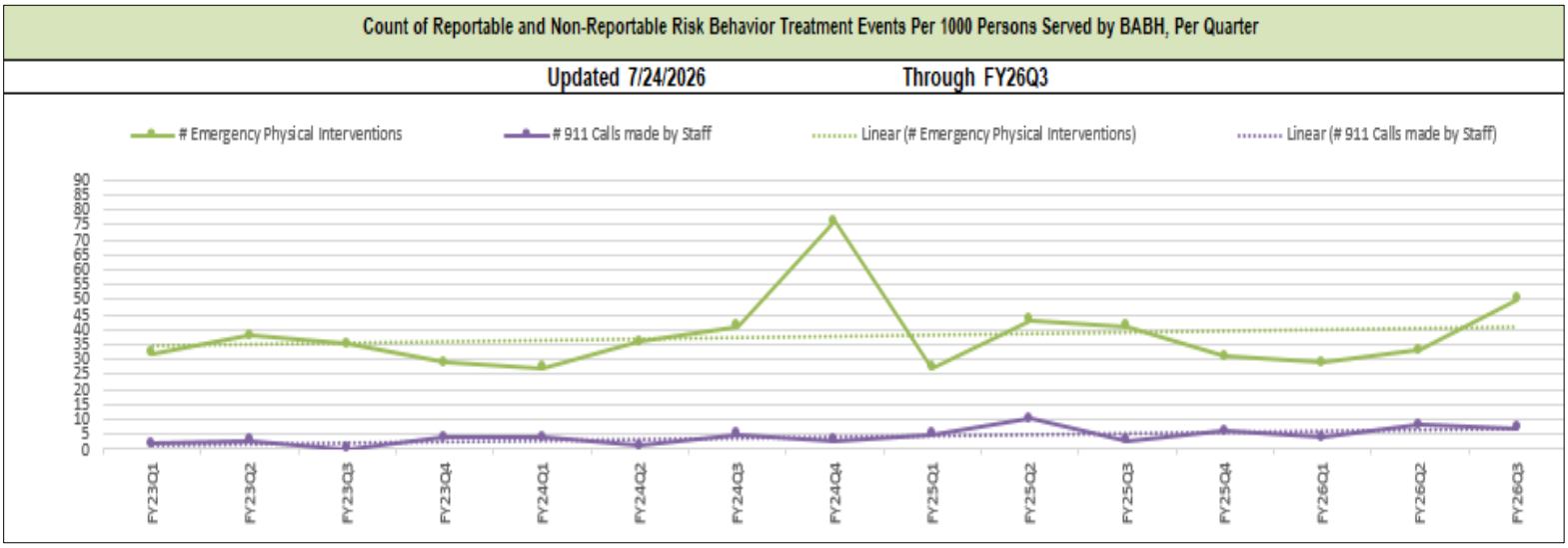
Areas needing improvement: 5 of the 6 incidents that resulted in emergency medical treatment were the result of one individual.

Action items: The treatment team for this individual has met and made changes to his behavior treatment plan to address the concerns.
Implementation of action items: The behavior treatment plan has been changed.
Results of action items: Not applicable at this time.



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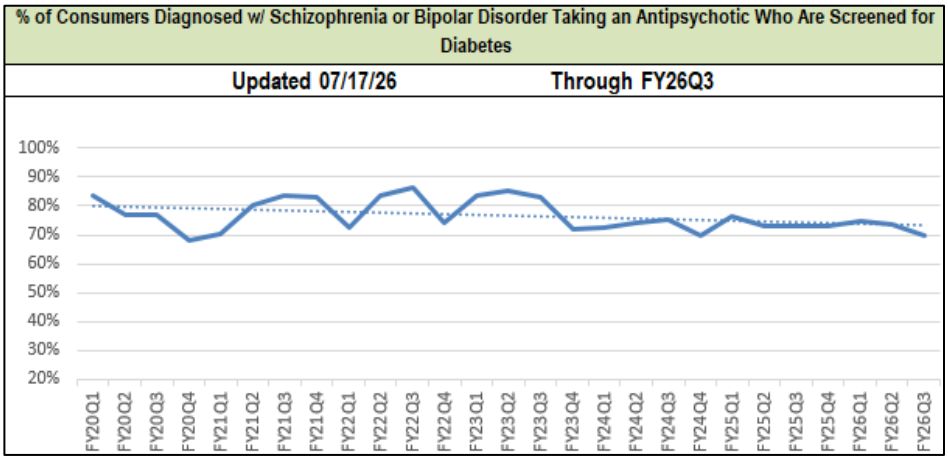
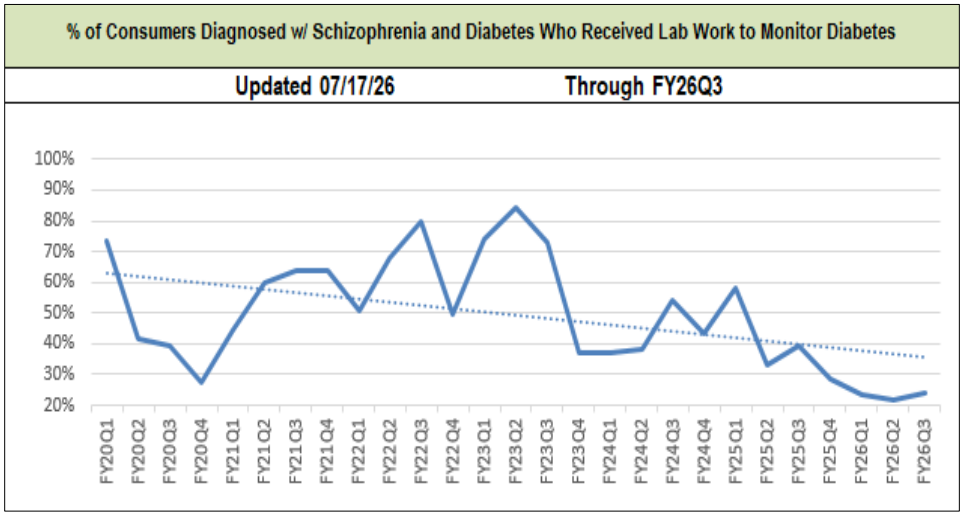
The Number of Days to Complete the Recipient Rights Investigation is Lower Than the Michigan Mental Health Code Standard of 90 Days: The Office of Recipient Rights has 90 days to complete an investigation. For FY26Q3, BABH averaged 68.8 days: well below the standard.

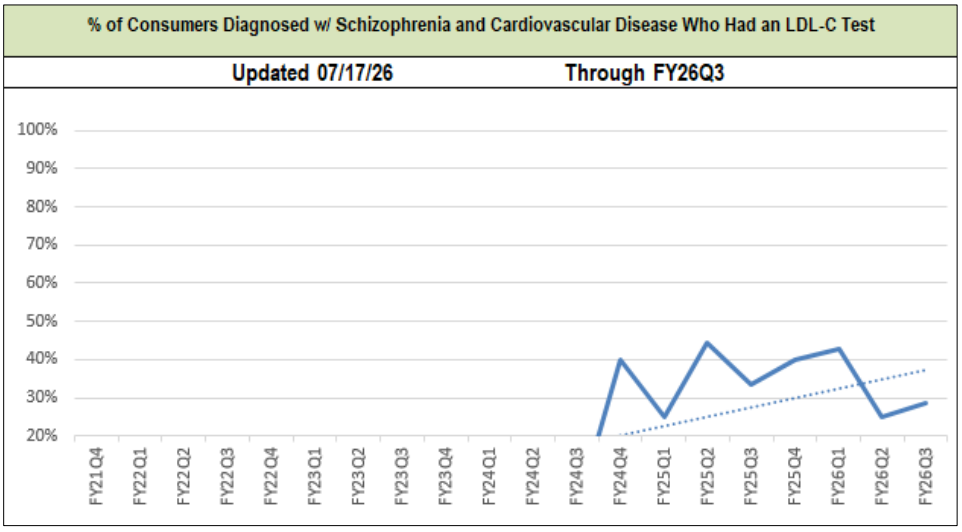
Abuse and Neglect Complaints Substantiated Have Remedial Action: All substantiated complaints were addressed with adequate remedial action to correct and prevent recurrence.



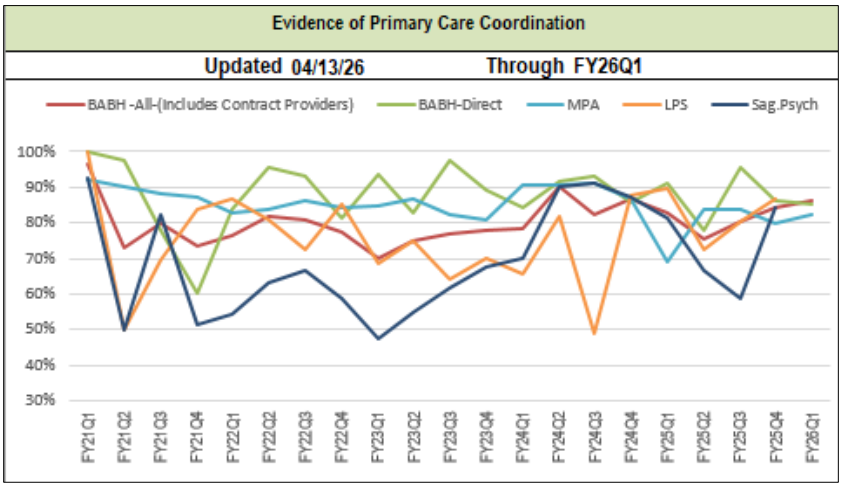
Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes: Compliance decreased slightly (3%) for FY26Q3 for consumers receiving the appropriate labs for this measure. BABH will continue to action these alerts monthly to improve compliance.

Consumers Diagnosed with Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes: BABH had a 2% increase in consumers receiving the appropriate labs for this measure during FY26Q3. BABH will continue to action these alerts monthly to improve compliance.





Consumers Diagnosed with Schizophrenia and Cardiovascular Disease Who Received an LDL-C Lab: In FY26Q3, the compliance rate was 29%, a slight increase from the previous quarter. BABH will continue to action these alerts monthly to improve compliance.



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

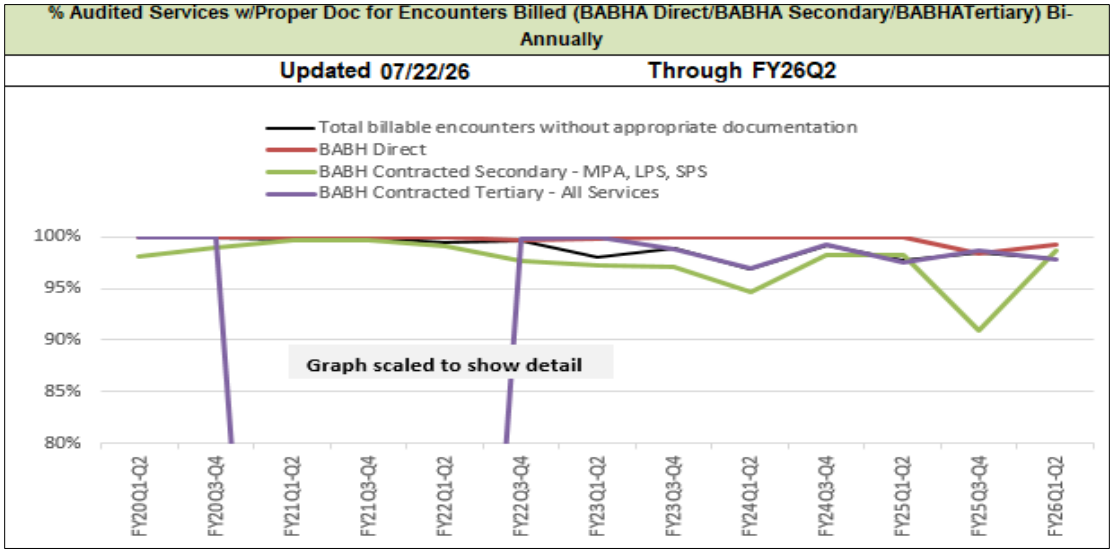
Providers continue to face challenges in completing both the Universal Consent and the Coordination of Care form. Corrective action plans have been implemented to support improvement efforts. BABH staff continue to offer guidance on accurately documenting coordination with primary care providers.

Quality of Care Record Reviews - Services Are Written in The Plan of Service Are Delivered at The Consistency Identified: During FY26Q3, 90% of the records reviewed demonstrated that services were provided as written in the plan of service, meeting the 90% standard. Staff received education and training regarding the expectation to provide services as stated in the plan.

Quality of Care Record Reviews - All Services Authorized in The Plan of Service Are Identified Within the Frequency, Intervention, and Methodology Section of the Plan of Service: During FY26Q3, 94% of the records reviewed had services authorized appropriately in the plan of service, exceeding the 90% standard.

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

ACCESS TO CARE AND UTILIZATION MANAGEMENT



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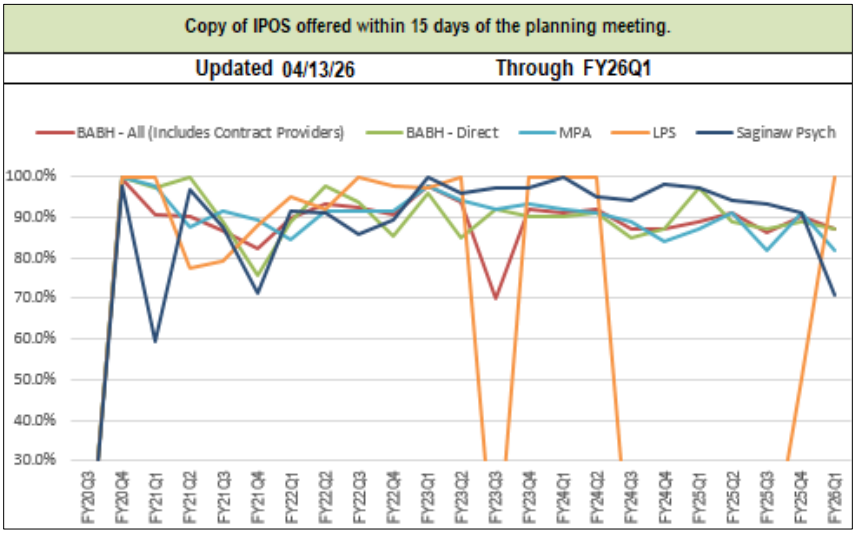
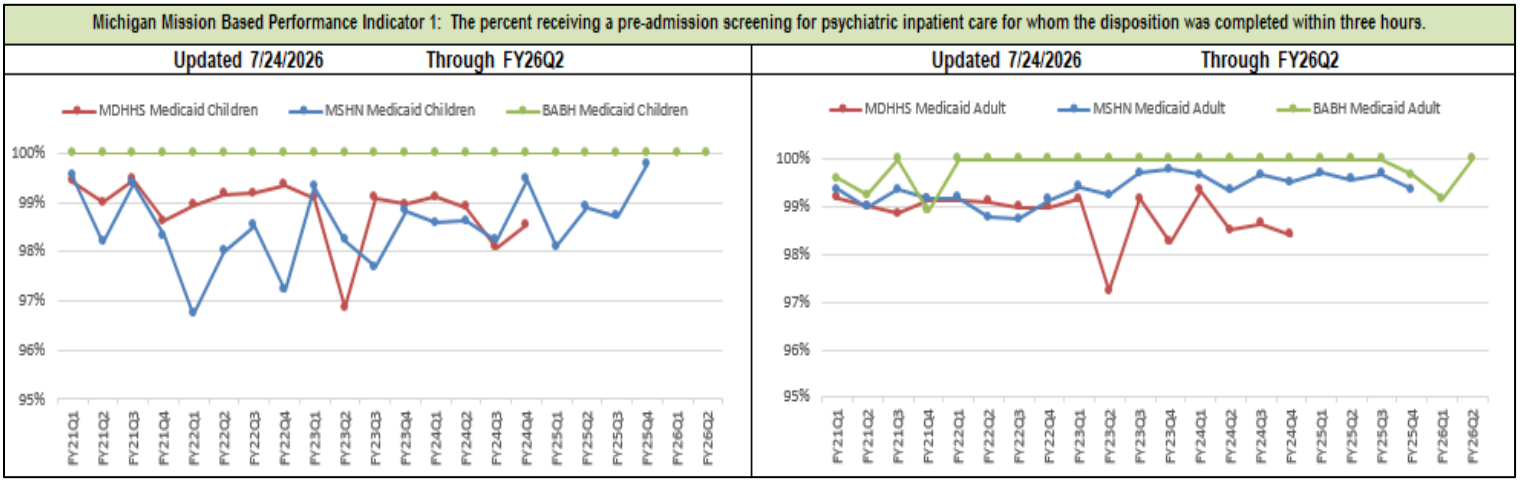
Increase Medicaid Event Verification (MEV) Reviews: BABH continues to conduct MEV reviews of all specialized residential, community living support, vocational, primary, autism providers, self-determination, dietary, occupational therapy, speech and language therapy, physical therapy, psychosocial rehabilitation,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

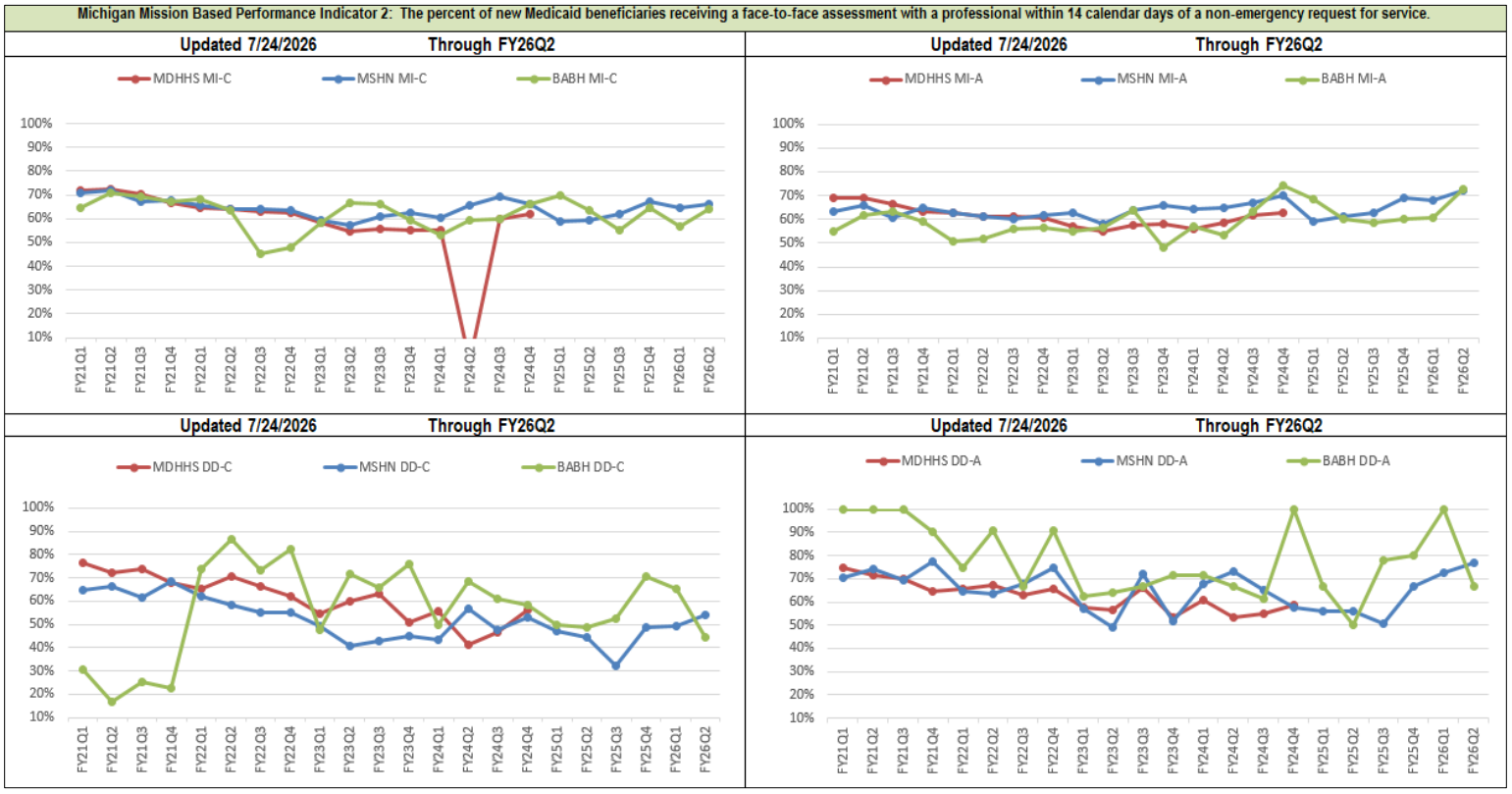


Copy of Plan of Service Offered Within 15 Days of Planning Meeting: Overall, compliance with offering the plan of service within 15 days decreased in FY26Q1compared to FY25Q4. It has been identified that staff are not consistently utilizing the electronic health record (EHR) system fully, resulting in missing data and incomplete fields. Quality staff are actively working with providers to remind teams to complete all required data elements related to the plan of service. Corrective action plans have been implemented to address these issues.

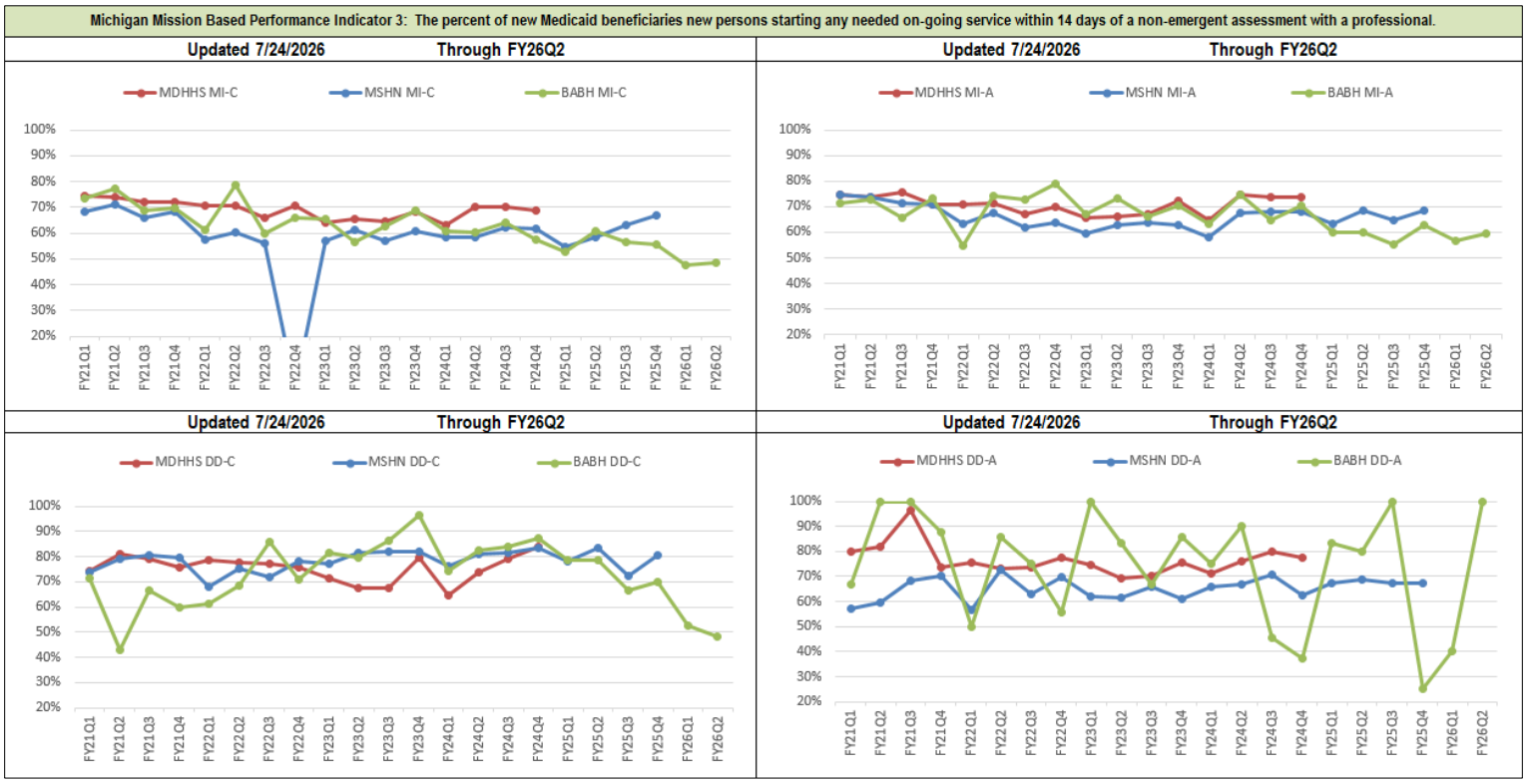
Michigan Mission Based Performance Indicator System (MMBPIS): Indicator 1 (The percent receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours.): BABH demonstrated 100% compliance for Indicator 1 for both the adult and child population during FY26Q2.



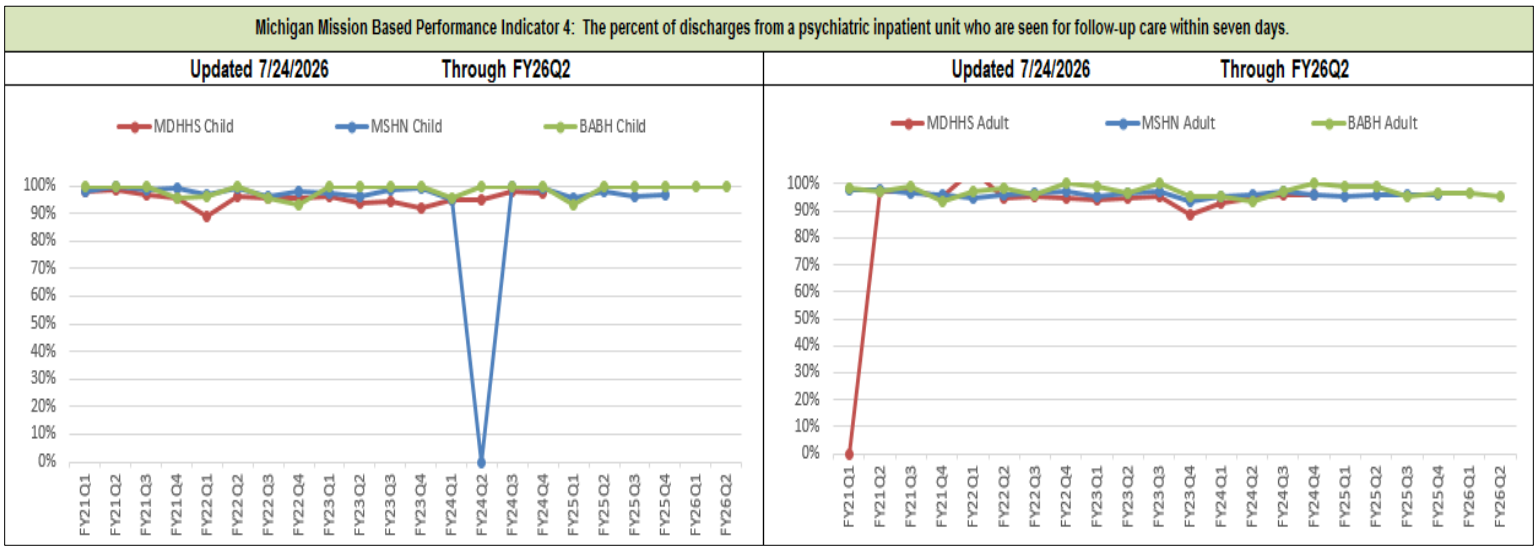
MMBPIS: Indicator 2 (The percent of Medicaid beneficiaries receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergent request for services.): During FY26Q2, there was an increase in compliance for the MI-Child and MI-Adult populations. There was a decrease in the DD-Child and DD-Adult populations.



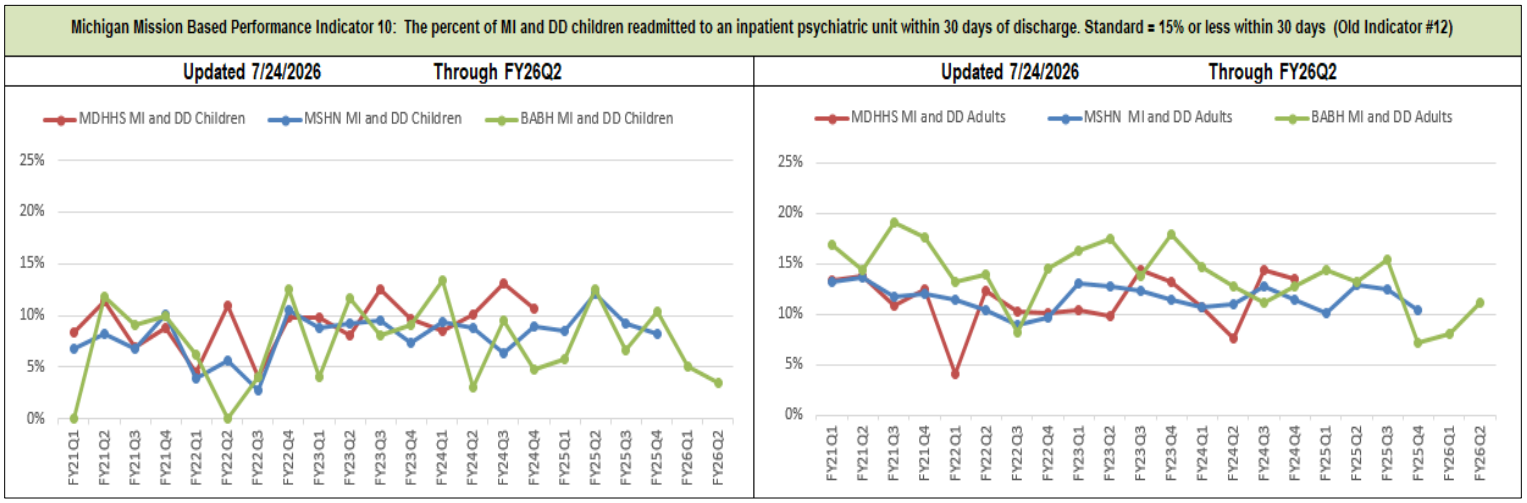
MMBPIS: Indicator 3 (The percent of Medicaid beneficiaries starting any needed ongoing service within 14 days of a non-emergency assessment with a professional.): In FY26Q2, BABH reported higher compliance rates than in FY26Q1 for the MI-Child, MI-Adults, and DD-Adult populations. There was a decrease in the DD-Child population. The primary reasons for these being out of compliance are the consumer rescheduling the appointment and the consumer unable to be reached.



MMBPIS: Indicator 4 (The percent of discharges from a psychiatric inpatient unit who are seen for follow-up within seven days.): Both the Adult and Child populations met the 95% compliance standard for FY26Q2.



MMBPIS: Indicator 10 (The percent of beneficiaries readmitted to an inpatient psychiatric unit within 30 days of discharge.): BABH met the compliance rate for the child (3.45%) and adult (11.11%) populations for FY26Q2.



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

STAKEHOLDER PERCEPTIONS

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

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

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

Prepared by: Sarah Holsinger, LMSW – Quality Manager Date: July 30, 2026

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 4			
Section:			
Topic:	**Gender Affirming Health Care**		
Page: 1 of 2	**Supersedes Date:** **Pol:** **Proc:**	**Approval Date:** **Pol:** **Proc:**	_____ ***Board Chairperson Signature*** _____ ***Chief Executive Officer Signature***
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 9/1/2026. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to balance identity-focused care with comprehensive psychiatric treatment, including assessment, treatment planning, counseling, crisis intervention, care coordination, referral, and support services that are within the organization's authorized scope of services. BABHA will respond to related matters in a neutral, respectful, clinically appropriate, trauma-informed, and person-centered manner consistent with evidenced-based medical practices.

BABHA does not take an advocacy position for or against gender-affirming care for minors. BABHA acknowledges the essential role and legal rights of parents and guardians in taking action to ensure the well-being of children and adolescents in their care while honoring their expressed gender identity and appropriate youth self-advocacy consistent with prevailing federal and state requirements.

Purpose (mandatory)

The purpose of this policy is to establish a consistent, respectful, clinically appropriate, and legally compliant approach for service providers when responding to requests, questions, assessments, treatment planning needs, referrals, documentation, or services related to gender-affirming care.

This policy applies to all clinical and non-clinical employees, contractors, volunteers, students, providers, and other individuals acting on behalf of the organization when interacting with individuals served, families, guardians, advocates, community partners, payers, access centers, hospitals, primary care providers, specialty providers, or other stakeholders regarding gender-affirming care or related behavioral health needs.

Education Applies to:

☒ All BABHA Staff
☐ Selected BABHA Staff, as follows:
☐ All Contracted Providers: ☐ Policy Only ☐ Policy and Procedure
☐ Selected Contracted Providers, as follows:
☐ Policy Only ☐ Policy and Procedure

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SUBMISSION FORM				
AUTHOR/ REVIEWER	**APPROVING BODY/COMMITTEE/ SUPERVISOR**	**APPROVAL /REVIEW DATE**	**ACTION (Deletion, New, No Changes, Replacement or Revision)**	**REASON FOR ACTION - If replacement list policy to be replaced**
C. Pinter	C. Pinter	9/1/26	NEW	

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY

~~2025-2026~~2026-2027
INFECTION CONTROL PLAN

For Compliance With

Occupational Safety & Health Administration Standard
29 CFR 1910.1030
Jurisdictional Authority
Michigan Occupational Safety & Health Administration

Michigan Department of Consumer and Industry Services
R 325.70001 – R 325.79915

Commission on Accreditation of Rehabilitation Facilities
CARF

Board Approval: 9/19/2025

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I. Statement of Purpose

It is the intent and purpose of Bay-Arenac Behavioral Health Authority, (BABHA) to implement and maintain a comprehensive, coordinated and effective infection control program utilizing current evidence-based~~standards and~~ practices ~~that will~~ to reduce the risks of transmission of communicable diseases through ~~endemic and epidemic infections by~~ prevention, surveillance, early identification, response and control measures for ~~in~~ the

individuals ~~we serve~~served, ~~to include nosocomial~~healthcare associated infections (HIA's)~~ and community-acquired infections and responding appropriately to an influx, or the risk of an influx, of infectious individuals as part of the emergency management activities.~~ employees, contract providers, volunteers, and visitors. The program addresses both healthcare-associated and community-acquired infections and provides guidance for responding to infectious disease outbreaks and public health emergencies.

(BABHA is a provider of behavioral health services and as such cannot directly provide medical interventions, but will monitor the individuals we serve; visitors, families and community acquired infections to facilitate the above objectives and will make medical referrals as deemed necessary).

BABHA serves a diverse population in a multitude of programs and settings geographically covering two counties. The individuals served, range from children to geriatric, with cognitive status from severely impaired to college educated, and physical functioning from totally dependent to complete independence. The physical settings and programs have unique qualities and include but are not limited to, outpatient clinics, residential settings, emergency services, in-home visits, skill building/supported employment programs, and day activity programs. Individual contacts range from total care, twenty-four hours a day, to brief weekly sessions with a therapist, to monthly clinic visits for medication monitoring by their prescribing professional.

Subsequently, the infection control process of prevention, surveillance, identification and control of communicable diseases has the challenge of inherent limitations. Thus, the continuing plan focus is twofold, 1) concurrent data comparison to established baseline prevalence, and 2) implementing preventative interventions including vaccinations, TB testing, risk assessment and adherence to proper hand hygiene activities and ~~universal~~Standard precautions. As infection data is compiled and analyzed, it will be utilized to identify and develop educational programs regarding patterns or deficits.

BABHA will comply with all applicable laws and regulations pertaining to infection prevention and control.

II. Definitions, Key Concepts, and Terms

Baseline Rate: – the prevalence, frequency, and trends of infections that would normally occur in the community or population

Bloodborne pathogen: - any virus, bacteria, parasite or other infectious material transmissible via blood and/or other bodily fluids that is capable of causing disease, such as:

a. Hepatitis B, and C,
b. human immunodeficiency virus (HIV/AIDS), and
c. prions (filterable, self-replicating agent).

Bodily fluids: - substances that may serve as vector in the transmission of infectious diseases. These include:

a. blood,
b. semen,

c. vaginal secretions,
d. amniotic fluid,
e. cerebrospinal fluid,
f. peritoneal fluid,
g. pleural fluid,
h. pericardial fluid,
i. synovial fluid,
j. saliva (when serum is present), or
k. any part of body where blood is evident or potentially present.
l. feces

Colonization: - the presence of an organism but not causing pathological symptoms.

Community Acquired Infection: - an infection that results from an external unavoidable exposure that occurs during normal activities.

Control: - Preventing the transmission of identified infections.

Emergency Management: - A planned response to an influx or the risk of an influx, of infectious consumers to include potential for temporarily halting of services.

Endemic: - A disease which is present more or less continuously in a community.

Endogenous: - virus and bacteria that are part of a person's normal flora and frequently the source of an infection through autoinoculation.

Epidemic: - Appearance of an infectious disease not of local origin which attacks many people at the same time in the same area.

Exogenous: - virus and bacteria that are environmental or external and not part of one's normal flora.

~~Nosocomial~~Healthcare associated infections (HIA's) ~~Infection: - the exposure to an exogenous pathogen that results in an infection that occurred as a result of receiving services from BABH.~~ **Healthcare-Associated Infection (HAI):** An infection acquired while receiving health care or related services that was not present or incubating at the time services began.

OPIM (Other Potentially Infectious Material): - bodily fluids that may be a vector in the transmission of certain infectious diseases. These include:
a. semen,
b. vaginal secretions,
c. amniotic fluid,
d. cerebrospinal fluid,
e. peritoneal fluid,
f. pleural fluid,
g. pericardial fluid,
h. synovial fluid,
i. saliva in dental procedures,

j. any body fluid that is visibly contaminated with blood,
k. all body fluids in situations where it is difficult or impossible to differentiate between body fluids,
l. any unfixed tissue or organ, other that intact skin, from a living or dead human, and
m. cell or tissue cultures that contain HIV, organ cultures, and culture medium or other solutions that contain HIV or HBV; and blood, organs, or other tissues from experimental animals infected with HIV or HBV

Pandemic: - existing in the form of a widespread epidemic that affects people in many different countries.

Parenteral exposure: - exposure as a result of piercing of epidural skin layer with a contaminated object, (i.e., needles that potentially contain a bloodborne pathogen). Open wound contact to skin with impaired integrity will be considered exposure.

PPE (Personal Protective Equipment) includes:
a. gloves,
b. gown,
c. apron (impermeable),
d. laboratory coat,
e. head covering,
f. foot covering,
g. face shields and/or masks, eye protection,
h. mouthpieces, and
i. respirators.

Prevention: - Strategies to reduce the probability of an individual acquiring an infection (i.e. hand washing, or hand hygiene based on CDC guidelines, immunization and educational activities, including personal hand hygiene education to residential settings.

Prions: - is an infectious agent that is composed of protein. All known prion diseases affect the structure of the brain or other neural tissue, and all are currently untreatable and are always fatal.

Surveillance: - The continuing scrutiny of all those aspects of the occurrence and transmission of infections that are pertinent to effective control.

~~Universal~~Standard ~~(~~Standard~~)~~ Precautions (formerly Univeral Precautions) include:
a. treating every situation with potential for exposure to blood or OPIM as if pathogens are present,
b. hand washing (before and after each contact) and/or,
c. hand disinfections or hand hygiene (before and after each contact, based on CDC guidelines),
d. use of r latex or non-latex gloves whenever potential for contact with blood or OPIM exists,
e. use of PPE (when appropriate),
f. isolation (when immuno-compromised), and

g. ~~g.~~ reverse isolation (with airborne pathogens).

Respiratory Hygiene/Cough Etiquette: Strategies applied at the first point of contact to prevent the transmission of respiratory infections. This includes covering the mouth/nose when coughing or sneezing, using and disposing of tissues, and performing hand hygiene.

Source Control: The use of well-fitting facemasks or respirators to cover a person's mouth and nose. It prevents infected individuals from spreading respiratory secretions into the environment.

Transmission-Based Precautions: Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

Airborne Precautions: Interventions designed to reduce the risk of airborne transmission of infectious agents Transmission-Based Precautions | Infection Control - CDC (url). These include patient placement in an airborne infection isolation room (AIIR) and the use of personal protective equipment (PPE), specifically fit-tested NIOSH-approved N95 or higher respirators.

Droplet Precautions
Contact Precautions
Respiratory Pathogens

III. Process

A fundamental operation of Infection Control, Identification and Prevention is the surveillance of infectious diseases. Surveillance is a collaboration of a multidisciplinary process including Nurses, Primary Responsible Workers, Home Providers, Program Managers, Primary Care Providers, County Health Departments, Direct Care Staff, the individuals we serve and Families or Guardians. With such diverse ongoing monitoring and reporting, we are able to identify and intervene expeditiously to incidences of infections (emergency management).

The Nursing Manager or designee, utilizing epidemiological principles conducts and correlates data analysis to statistically identify random and isolated incidences from trends and clusters of infections. This information is used by the Nursing Manager or designee, to perform an analysis and to guide and make recommendations in the review and revision of protocols. The process also ensures that appropriate treatment is initiated, and that referrals and follow-up are provided.

A. Flow Chart - See attached flow chart for graphic interpretation of the infection control process.
B. The Nursing Manager or designee, and the Healthcare Practices Committee (HPC) as needed, or minimally on an annual basis, will review and approve the Infection Control Plan, related policies and procedures of the BABH infection control program. The bloodborne pathogen exposure procedures will be reviewed by the (HPC) to reflect changes in standards and regulations in Infection Control and Prevention practices and to re-assess staff exposure potential based on current job duties. The Nursing Manager or designee, will

prepare and submit a quarterly infection report to include prevalence rate with historical comparative data to the (HPC), which will flow upward to the Board.

IV. Regulatory Standards and Professional Recommendations

It is the policy of BABHA to abide by applicable laws and regulations as required. Additionally, the Manager or designee, will research, review and implement when applicable, other professional standards and recommendations set forth by the following:

- OSHA (Occupational Safety & Health Administration) federal requirement that health care organizations maintain a comprehensive infection control program that minimally addresses: employee risk exposure, training, bloodborne pathogens, prevention and annual program review.
- MDHHS (Michigan Department of Health & Human Service) collection of infection data through the local Health Departments. The Nursing Manager or designee, as needed, will maintain a collaborative relationship with the Bay, Saginaw and Arenac County Health Departments, as well as the IC Practitioner at McLaren Bay Regional Medical Center and Ascension Standish Hospital.
- ~~MDCIS (Michigan Department of Consumer & Industry Services) requirements for infection control practices that supplant OSHA regulations.~~MIOSHA (Michigan Occupational Safety and Health Administration), a state agency responsible for setting and enforcing workplace safety and health standards. Its role is to protect workers from hazards, prevent injuries and illnesses, and ensure employers comply with state and federal safety laws
- CDC (Center for Disease Control and Prevention) recommendations for specific aspects of infection control and prevention that are referenced when establishing State and Federal regulations. The Nursing Manager is registered with the CDC website receiving reports to monitor surveillance patterns of infectious diseases.
- APIC (Association of Professionals for Infection Control & Epidemiology) Interdisciplinary and multi-type recommendations from evidence-based research and experiential practices. The Nursing Manager or designee will review current publications to stay abreast on current infection control issues and findings.
- Local Health Departments: Nursing manager will consult with the Infectious Diseases Nursing staff and/or Medical Director as needed per phone consultation.

V. Prevention

The dynamics of a behavioral health care organization is unique from those of other types of providers, necessitating the organization, to focus on preventative measures and the management of emergency response activities. A significant component of prevention is immunizations or vaccinations, as well as other components identified in other sections (education, compliance monitoring, performance improvement and intervening when infections are identified).

A. Immunizations and Vaccinations:

It will be the recommendation of BABHA that employees and the individuals we serve work with their primary care physician to obtain and remain current with immunizations and vaccinations as deemed medically prudent or necessary, and only when not contraindicated. These will include annual flu shots, pneumococcal vaccine, Hepatitis B series, mumps, measles, rubella, diphtheria, pertussis, tetanus, polio, varicella and any others based on individual need (reference attached – CDC Recommended Vaccinations).

B. All job classifications will be reviewed annually to determine exposure risks. Employees with high exposure potential, specifically those occupations that require procedures or other occupational-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious materials will be designated as Category A, all others (occupations that do not require **t**asks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis. exposure does not include incidental exposures, which may take place on the job) will be classified as Category B.

~~C. All employees will undergo TB testing prior to employment, and re-testing as follows:~~
~~Category A - every 3 years~~
~~Category B - retested only if exposed~~

C. All newly hired employees with potential occupational exposure will receive baseline tuberculosis (TB) screening in accordance with current CDC and MDHHS recommendations.
Baseline screening includes:

- Individual TB risk assessment
- TB symptom evaluation
- TB blood test (IGRA) or TST when indicated

After baseline:

- Routine serial TB testing is **not recommended**.
- Additional testing will occur only after a known exposure, evidence of ongoing transmission, or when directed by MDHHS or the local health department.
- Employees with untreated latent TB infection will receive annual symptom screening.
- Annual TB education will be provided to all employees.

D. Environmental exposures will be minimized by ensuring water systems, heating, and cooling equipment are maintained and monitored per the BABH Environment of Care Plan, and in accord with BABHA policies and procedures. Environmental cleaning and disinfection will follow EPA-registered disinfectant recommendations appropriate for healthcare settings.

E. Food borne transmission will be minimized by adherence to BABHA Nutrition and Food Service Guidelines. Food handling practices shall comply with applicable Michigan Food Code requirements and local health department recommendations.

VI. Exposure Control

~~A. During a pandemic employee must adhere to BABH Pandemic Protocol Directory for appropriate use of necessary PPE, screening, exposure, and illness reporting and enhanced hygiene and facility cleaning procedures.~~

A. During a pandemic, epidemic, outbreak, or other public health emergency, BABHA will implement organization-specific emergency response procedures based upon guidance from the Centers for Disease Control and Prevention (CDC), Michigan Department of Health and Human Services (MDHHS), MIOSHA, local health departments, and other applicable regulatory authorities.

Response activities may include:

- screening of employees, individuals served, and visitors;
- implementation of source control and respiratory hygiene measures;
- use of appropriate personal protective equipment (PPE);
- enhanced environmental cleaning and disinfection;
- exclusion from work or services when indicated;
- isolation or cohorting recommendations when appropriate;
- visitor restrictions when necessary;
- telehealth or alternative service delivery when feasible; and
- ongoing communication with public health authorities.

~~B.~~ B. Employees must adhere to ~~Universal~~Standard Precautions ~~(see related policy/procedure for UP specifics)~~ and utilize appropriate PPE (see the PPE listing) whenever potential for exposure to blood or OPIM exists. Minimally, this includes hand washing, the use of an alcohol-based hand rub or disinfectant prior to and post personal contact and the use of latex or non-latex gloves, if there is a potential for exposure.

~~C.~~ C. Nursing will utilize safety needles and dispose of in an approved sharps container that are maintained by a certified service provider. If obtaining and/or transporting blood, will transport in a red puncture resistant and leak proof container labeled "BIOHAZARD" (see related policy and procedure: Hazardous Waste Handling and Emergency Procedures, C05-S03-T02).

On an annual basis, newer safety needle devices will be reviewed for potential replacement, if appropriate. Engineering controls and safer medical devices will be evaluated whenever new technology becomes available and at least annually as required by MIOSHA.

- No change in needle devices has been required (no needle sticks reported)

~~D.~~ D. Hepatitis B vaccinations will be provided for identified at risk employees by BABHA, at no cost to the employee. Hepatitis A vaccinations will be encouraged for any staff that identify themselves as high risk for contracting Hepatitis A. This would include Category

A staff and those that work with individuals that identify themselves as high risk per the Hepatitis A screening tool.

VII. Post-Exposure

~~A.~~ A. An employee will notify their supervisor, the Human Resource Department or the Nursing Manager **and** complete an Employee Accident, Incident, Illness Occurrence Report immediately following an exposure to blood or OPIM (includes potential exposure to TB)

B. Appropriate prophylactic treatment should be initiated as deemed necessary by BABHA designated occupational physician.

C. A review shall be completed to determine if exposure was unavoidable or could be prevented by procedural change. If due to procedural knowledge deficit, individual coaching by the Nursing Manager or designee, will be provided.

VIII. Surveillance/Reporting/Data Analysis

The individuals served will have comprehensive monitoring in that their home provider, case manager, BABHA assigned nurse, or program personnel report to the Nursing Manager or designee, when an individual served has symptoms of an infectious disease When there is a possibility that transmission could occur, the individual will be sequestered from certain activities on the advice of the Nursing Manager or designee, physician, health department professional or individual's assigned nurse. Additionally, as a control measure, it is ensured that the individual receives appropriate treatment, medications, follow-up and employees may be notified when those individual contacts should be avoided.

A. Incidences of infections with mandated reporting by ~~MDCH~~MDHHS ~~-~~and BABHA (see attached MDHHS Required Disease Reporting) will be reported for all consumers minimally on a weekly basis to the Nursing Manager or designee, Bolded typed items on the MDHHS list require notification within 24 hours.
B. Reported information (see attached surveillance form) will be entered into a secure database that is maintained by the Nursing Manager or designee, which will be used to identify and conduct comparative analysis to identify possible transmissions.
C. Data will be sent to the Nursing Manager or designee, and will be grouped by date, individual, program, residence, and classification to identify clusters and/or trends of infections. Isolated incidences or clusters correlating with community rates will be considered insignificant.
~~E.~~ D. Appropriate interventions will be instituted to prevent, and control identified clusters and/or trends in ~~nosocomial~~healthcare associated infections (HIA's) infections.
~~F.~~ E.. A journal of significant incidences will be maintained identifying actions initiated and follow-up resolution(s).
~~G.~~ F.. The Nursing Manager or designee will report required infections to the appropriate County Health Department, if appropriate.

G. Minimally, an annual survey will be conducted by the Nursing Manager or designee, for the BABHA operated programs and periodic site visits will be completed by BABHA for the provider programs and residences to ensure compliance, identify potential concerns and assist with implementing corrective measures. Emerging infectious diseases and significant community outbreaks identified through MDHHS or local public health surveillance may also be monitored to assist in organizational preparedness.
~~H.~~

IX. Emergency Management

All reported infections will be reviewed on a continual basis and if there appears to be an influx or risk of an influx of infectious individuals we serve, the Nursing Manager or designee, with consultation of appropriate management, the CEO and appropriate external resources (depending on the type of infection introduced and the speed and mode of transmission) will recommend:

1. Disallowing the individual served, or individuals served living in a particular home from participating in activities at the day programs or any other services provided by BABHA,
2. Delaying any transfers, admissions or discharges, and/or
3. Limiting visitors or families.
4. Coordination with emergency management
5. communication plan
6. continuity of operations
7. alternative service delivery
~~3.~~8. consultation with county health departments

X. Infection Control In-servicing and Continuing Education

The cornerstone of an effective Infection Control and Prevention program is to ensure employees have a thorough knowledge base of infection control principles and practices. This is accomplished by providing comprehensive training, post testing, return demonstrations, overt and covert observations for compliance.

A. Employees will receive Infection Control education during the orientation process (Category A employees will complete within 10 days of assignment) to minimally include the etiology, transmission, prevention, and treatment of bloodborne pathogens and OPIM. Upon completion, employees will complete the Bloodborne Pathogen Exposure Control Education certification (see attached). This includes, but is not limited to:
   1. Accessibility to the MIOSHA rules and an explanation of the content of the rules, to include appendices,
   2. A general explanation of the epidemiology and symptoms of bloodborne diseases,
   3. An explanation of the modes of transmission of bloodborne pathogens,
   4. An explanation of the exposure control plan, including the standard of operating procedures and how an employee can access the written plan,
   5. An explanation of the appropriate methods of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious material,
   6. An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment,
   7. Information on all of the following with respect to personal protective clothing and equipment:
      - Types
      - Proper Use
      - Limitations
      - Location
      - Removal
      - Handling
      - Decontamination
      - Disposal
   8. An explanation of the basis for selecting protective clothing and equipment,
   9. Information on the Hepatitis A and B vaccines and post exposure prophylaxis, including all the following information:
      - Availability
      - Efficacy
      - Safety
      - The benefits of being vaccinated
      - Method of administration
      - The Hepatitis B vaccination is free of charge
      - The Hepatitis A vaccination is a covered benefit of most insurance plans and is available at the Bay and Arenac County Health Departments at no cost or a reduced rate.
   10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious material,

11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, and medical follow-up and counseling that will be made available, and
12. An explanation of the signs and labels or color-coding, as required and if applicable.

B. All employees will receive annual infection control updates through staff development (Staff Development Days) and/or an electronic self-directed education system.
C. Category A employees will receive annual education/retraining to minimally include all of the elements identified in A.
D. Individuals will receive in-services at on-site orientation relevant to specific job duties by their supervisor, or designee that pertain to infection control.
E. When non-compliance to task specific infection control procedures is identified, individual coaching or instruction will be provided by a supervisor, Nursing Manager or a designated qualified individual. Understanding will be verbalized and return demonstration performed by the employee, as appropriate.

XI. Performance Improvement and/or Annual Goals

Based on an annual risk analysis, the HPC will determine annual priorities and goals.

~~Goals for Fiscal Year 2024-2025:~~

~~1) Reduce the number of urinary tract infections by providing education regarding; recognizing the signs and symptoms of UTI's, prevention of UTI's, and recognizing when treatment of UTI's is not effective and when additional follow up may be required.~~
~~2) Increase awareness and education related to COVID-19, influenza, RSV vaccinations to reduce the incidence of those respiratory infections.~~

~~3) Increase awareness of and provide education regarding the signs and symptoms of sepsis to reduce the incidence of sepsis, provide immediate recognition and reduce mortality from sepsis.~~

Goals for Fiscal Year 2026-2027:
Implement and maintain compliance with current CDC and MDHHS TB screening recommendations.

 Review infection surveillance quarterly to identify opportunities for prevention and quality improvement.

XII. Resources

~~Occupational Health & Safety Agency. Bloodborne Pathogen Standard. 1998 (rev. 2000) Standard 29CFR 1910.1030~~

~~Center for Disease Control and Prevention. Morbidity and Mortality Weekly Report V.43; 1-38. 1994. V.46; 1-42. 1997.~~

~~Michigan Department of Licensing and Regulatory Affairs. Part 554. Bloodborne Infectious Diseases. October 18, 2001.~~

~~Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994 and 2005, to include the TB risk assessment work sheet~~
OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030)
MIOSHA Bloodborne Infectious Diseases Standard
CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings
CDC Healthcare Personnel TB Screening and Testing Recommendations
CDC Adult Immunization Schedule
MDHHS Tuberculosis Program guidance
MDHHS Reportable Diseases guidance
APIC Infection Prevention resources
CARF Standards Manual (current edition)

XIII. Attachments

1. Infection Control Process Flow Chart
2. BABHA Reportable Infections and Criteria Listing
3. Infection Control Surveillance Report Form
4. BABH Hepatitis A Virus Prevention Plan
5. BABHA Policy C14-S04-T03 Infection Control Management; Management of Epidemic/Pandemic Prone Illnesses
6. BABHA Policy C14-S04-T04 Infection Control Management; Recovery From COVID-19 Preparedness and Response Plan
~~6.~~7. BABH Emergency Preparedness Plan

Bloodborne Pathogen Exposure Control Education

I have completed the training for HIV/AIDs, Hepatitis and ~~Universal~~Standard Precautions and I understand the following:

- How HIV and Hepatitis are transmitted,
- The ~~Universal~~Standard Precautions Procedures,
- Type, location, limitations and use of protective clothing and equipment,
- The cleaning procedure for blood or body fluids spills,
- The procedure to follow if I think I was exposed to blood or potentially infectious body fluids, and know that
- The Hepatitis B vaccine is strongly recommended, and I can receive the vaccine at no charge to myself.
-

I have had the opportunity to ask questions and know whom to contact if I need more information.

_____
Signature

_____
Job Classification

_____
Date

CDC RECOMMENDED VACCINATIONS

COVID-19
RSV
Hepatitis B (HepB)
~~**DTaP, DT** (Diphtheria, tetanus, acellular pertussis)~~
Td, Tdap (Tetanus, diphtheria, acellular pertussis)
Polio (IPV)
Human papillomavirus (HPV)
Varicella (Var) (Chickenpox)
MMR (Measles, mumps, rubella)
Influenza vaccine
Hib (Haemophilis influenza Type B)
Shingles (Zoster)
Mpox
Rotavirus (RV)
~~**Hib** (Haemophilus influenzae type b)~~
~~**Pneumo. Conjugate** (PCV13) and/or **Pneumo. polysacch.** (PPSV23)~~**Pneumococcal**
Hepatitis A (HepA)
Hepatitis B
Meningococcal ~~**conjugate** (MCV and/ or **Polysaccharide** (MPSV)~~

2025 REPORTABLE DISEASES IN MICHIGAN – BY CONDITION

A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

Acute flaccid myelitis (1)
Anaplasmosis (*Anaplasma phagocytophilum*)
Anthrax (*Bacillus anthracis* and other anthrax toxin-producing *Bacillus* species) (4)
Arboviral encephalitides, neuro- and non-neuroinvasive: Chikungunya, **Eastern Equine**, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)
Babesiosis (*Babesia microti*)
Blastomycosis (*Blastomyces dermatitidis*)
Botulism (*Clostridium botulinum*) (4)
Brucellosis (*Brucella abortus, melitensis, suis,* and *canis*) (4)
Campylobacteriosis (*Campylobacter* species)
Candidiasis (*Candida auris*) (4)
Carbapenemase-Producing Organisms (CPO) (4)
Chancroid (*Haemophilus ducreyi*)
Chickenpox / Varicella (Varicella-zoster virus) (6)
Chlamydial infections (all sites - genital, rectal, and pharyngeal, Trachoma, Lymphogranuloma venereum (LGV)) (*Chlamydia trachomatis*) (3, 6)
Cholera (*Vibrio cholerae*) (4)
Coccidioidomycosis (*Coccidioides* species)
Coronaviruses, Novel (**SARS**, MERS-CoV) (5)
COVID-19; including SARS-CoV-2 variant identification
Cronobacter sakazakii (infants < 1 year of age) (4, blood or CSF only)
Cryptosporidiosis (*Cryptosporidium* species)
Cyclosporiasis (*Cyclospora* species) (5)
Dengue Fever (Dengue virus)
Diphtheria (*Corynebacterium diphtheriae*) (5)
~~Ehrlichiosis (*Ehrlichia* species)~~
Encephalitis, viral or unspecified
Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (5)
Giardiasis (*Giardia* species)
Glanders (*Burkholderia mallei*) (4)
Gonorrhea (*Neisseria gonorrhoeae*) (3, 4 – isolates from sterile sites only, 6)
Guillain-Barre Syndrome (1)
Haemophilus influenzae, sterile sites (5, submit isolates for serotyping for patients <15 years of age)
Hantavirus
Hemolytic Uremic Syndrome (HUS)
Hemorrhagic Fever Viruses (4)
Hepatitis A virus (IgM anti-HAV, HAV genotype)
Hepatitis B virus (HBsAg, HBeAg, IgM anti-HBc, total anti-HBc, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)
Hepatitis C virus (**all** HCV test results including positive **and** negative antibody, RNA, and genotype tests) (6)
Histoplasmosis (*Histoplasma capsulatum*)
HIV tests including: reactive immunoassays including all analytes (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA, Rapids), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents, and all tests related to perinatal exposures) (2, 6)
Influenza virus (weekly aggregate counts)
Influenza pediatric mortality (< 18 years of age), report individual cases (5)
Novel influenza viruses, report individual cases (5, 6)
Kawasaki Disease (1)
Legionellosis (*Legionella* species) (5)
Leprosy or Hansen's Disease (*Mycobacterium leprae*)
Leptospirosis (*Leptospira* species)
Listeriosis (*Listeria monocytogenes*) (5, 6)
Lyme Disease (*Borrelia burgdorferi*)
Malaria (*Plasmodium* species)
Measles (Measles/Rubeola virus) (6)
Melioidosis (*Burkholderia pseudomallei*) (4)
Meningitis: bacterial, viral, fungal, parasitic and amebic
Meningococcal Disease, sterile sites (*Neisseria meningitidis*) (4)
Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adult (MIS-A)
Mumps (Mumps virus)
Orthopox viruses, including: Smallpox, Mpox (4)
Pertussis (*Bordetella pertussis*)
Plague (*Yersinia pestis*) (4)
Polio (Poliovirus)
Prion disease, including Creutzfeldt-Jakob Disease (CJD)
Psittacosis (*Chlamydophila psittaci*)
Q Fever (*Coxiella burnetii*) (4)
Rabies (Rabies virus) (4)
Rabies: potential exposure and post exposure prophylaxis (PEP)
Respiratory syncytial virus (RSV) pediatric mortality (< 5 years of age)
Rubella (Rubella virus) (6)
Salmonellosis (*Salmonella* species) (5)
Shigellosis (*Shigella* species) (5)
Spotted Fever (*Rickettsia* species)
Staphylococcus aureus, vancomycin intermediate/ resistant (VISA (5)/VRSA (4))
Streptococcus pneumoniae, sterile sites
Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
Syphilis (*Treponema pallidum*) (for any reactive result, report all associated syphilis tests, including negative results) (6)
Tetanus (*Clostridium tetani*)
Toxic Shock Syndrome (non-streptococcal) (1)
Trichinellosis/Trichinosis (*Trichinella spiralis*)
Tuberculosis (*Mycobacterium tuberculosis* complex); report preliminary and final rapid test and culture results (4)
Tularemia (*Francisella tularensis*) (4)
Typhoid Fever (*Salmonella* serotype Typhi) and Paratyphoid Fever (*Salmonella* serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Vibriosis (*Vibrio* species other than *cholerae*) (5)
Yellow Fever (Yellow Fever virus)
Yersiniosis (*Yersinia* non-*pestis* species) (5)

LEGEND

(1) Reporting within 3 days is required.
(2) Report HIV labs electronically/by arrangement & case reports by MDHHS Form 1355. Report HIV genome sequence data only as Sanger sequences, or as consensus sequences for next generation sequencing.
(3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivsti for details.
(4) A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Laboratory.
(5) Specimen and/or isolate requested. *Enteric:* If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Laboratory. *Respiratory*: Submit specimens, if available.
(6) Report pregnancy status.
Blue Bold Text = Category A Bioterrorism or Select Agent must be notified immediately to the MDHHS Laboratory (517-335-8063)

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111

MDHHS maintains, reviews, and revises this list at least annually, for the most recent version please refer to: www.michigan.gov/cdinfo REV. 12/2024

Michigan Department of Health and Human Services • Bureau of Laboratories • Bureau of Infectious Disease Prevention • Bureau of HIV & STI Programs

2026 REPORTABLE DISEASES IN MICHIGAN – BY CONDITION
A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see page 2) within 24 hours if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions and details.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

Acute flaccid myelitis (1)
Anaplasmosis (*Anaplasma phagocytophilum*)
Anthrax (*Bacillus anthracis* and other anthrax toxin-producing *Bacillus* species)† (4)
Arboviral encephalitides, neuro- and non-neuroinvasive: California serogroup, Chikungunya, **Eastern Equine†**, Jamestown Canyon, La Crosse, Oropouche, Powassan, St. Louis, West Nile, Western Equine, Zika (6)
Babesiosis (*Babesia microti*)
Blastomycosis (*Blastomyces dermatitidis*)
Botulism (*Clostridium botulinum*)† (4)
Brucellosis (*Brucella abortus, melitensis, suis,* and *canis*) (4)
Campylobacteriosis (*Campylobacter* species)
Candidiasis (*Candida auris*) (4) – report all positives (4) and negative screening results (7)
Carbapenemase-Producing Organisms (CPO) (4)
Chancroid (*Haemophilus ducreyi*)
Chickenpox / Varicella (Varicella-zoster virus) (6)
Chlamydial infections (all sites - genital, rectal, and pharyngeal, Trachoma, Lymphogranuloma venereum (LGV)) (*Chlamydia trachomatis*) (3, 6)
Cholera (*Vibrio cholerae*) (4)
Coccidioidomycosis (*Coccidioides* species)
Coronaviruses, Novel (**SARS†**, MERS-CoV) (5)
COVID-19; including SARS-CoV-2 variant identification (7)
COVID-19 pediatric mortality (< 18 years of age)
Cronobacter sakazakii, sterile sites from infants < 1 year of age (4)
Cryptosporidiosis (*Cryptosporidium* species)
Cyclosporiasis (*Cyclospora* species) (5)
Dengue Fever (Dengue virus)
Diphtheria (*Corynebacterium diphtheriae*) (5)
Ehrlichiosis (*Ehrlichia* species)
Encephalitis, viral or unspecified
Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (5)
Giardiasis (*Giardia* species)
Glanders (*Burkholderia mallei*)† (4)
Gonorrhea (*Neisseria gonorrhoeae*) (3, 4, isolates from sterile sites only, 6)
Guillain-Barré Syndrome (1)
Haemophilus influenzae, sterile sites (5, submit isolates for serotyping for patients < 15 years of age)
Hantavirus
Hemolytic Uremic Syndrome (HUS)
Hemorrhagic Fever Viruses† (4)
Hepatitis A virus (IgM anti-HAV, HAV genotype)
Hepatitis B virus (HBsAg, HBeAg, IgM anti-HBc, total anti-HBc, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)
Hepatitis C virus (all antibody, RNA, and genotype HCV test results, report positives (6) and negatives (7))
Histoplasmosis (*Histoplasma capsulatum*)
HIV tests including: reactive immunoassays including all analytes (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA, Rapids), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents, and all tests related to perinatal exposures) (2, 6)
Influenza virus (individual reports (7) or weekly aggregate counts)
Influenza novel viruses (5, 6)
Influenza pediatric mortality (< 18 years of age) (5)
Kawasaki Disease (1)
Legionellosis (*Legionella* species) (5)
Leprosy or Hansen's Disease (*Mycobacterium leprae*)
Leptospirosis (*Leptosp*
Listeriosis (*Listeria mo*

Lyme Disease (*Borrelia burgdorferi*)
Malaria (*Plasmodium* species)
Measles (Measles/Rubeola virus) (5, submit PCR positives only, 6)
Melioidosis (*Burkholderia pseudomallei*)† (4)
Meningitis: bacterial, viral, fungal, parasitic, and amebic
Meningococcal Disease, sterile sites (*Neisseria meningitidis*) (4)
Multisystem Inflammatory Syndrome in Children (MIS-C) and Adults (MIS-A)
Mumps (Mumps virus)
Orthopox viruses†, including: Smallpox, Mpox (4)
Pertussis (*Bordetella pertussis*)
Plague (*Yersinia pestis*)† (4)
Polio (Poliovirus)
Prion disease, including Creutzfeldt-Jakob Disease (CJD)
Psittacosis (*Chlamydophila psittaci*)
Q Fever (*Coxiella burnetii*)† (4)
Rabies (Rabies virus) (4)
Rabies: potential exposure and post exposure prophylaxis (PEP)
Respiratory syncytial virus (RSV) (7)
Respiratory syncytial virus (RSV) pediatric mortality (< 5 years of age)
Rubella (Rubella virus) (6)
Salmonellosis (*Salmonella* species) (5)
Shigellosis (*Shigella* species) (5)
Spotted Fever (*Rickettsia* species)
Staphylococcus aureus, vancomycin intermediate/resistant (VISA (5)/VRSA (4))
Streptococcus pneumoniae, sterile sites
Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
Syphilis (*Treponema pallidum*) (for any reactive result, report all associated syphilis tests, including negative results) (6)
Tetanus (*Clostridium tetani*)
Toxic Shock Syndrome (non-streptococcal) (1)
Trichinellosis/Trichinosis (*Trichinella spiralis*)
Tuberculosis (*Mycobacterium tuberculosis* complex); report preliminary and final rapid test and culture results (4)
Tularemia (*Francisella tularensis*)† (4)
Typhoid Fever (*Salmonella* serotype Typhi) and Paratyphoid Fever (*Salmonella* serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Vibriosis (*Vibrio* species other than *cholerae*) (5)
Yellow Fever (Yellow Fever virus)
Yersiniosis (*Yersinia* non-*pestis* species) (5)

Footnotes
(1) Reporting within 3 days is required.
(2) Report HIV labs electronically/by arrangement & case reports by MDHHS Form 1355. Report HIV genome sequence data only as Sanger sequences, or as consensus sequences for next generation sequencing.
(3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/ept for details.
(4) A laboratory shall immediately notify and submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Laboratory.
(5) Specimen and/or isolate requested. *Enteric:* If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Laboratory. *Respiratory*: Submit specimens, if available.
(6) Report pregnancy status.
(7) Reportable via electronic messages only.

must be

BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, July 9, 2026
1:30 p.m. - 2:30 p.m.
Lincoln Center - East Conference Room/Zoom

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

Topic	Key Discussion Points	Action Steps/ Responsibility
1. **a. Review of, and Additions to Agenda** b. Presentations: None **c. Approval of Meeting Notes: May 14, 2026** **d. Program/Provider Updates and Concerns**	a. There was an addition to the agenda; 4.f. iv. GF Plan update. b. There are no presentations this month. c. The May 14th meeting notes were approved as written. d. **Program/Provider Updates and Concerns:** Bay-Arenac Behavioral Health: - ABA/Wraparound – No updates to report this month. - ACT/Adult MI/Senior Outreach – Both teams are full staffed. - Arenac – Hired an intake worker and she is getting trained. - Children's Services – No updates to report this month. - CLS/North Bay & Horizon – Chris Pluta is no longer with APS. Mackenzie Lester is taking over till they fill his position. Theresa Witkowski is no longer at the Arnold Center and Tasha Q. is standing in for the adults. IPS - Vocational needs more referrals. North Bay started their first official children's CLS case and MI-A from ACT. - Corporate Compliance – No updates to report this month. - Emergency Access Services (EAS)/Mobile Response Team (MRT) – We now have a full MRT Team for 1st and 2nd shift; available from 8:00 am - 12:00 am. AOT Coordinator	

	Topic	Key Discussion Points	Action Steps/ Responsibility
		position is grant funded and ends September 30th, but we will continue as is with that role. - ID/DD – No updates to report this month. - Physician/OPT Services – Amy sent out an updated staff listing with all the prescriber changes. The Madison Clinic is down a medical assistant. - Quality – The waiver audit is finishing up. More details to come. - Recipient Rights/Customer Services – No updates to report this month. - Self Determination – No updates to report this month. List Psychological: - Nothing to report this month. MPA: - CSM – No updates to report this month. - OPT-A – MPA is losing a therapist on 07/16/26. - OPT-C – No updates to report this month. Saginaw Psychological: - CSM – No updates to report this month. - OPT – No updates to report this month.	
2.	**Plans & System Assessments/Evaluations** a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update	a. QAPIP Annual Plan – Nothing to report this month. b. Organizational Trauma Assessment – Nothing to report this month.	
3.	**Reports** a. QAPIP Quarterly Report (Feb, May, Aug, Nov) b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports **i. Recipient Rights Report (Jan, Apr, Jul, Oct)** **ii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)**	a. QAPIP Quarterly Report – Nothing to report this month. b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports i. **Recipient Rights** – Defer till next month. ii. **RAS** – Sarah went over the RAS Summary Report for FY26Q2. The report is saved in the meeting folder and was emailed to the PNOQMC. iii. MHSIP/YSS – Nothing to report this month. iv. Provider Satisfaction Survey – Nothing to report this month.	

BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, July 9, 2026

1:30 p.m. - 2:30 p.m.

Lincoln Center - East Conference Room/Zoom

	Topic	Key Discussion Points	Action Steps/ Responsibility
	iii. Consumer Satisfaction Report (MHSIP/YSS) iv. Provider Satisfaction Survey (Oct) c. Access to Care & Service Utilization Reports **i. MMBPIS Report (Jan, Apr, Jul, Oct)** **ii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)** **iii. Customer Service Report (Jan, Apr, Jul, Oct)** **iv. Employment Data (Dec, Mar, Jun, Sep)** d. Regulatory and Contractual Compliance Reports i. Internal Performance Improvement Report (Feb, May, Aug, Nov) ii. MSHN MEV Audit Report (Apr, Sep) **iii. MDHHS Waiver Audit Report (Oct when applicable)** e. Ability to Pay Report f. Program Capacity Status **i.** Review of Referral Status Report	c. Access to Care & Service Utilization Reports i. **MMBPIS Report** – Sarah went over the MMBPIS Report for FY26Q2. The report is saved in the meeting folder and was mailed to the PNOQMC. There is an effort with MDHHS in the mental health framework to transition some of the pre-admission screening process to the MHP's. There is a lot of advocating at the state level. ii. **Leadership Dashboard** – Defer till next month. iii. **Customer Service Report** – Defer till next month. iv. **Employment Data** – MRS have 42 participants; 2 are employed and 2 have been successfully closed, 15 were closed for other reasons, 18 are actively participating in some kind of job development or on the job evaluations, and 5 are going through the eligibility stage. d. Regulatory and Contractual Compliance Reports i. PI Report – Nothing to report this month. ii. MSHN MEV Audit Report – Nothing to report this month. iii. **MDHHS Waiver Audit Report** – The credentialing qualifications verification form was approved by MDHHS 2 years ago, but now they will not accept it. The form has more than what a resume has, but the form is still not being accepted. The objectives cannot be written with percentages. Getting med consents signed was another issue. e. Ability to Pay Report – Nothing to report this month. f. Referral Status Report – Nothing to report this month.	
4.	**Discussions/Population Committees/Work Groups** a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions i. Consumer Council Recommendations (as warranted) b. Access to Care and Service Utilization	a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions i. Consumer Council Recommendations – Nothing to report this month. b. Access to Care and Service Utilization – Nothing to report this month. c. Regulatory Compliance & Electronic Health Record	

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Topic	Key Discussion Points	Action Steps/ Responsibility
c. Regulatory Compliance & Electronic Health Record i. Management of Diagnostics d. BABH Policy/Procedure Updates e. Medicaid/Medicare Updates i. Verification of Insurance: Reminder to have staff check with every contact ii. Healthy MI vs. Full Medicaid Coverage **f. General Fund** i. Spenddown: Priority to Assist with Application for Full Medicaid Redetermination **ii. Healthy MI: Assist/Advocate for Full Medicaid** iii. FY26 GF Plan Review **iv. GF Plan Update** **g. Supervisor Dashboard** **h. LOCUS Training** **i. Expired Assessments – Defer till August** **j. New Performance Improvement Report** **k. BHTEDS**	i. Management of Diagnostics – Nothing to report this month. d. BABH - Policy/Procedure Updates – Nothing to report this month. e. Medicaid/Medicare Updates i. Verification of Insurance – Nothing to report this month. ii. Healthy MI vs. Full Medicaid Coverage – Nothing to report this month. **f. General Fund** i. Spenddown – Nothing to report this month. ii. **Healthy MI: Assist/Advocate for Full Medicaid** – HR1 will be implemented by January 1st. If someone is on Healthy MI and has SSI, contact Jodi Surbrook at MDHHS to see if they can be considered disabled and bumped up to Medicaid. All address changes need to be made in the system, so anything sent from MDHHS is received and not overlooked. iii. FY26 GF Plan Review – Nothing to report this month. iv. **GF Plan Update** – We are allowing limited outpatient therapy so no one is being referred directly to therapy, they will go through the case manager first. BABH had their first appeal on a closure where someone sent an ABD. If someone hasn't been engaged in a few months, and they are closed, they need to go by the current GF criteria. FYI - the level of care is being cleaned up in the consumer information tab. GF requests need to be sent to Stephani Rooker, so they are not overlooked. g. **Supervisor Dashboard** – Sarah will follow-up with this as some staff have not heard from Greg Lietzow. h. **LOCUS Training** – Nothing to report this month. i. **Expired Assessments** – Defer till next meeting. j. **New PI Report** – The Quality Department will be using a new format to complete the quarterly Performance Improvement Reviews. Previously, all review findings were grouped	g. **Supervisor Dashboard** - Sarah will follow up with Greg Lietzow.

	Topic	Key Discussion Points	Action Steps/ Responsibility
		together in a single cell. Going forward, the reviews will focus on 8–9 key areas, with each finding listed on its own separate line to improve clarity and organization. The quality staff will highlight each specific consumer so it's easier to identify the findings that are connected with that consumer. These reviews will be focusing on the quarter that the review occurred versus the quarter the data was pulled. k. **BHTEDS** – Any data in BHTEDS needs to be resolved and completed in BHTEDS due to a switch to the new system. Any data that we are no longer required to report, do we wish to collect moving forward. The changes will start October 1st.	
5.	**Parking Lot** a. Conflict Free CSM		
6.	**Adjournment/Next Meeting**	The meeting adjourned at 2:30 pm. The next meeting is scheduled for August 13, 2026, 1:30-3:30, at the Lincoln Center in the East Conference Room.	

Program Committee Strategic Plan Initiative Quarterly Updates

Cost Containment Strategies and Availability of Community Living Support Services (CLS) for Adults & Children:

Breakthrough Initiatives:

1. Review current CLS approval process and make necessary changes to implement a more comprehensive and consistent CLS Assessment and Committee approval process:
   a. Review the existing CLS Committee structure and consider revisions that will enhance consistency with approvals.
   b. Provide training on the Assessment Tool to all internal and external Case Management providers.
   c. Assure that CLS is the last resort for consumers and that all other avenues have been pursued prior to approval of CLS.

UPDATE:

Training has been completed to all primary case management teams both internally and externally on the CLS Assessment Tool. The Committee members are more consistent in the considerations for CLS approvals. The use of CLS as a last resort is discussed for each case that comes through the Committee and suggestions are consistently being recommended if other avenues have not been explored. This Initiative has been completed and is ongoing.

2. Implement Procurement Strategy for highest cost community living supports (CLS) and North Bay arrangements and transition to new providers.
   a. Identify/solicit network of available CLS providers to transition approximately 50% of the existing NB consumers over time.
   b. Identify CLS arrangements that may need a transition period utilizing North Bay CLS filling the gap between referrals to a provider and/or in times of crisis.
   c. Identify internal BABHA options to utilize North Bay staff to provide limited CLS and explore other services that the North Bay staff might be able to provide (i.e. Supports Coordinator Assistants, limited CLS for barrier free access, individuals with high behavioral needs).
   d. Continue to expand the CLS provider network, including for children.
   e. Transition vocational providers on a cost settlement contract back to a fee for service contract with CLS rates being more in line with other CLS providers.

UPDATE:

Northbay has improved productivity. Implemented a hold on hiring as staff naturally leave. Have had some success at transferring hours and/or consumers to other providers and

lessen the number of cases that have duplicative providers. There is still some resistance on the part of Case Managers, parents and consumers to reduce or switch from Northbay to other providers. Northbay staff were required to assist in an emergency/crisis situation for one child who ultimately was placed out of county. The Northbay staff have begun training in children's services and care to better prepare them to be able to be the safety net for CLS services. CLS providers continue to struggle overall with maintaining stable staffing. PAO ended contract, dissolved and Arnold Center assumed consumers and many of the staff.

3. Identify and transition any duplicative CLS arrangements.
    a. End CLS social/recreational services at vocational programs for consumers who already receive CLS services in AFC settings.
    b. Establish consistent and stricter, time limited parameters for CLS social recreation services for consumers living in non-licensed settings.
    c. Review and assure that Self Determination arrangements are covering all CLS services and not getting CLS services outside of the Self Determination arrangement.

UPDATE:

Northbay has eliminated any CLS to those individuals living in Specialized Residential homes and there have been some reduction of hours for other CLS providers serving individuals in Specialized Residential. New referrals/requests for CLS approval does not allow additional CLS for those living in Specialized Residential homes. The Waskul Settlement has been making an impact on our Self D. arrangements. Have had several requests for additional goods and services. It has taken considerable consultation to sort out how to implement and address these requests. BABHA has had to delay granting requests until MDHHS and MSHN can provide guidance on implementation. CMHA has developed a workgroup to assist members on the implementation of the Waskul settlement.

4. Explore additional areas for cost containment:
    a. Continuously review all HMP consumers to determine if eligible for Medicaid.
    b. Implement discharge proceedings for enrollees that lose Medicaid/fail to meet spend down requirements in CLS arrangements.
    c. Establish more robust UM parameters for medical necessity for CLS in vocational services.
    d. Explore consolidation of vocational services to two primary vendors.

UPDATE:

AOI has cancelled their contract with BABHA. Do-All has assumed all of AOI's consumers and staff. Two primary vendors are now New Dimensions and Do-All. Since going back to fee for service, Do All reports significant financial deficits. This Initiative is completed. Continue to address those that lose Medicaid. GF requests made when appropriate.

5. Implement quality review process to ensure EVV compliance standards are met.
   a. Identify key members to participate in this review process
   b. Continue to review EVV bulletins for updates and train CLS providers and staff on correct use of EVV

UPDATE:

The Spec. Residential and CLS provider meeting in April included the first Quarterly Compliance Reports for the CLS providers. The percentages are all over the place. Each provider received their report and were reviewing the results making changes accordingly.

Stabilization and Cost Containment Strategies for Residential System

Breakthrough Initiatives:

1. Continue to advocate, prioritize and support efforts to stabilize the residential services and advocate at all levels for improving the Direct Care workforce.
   a. Explore development of more direct and provider operated living arrangements that can provide adequate services for individuals with higher behavioral needs.
   b. Explore more individualized and potentially unlicensed arrangements to be able to meet the needs of individuals with higher behavioral needs in more appropriate settings.
   c. Continue to collaborate with the Crisis Residential home to provide services to individuals with higher behavioral needs in crisis.

UPDATE:

There has been one Residential Provider that has merged (ending a contract with BABHA) with another Residential Provider. Listening Ear took over the three homes that Valley Residential operated. This has not been a smooth transition and BABHA is having difficulty getting timely responses from this provider. Especially when it comes to referrals.

2. Support staff's ability to perform effectively and to ensure residents' needs are met.

a. Increase the residential provider network's ability to handle workforce challenges, crises, and people with challenging behaviors, , etc. by providing additional supports such as psychological services, Quality of Life Mentor services, debrief resources and other necessary support services.

UPDATE:

BABHA continues to provide additional psychological services and Quality of Life Mentor supports to the providers. Whenever there are crisis situations, the Horizon Home staff and Northbay staff have filled in to support the provider network.

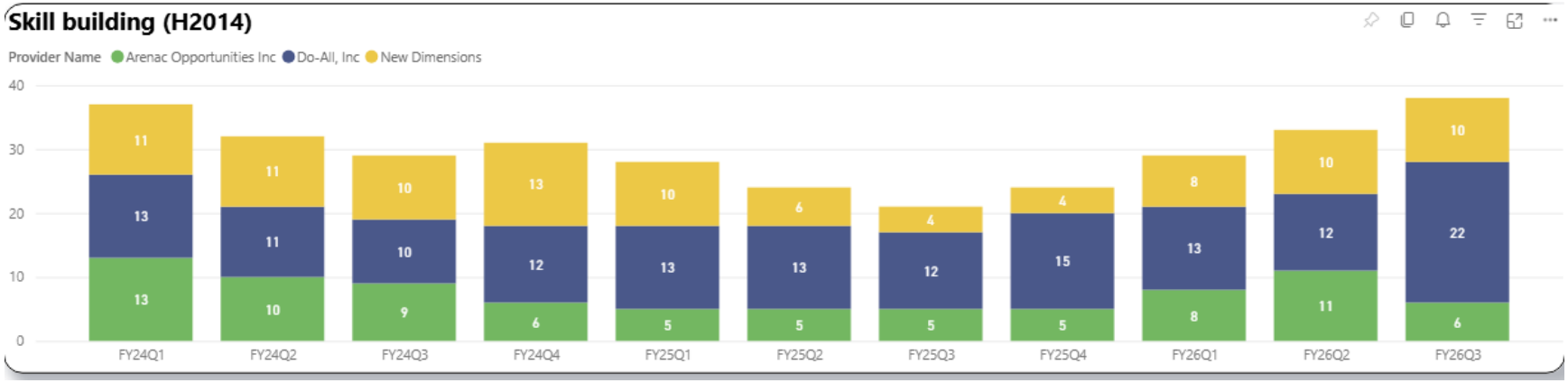
3. <u>Address high cost out of county placements and vacancies in the Specialized Residential provider network.</u>
   a. Eliminate payments for vacant bed days to encourage providers to increase current occupancy rates.
   b. Explore consolidation of vacant specialized residential beds to either direct operate or contract out to a provider who will provide services to higher need individuals.
   c. Explore the possibility of adding another crisis residential home
   d. Transition North Bay CLS staff to residential technicians if assume another direct operated home.
   e. If vacancies can't be filled in the existing provider network, consider closing a current residential facility.

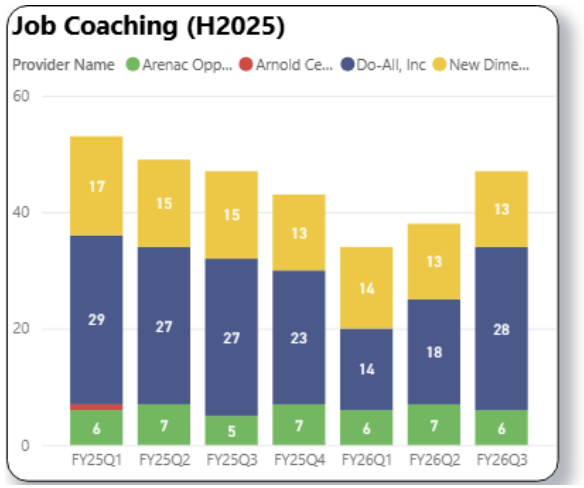
UPDATE:

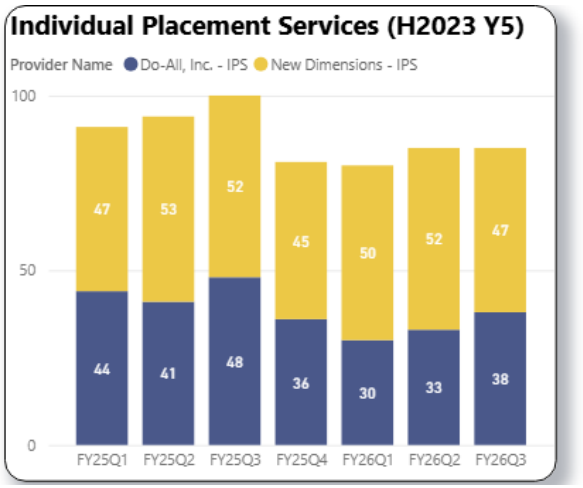
Payment for vacancies ended Oct. 1, 2025. Vacancies in the Network are at the lowest they have ever been with only 4 beds not targeted or in the process of placement. Discussion at the Residential Referral Committee on consolidation of a home has been ongoing. Meeting with Residential Liaison and Program Manager held 8/26/26 to evaluate and make recommendations on the next steps. BHS indicated they are interested in developing an in county higher behavioral home. While there has been savings due to not paying vacancies. However, out of county placements continue to increase with significant cost increase. Several minors have been placed in Specialized Residential settings at a higher rate than in the past.

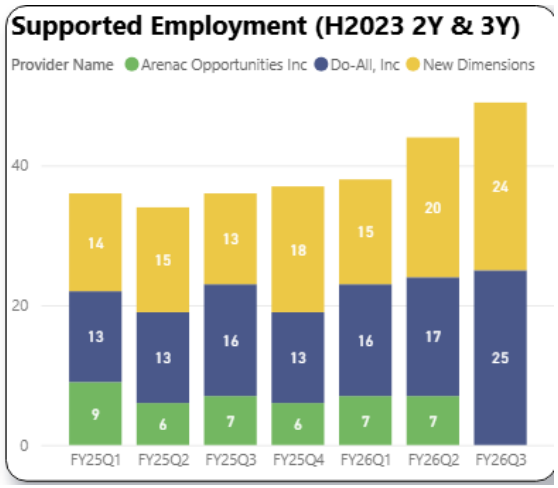
Vocational, Northbay CLS, CLS Adult and Children, Specialized Residential:

Vocational:

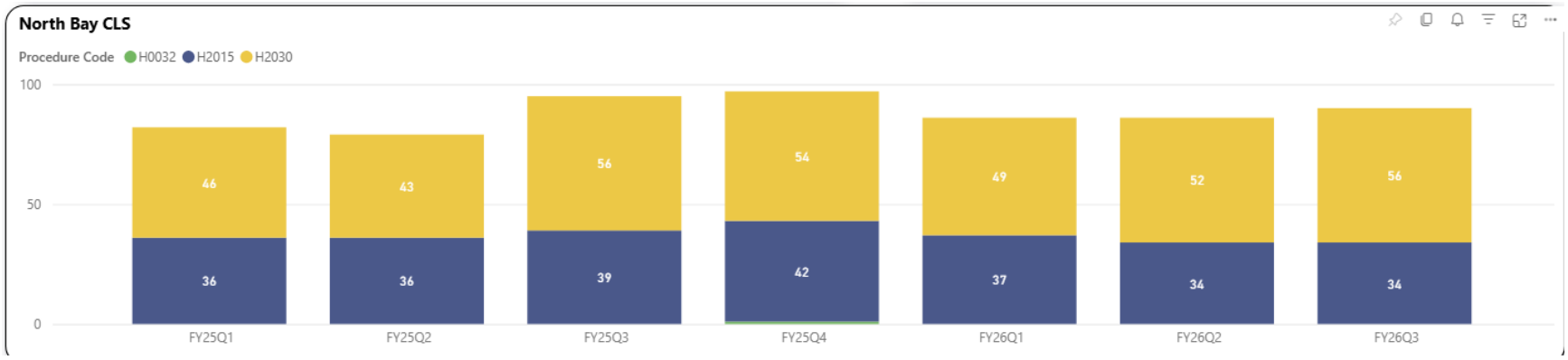




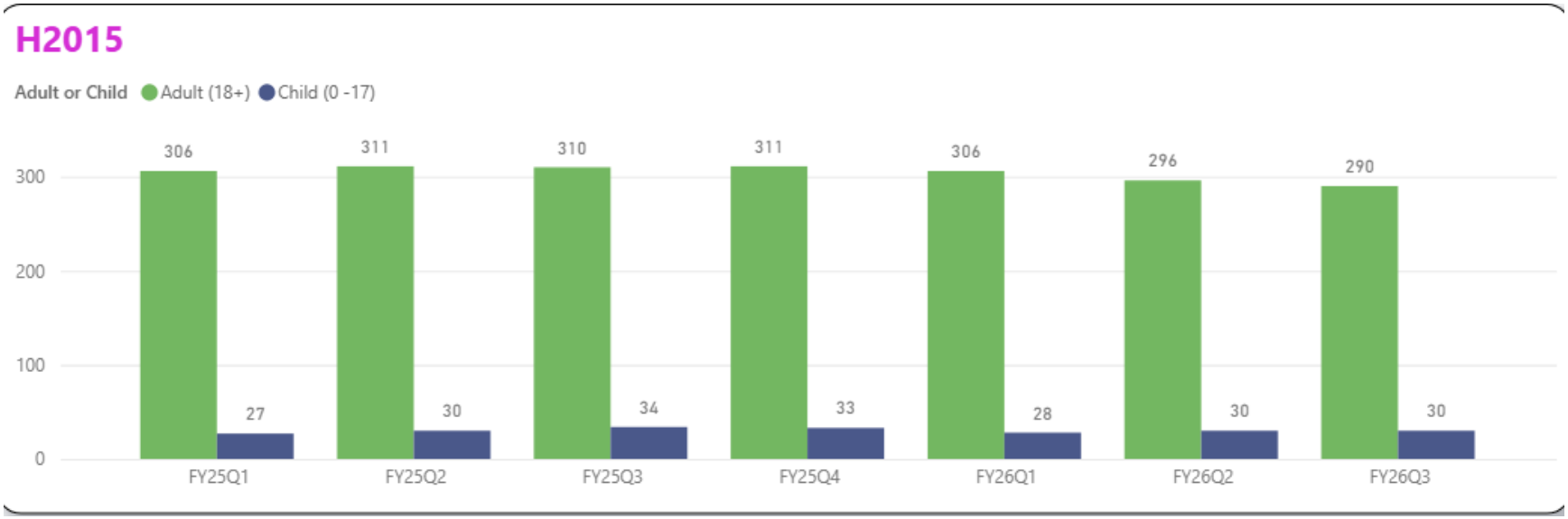




Vocational, Northbay CLS, CLS Adult and Children, Specialized Residential:

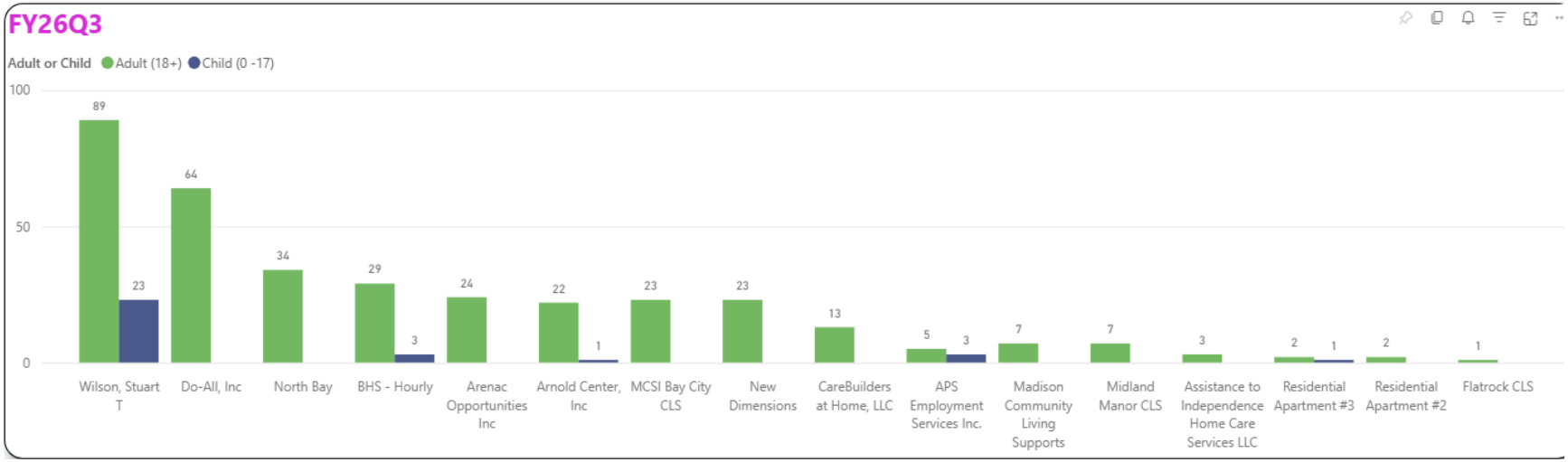


CLS Adult and Children:

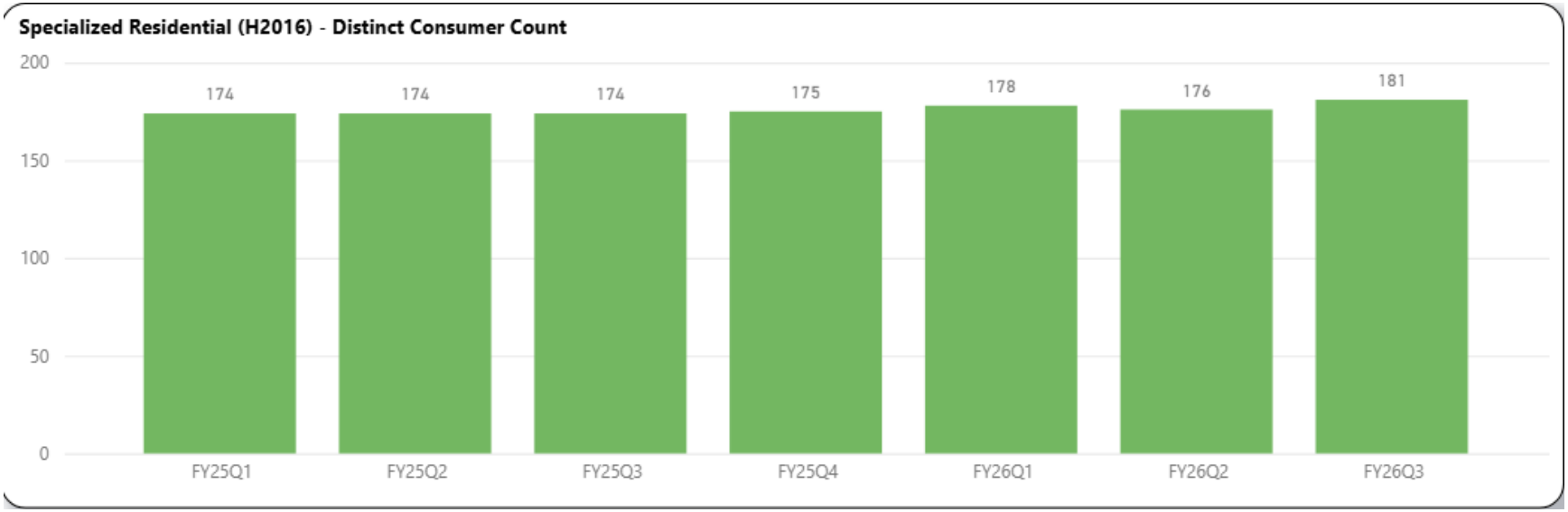


Vocational, Northbay CLS, CLS Adult and Children, Specialized Residential:

CLS Adult and Children:



Specialized Residential:



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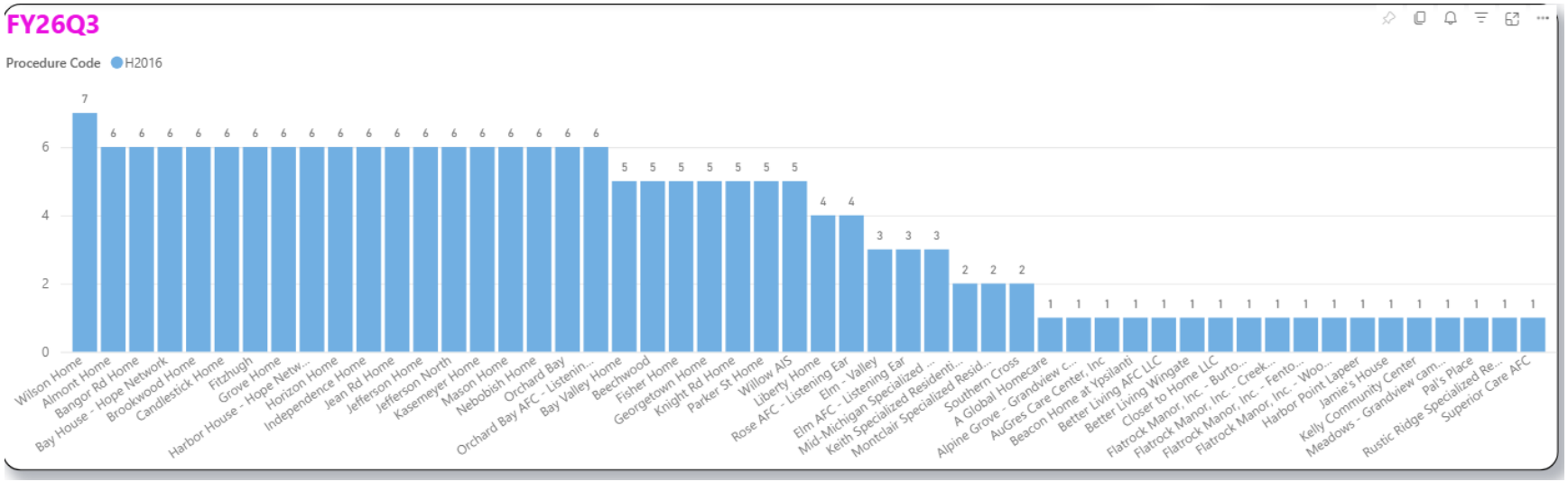


Program Committee

Environmental Scan: **Applied Behavior Analysis (ABA) Services Stabilization and Cost Containment Strategies**

Lead Team Member: Directors of Integrated Care – Children — New 2026

Impact on Ability to Accomplish Mission:

Applied Behavior Analysis (ABA) Service referrals have consistently expanded each year since the implementation of the program in FY 16. The volume of referrals continues to exceed both the available program capacity and the program budget. The significant increase in referrals for ABA services has had a negative impact on our budget and cost containment strategies must be implemented to ensure that BABHA will be able to continue to provide adequate services to those in most need.

Breakthrough Initiatives:	Resources:
1. Develop a value-based care model for services. a. BABH will work with a consultant to develop this significant shift from the traditional model. b. Form a time limited work group to develop key standards. c. Incorporate the use of data analytics to support an outcomes-based approach to ABA treatment.	As was reported at the June meeting, BABHA has not been able to identify a "value-based" care model for ABA services. BABHA has incorporated elements of what we perceive as value-based care" into our FY27 ABA contracts. These elements include expanded business hours of operation, evening hours, the availability of weekend hours, and offering center-based and in-home services.
2. Improve operational efficiencies within the ABA provider network. a. Develop a procurement process/ Request for Proposal (RFP). b. Educate current provider network on new model and expectations. c. Increase ABA provider meetings to twice per year to help improve communication and education of expectations.	BABHA has contracted with APPRECOTTS, a consultation group out of Freeland. Apprecotts has reviewed our top 20 cases (most expensive) and provided feedback to the BABHA Children's team on each case. Apprecotts will use the results of these reviews to create ABA provider network trainings with a focus on case monitoring utilizing data, focus treatment planning, and utilization management.

Environmental Scan: **Evidence-Based and Best Practices in Clinical Service Delivery**

Lead Team Member: Directors of Integrated Care — Revised FY26

Impact on Ability to Accomplish Mission:

- Use of validated practices supports achievement of clinical outcomes and therefore the organizational mission

Breakthrough Initiatives:	Updates
Trauma Informed Services: 1. Continuation of the three-year organizational Assessment for Trauma and develop the Improvement Plan based on the results of the Assessment. 2. Incorporate recommendations from the BABHA Wellness Group to reduce vicarious trauma/secondary traumatic stress. - continue 3. Evaluate capacity and need for EBP to treat trauma in all populations. – continue 4. Identify and Implement Trauma Treatment Groups (Seeking Safety, TREM, Helping Women Recover, etc.) – continued	The next BABHA Trauma assessment will be conducted in January/Feb. 2027. BABHA leadership will review the past assessment and strategies in preparation for the FY27 assessment.
Clinical Effectiveness and Expanding Evidenced Based Practices	
1. Monitor LOCUS training plan that includes ongoing activities to strengthen model fidelity throughout the provider network serving adults with a Serious Mental illness (SMI). Evaluate implementation and capacity of existing Evidence Based Practices. Evaluate existing system structures to determine if the agency has created a system that supports ongoing successful implementation of existing EBP	The BABHA Primary Care Provider Network is fully trained in the LOCUS. In addition, Primary Care leadership has been meeting and formalizing a process for ongoing monitoring of LOCUS training. This includes developing more

		uniform refresher training and working with staff development to better track/document LOCUS training.
2.	Focus on co-occurring SED/IDD training for the Children's Department	BABHA recently expended the availability of external training resources for staff requiring the annual Child specific training (24 CEU's per year).
3.	Assess and increase staff competence in the following areas: Motivational Interviewing, Transtheoretical Model (Stages of Change), Dialectical behavior therapy (DBT) basic skills, Co-occurring BH/SUD treatment, Child Parent Interaction, Fetal Alcohol Syndrome Disorder (FASD), Child Parent Psychotherapy (CPP), and Integrated Care competencies. Continued	BABHA contracted with an external vender to provide targeted Motivational Interviewing training to select groups of clinical staff that provide services to the adult MI population. The BABHA Children's departments (Arenac and Bay) have attended several EBP conferences during the past year (HBS, IMH, TF-CBT, Wraparound). In addition, BABHA had 4 staff trained in Cognitive Processing Therapy (CPT) for trauma, and the Arenac Center had 1 staff trained in Exposure Response prevention (ERP) for Obsessive Compulsive Disorder (OCD) and staff trained in COPE- Concurrent Treatment of PTSD and SUD.
4.	Develop outcomes monitoring processes to assure and measure fidelity to EBP', including participating in the MiFAST reviews for existing EBP's; completing MiFAST reviews as scheduled by MDHHS. Continued	BABHA has had no scheduled MiFAST reviews during the past quarter.
5.	Monitor activities for the Alternative Outpatient Treatment (AOT) grant program. Determine program sustainability post grant. Apply for new grant opportunities for additional grant funding as they arise.	The BABHA Alternative Outpatient Treatment (**AOT**) program continues to grow and with growth, the services and program structure has been revamped to meet the needs and demands of the program. Post grant, the AOT Coordinator title will be the Police/Court Liaison. Intensive Crisis Stabilization Services, known at BABHA as Mobile Response Team (**MRT**) Update: a "Community Based Crisis Supervisor" has been hired to oversee MRT, AOT, and Jail/Juvenile Center services. In addition, BABHA received a grant for expansion of MRT services and leadership is working on identifying appropriate strategies for expanding this service.
6.	Expand IPS services and improve fidelity amongst current providers. Increase referrals and expand on education around the impact of IPS services.	Do-All took over AOI services in Arenac County in April. AOI did not provide IPS services so this potentially could increase IPS for Arenac Consumers. The number of individuals in IPS have not increased. PCE module is being implemented for IPS which should reduce intake time by a couple of hours.

Microsoft | Power BI

Clinical Dashboard - Leadership Dashboard Updated 3 12 2026

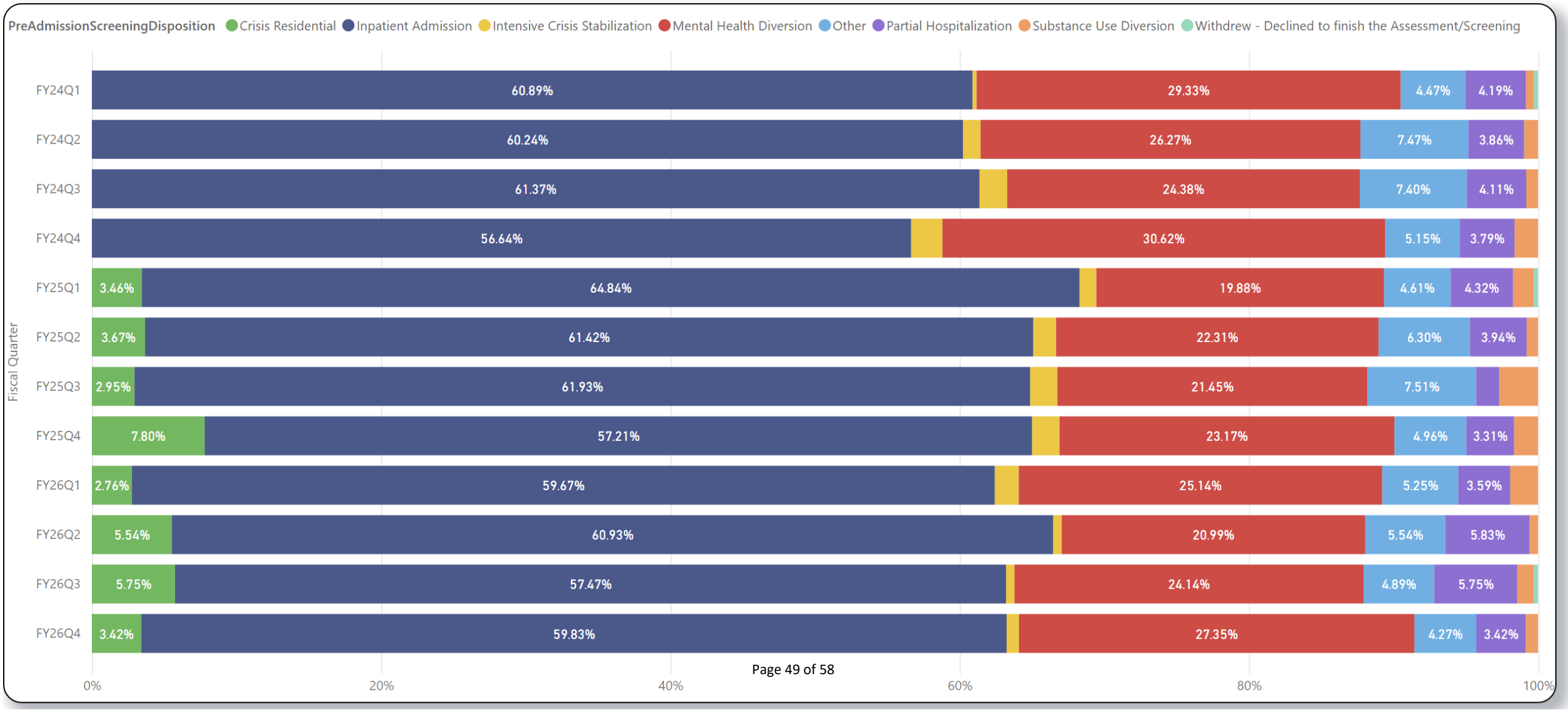
View in Power BI

Last data refresh:
9/10/2026 11:46:43 AM UTC

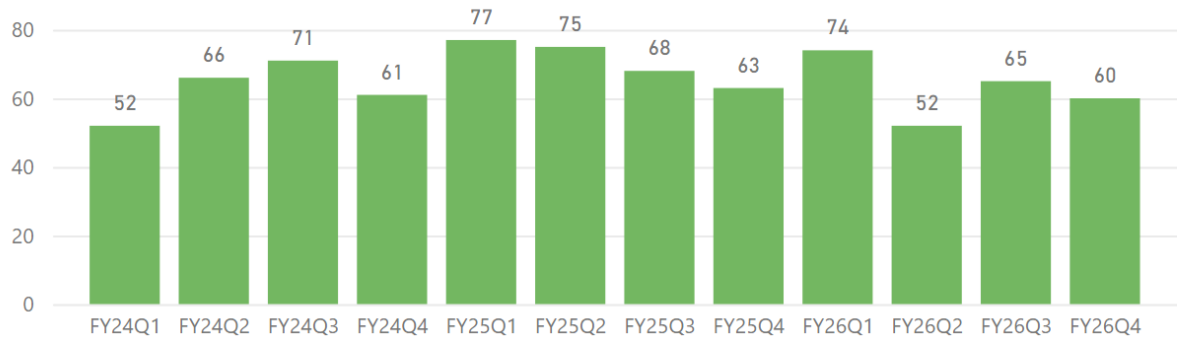
Downloaded at:
9/10/2026 3:48:30 PM UTC

- **Preadmission Screening Disposition: Bay City Crisis Residential Unit (CRU)** expanded their contract to other CMH's within the MSHN region. This is a possible contributing factor to the fluctuation in utilization. BABHA is averaging approximately a 4-5% diversion rate to the CRU. **Partial Hospital Program - PHP** has expanded to children's services effective June of 2025. A new PHP for adults is expected to be implemented in July 2025, making three total PHP options available for adults. Current waiting time for PHP is 1-3 weeks. During FY26, **Substance Use Disorder (SUD**) diversions have increased by almost 13% from FY25.
- **Intensive Crisis Stabilization Service (ICSS):** ICSS, also known as the "Mobile Response Team (MRT), now has a two-person deployment team available for second shift Monday through Friday, thus it is anticipated that utilization for this service will increase. BABHA will continue to receive grant funding for ICSS expansion through FY27.
- **Adults Who Receive Cored Services**: Arean continues to have an increase in case management services. Our contract providers (Saginaw Psychological Services, MPA Group, List Psychological Services) continue to struggle with hiring /retaining fully licensed staff. This has had impacts on their referral status. There is also a noticed shift in services between the contract providers.
- **Children's Core Services:** Specialty Mental Health "core services" includes Outpatient Therapy, Targeted Case Management, Home-Based Services. The majority of cases specialty mental health services cases require a case management level of care or higher and outpatient therapy, and psychiatric services are typically provided in addition to case management services. This is evident in the data on page 7 that indicates an increase in Case Management services and a slight decrease in outpatient therapy services. The also reflects a shift in network between primary care providers.
- **Employment Services**: See Karen's slides
- **North Bay CLS:** See Karen's slides
- **Clubhouse Services**: The Clubhouse is a community-based service based on a psychosocial rehabilitation model that is dedicated to supporting and empowering people living with severe mental illness (SMI). The Touchstone Opportunity Center continues to rebound post 2020. A goal of a 5% increase in clubhouse membership has been set for FY26. As of this quarter, it appears the average membership per month increased by 9% during FY26.
- **Specialized Residential:** See Karen's slides
- **Community Living Supports**: See Karen's slides
- **Autism Services**: Children who meet diagnostic criteria for Autism Spectrum disorder (ASD) and who also meet medical necessity criteria for Applied Behavioral Analysis (ABA) services have increased by approximately 4% between FY25 and FY26. During FY26, BABHA has worked with a consultant to develop utilization management strategies with a focus on data driven treatment monitoring.

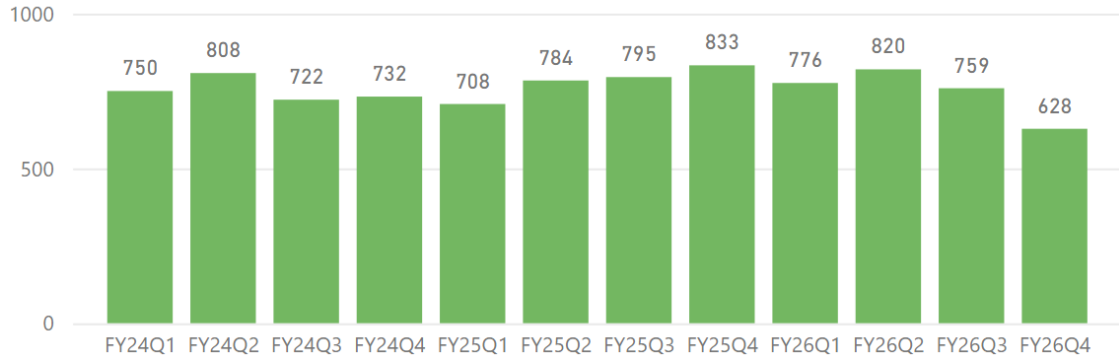
Adult or Child	FY24Q1	FY24Q2	FY24Q3	FY24Q4	FY25Q1	FY25Q2	FY25Q3	FY25Q4	FY26Q1	FY26Q2	FY26Q3	FY26Q4
Child (0 -17)	63	81	72	57	54	64	60	70	75	73	46	20
Adult (18+)	295	334	293	312	293	317	313	353	287	270	302	97



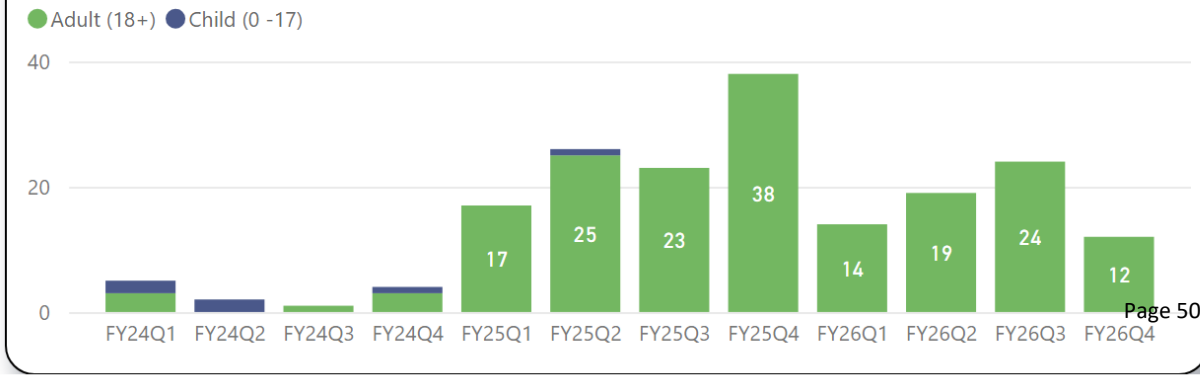
Intensive Crisis Stabilization Services (ICSS)



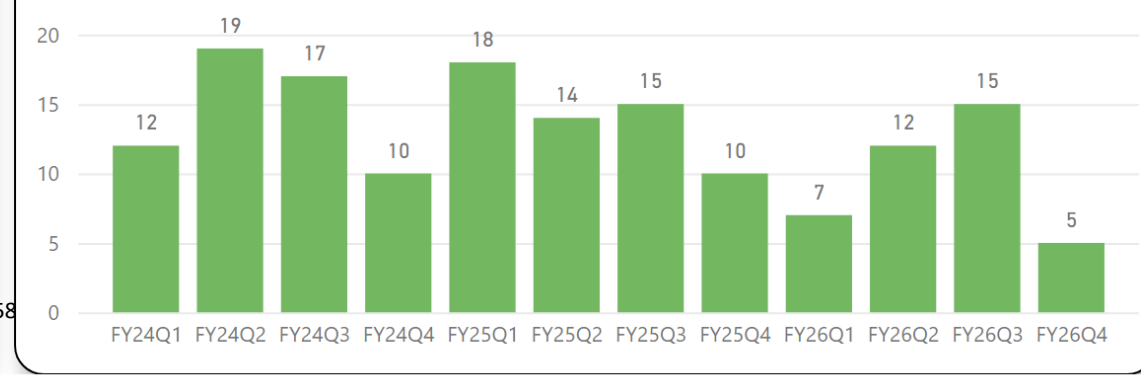
Crisis Intervention (H2011)



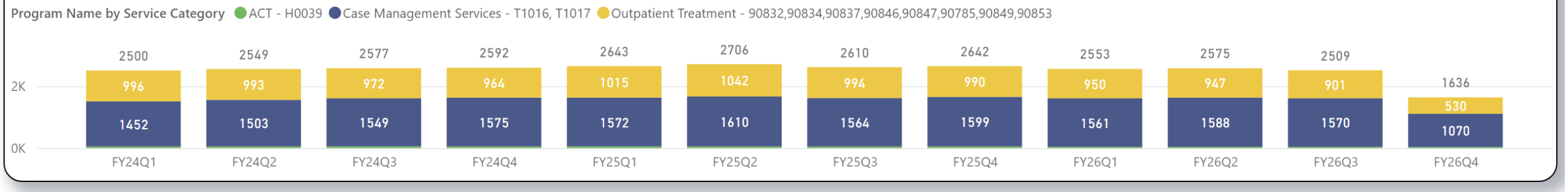
Crisis Residential (H0018)



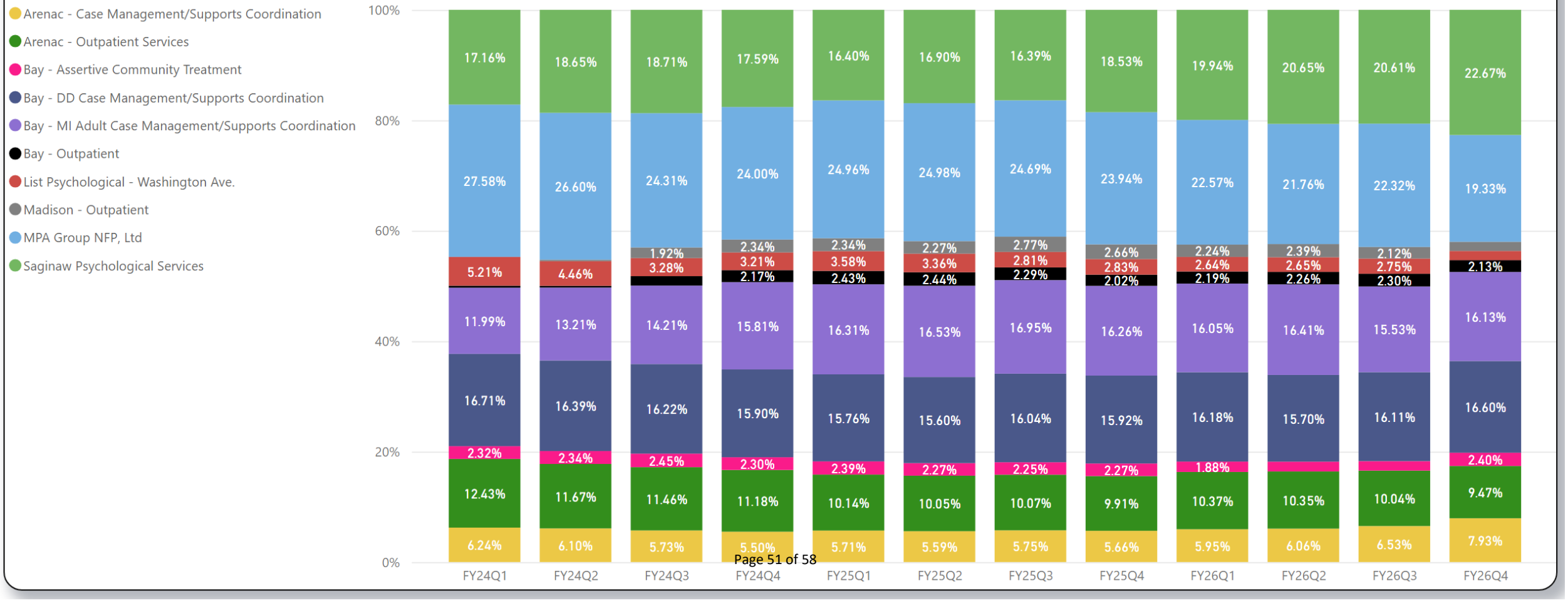
Partial Hospitalization (0912)



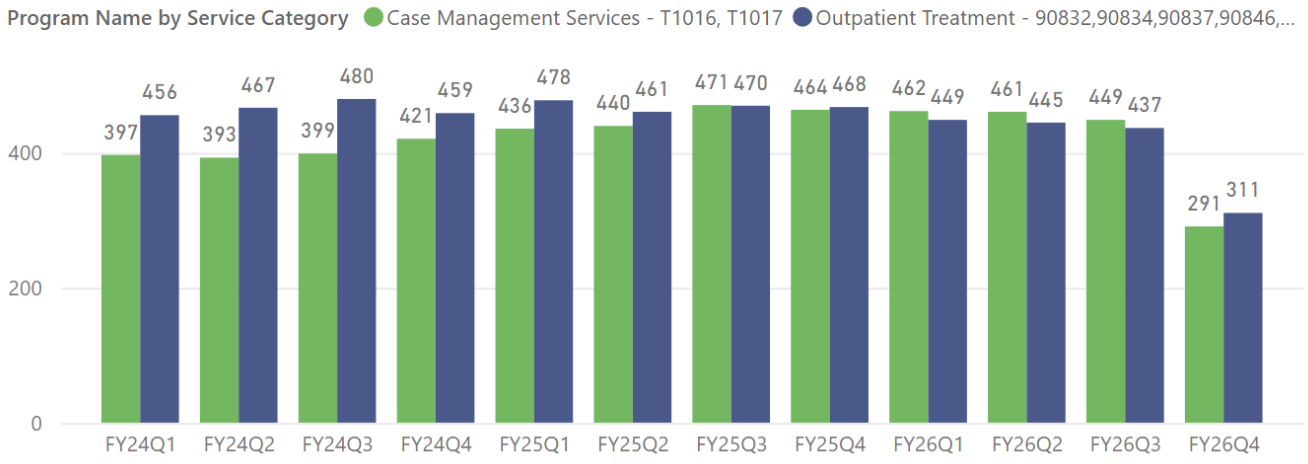
Adults who received core services



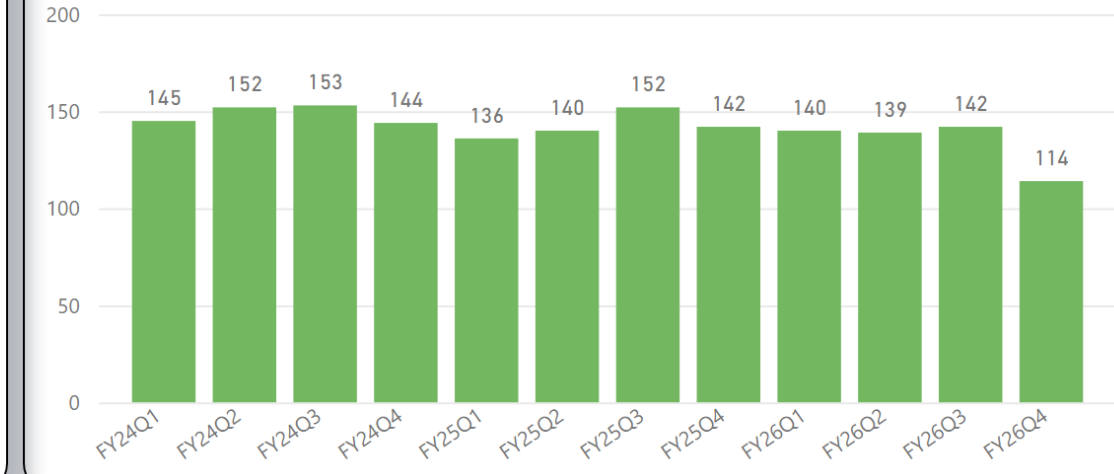
Adults who received core services



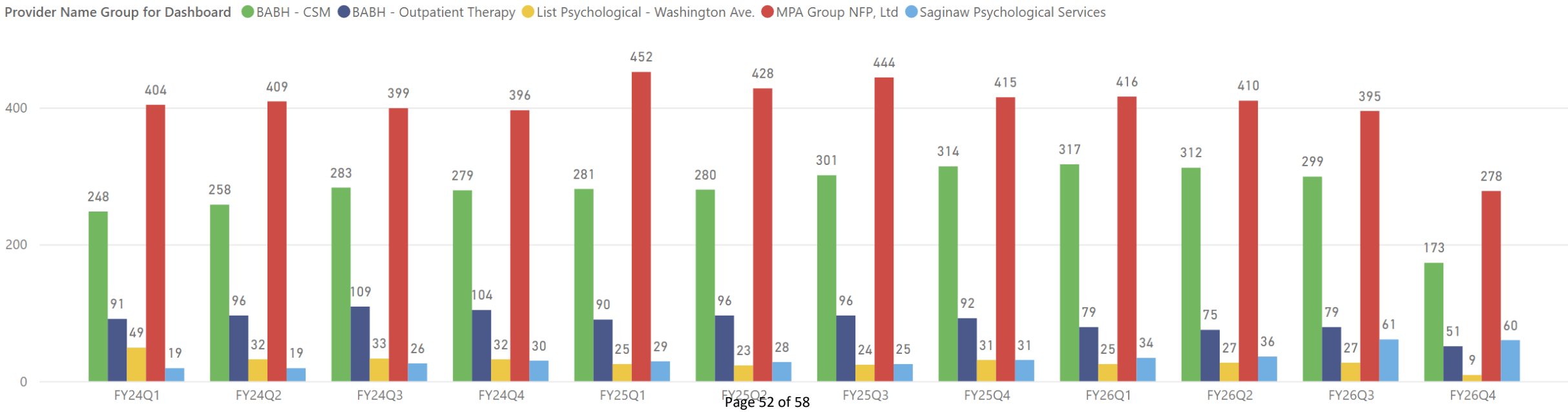
Children who received core services



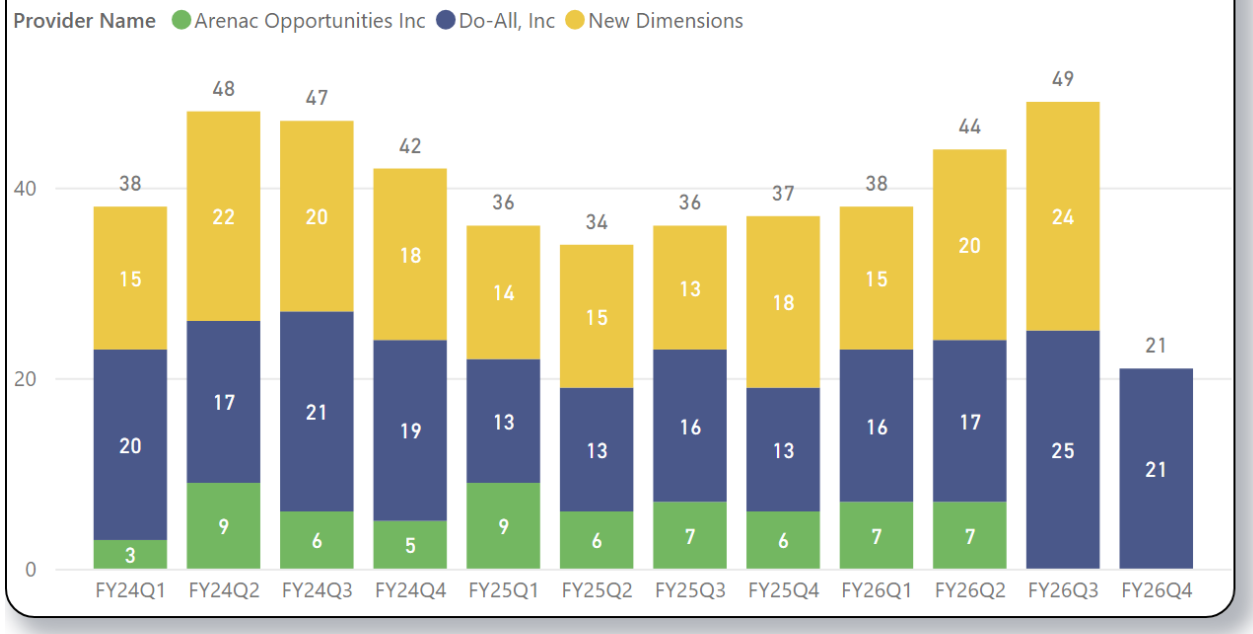
Children (Home Based and Infant Mental Health) H0036



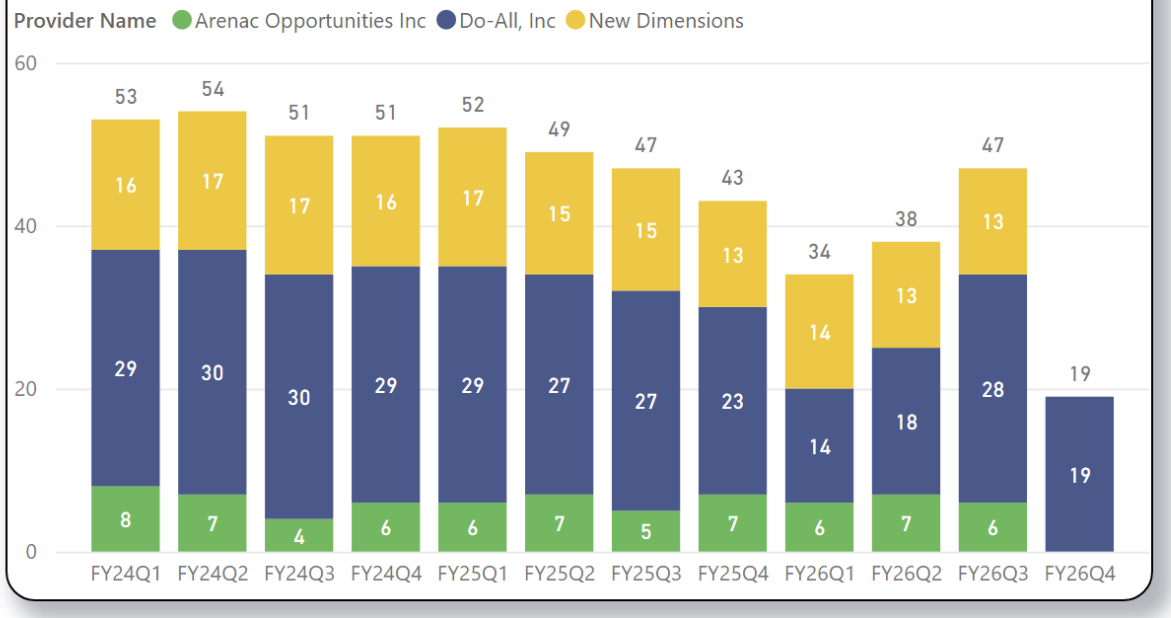
Children who received core services



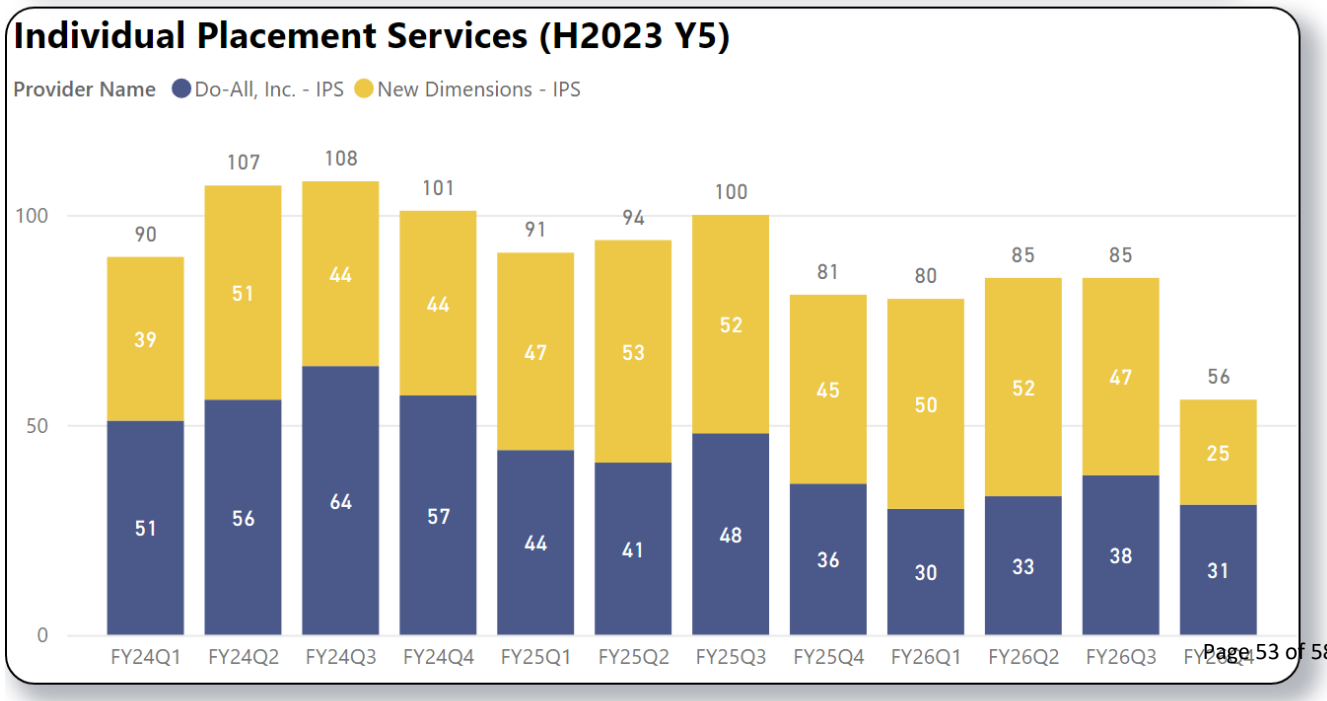
Supported Employment (H2023 2Y & 3Y)



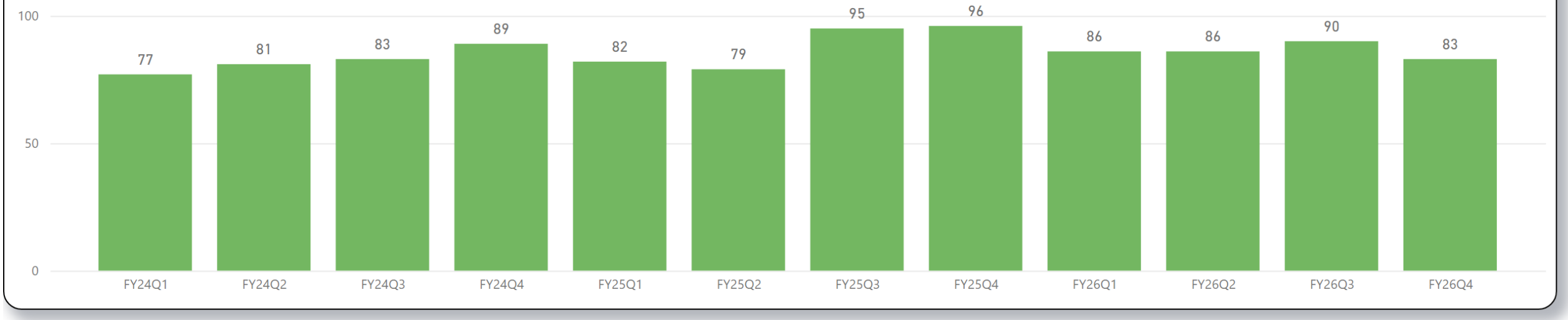
Job Coaching (H2025)

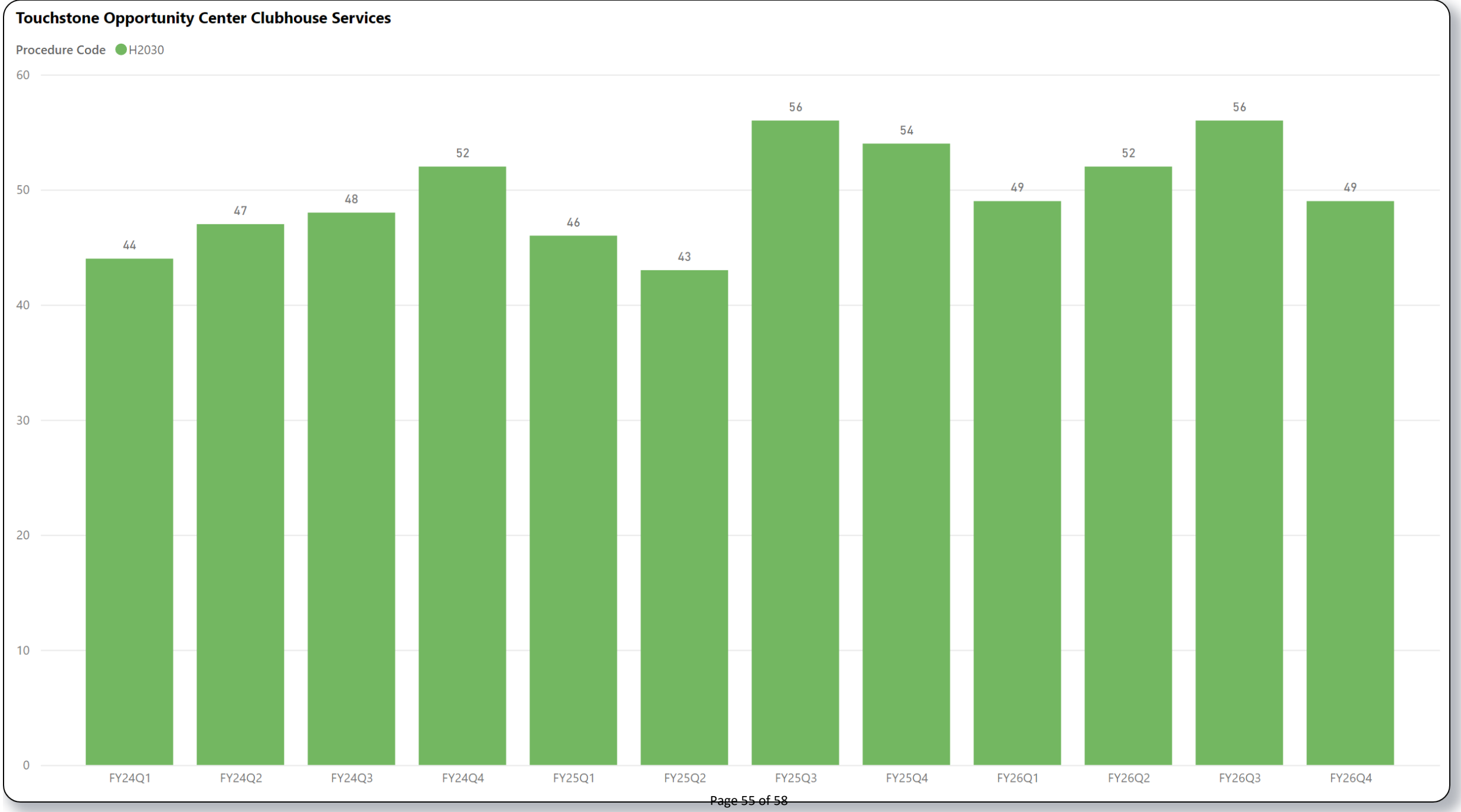


Individual Placement Services (H2023 Y5)



North Bay CLS




Touchstone Opportunity Center Clubhouse Services
Procedure Code
H2030
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46
43
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49
52
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FY24Q1
FY24Q2
FY24Q3
FY24Q4
FY25Q1
FY25Q2
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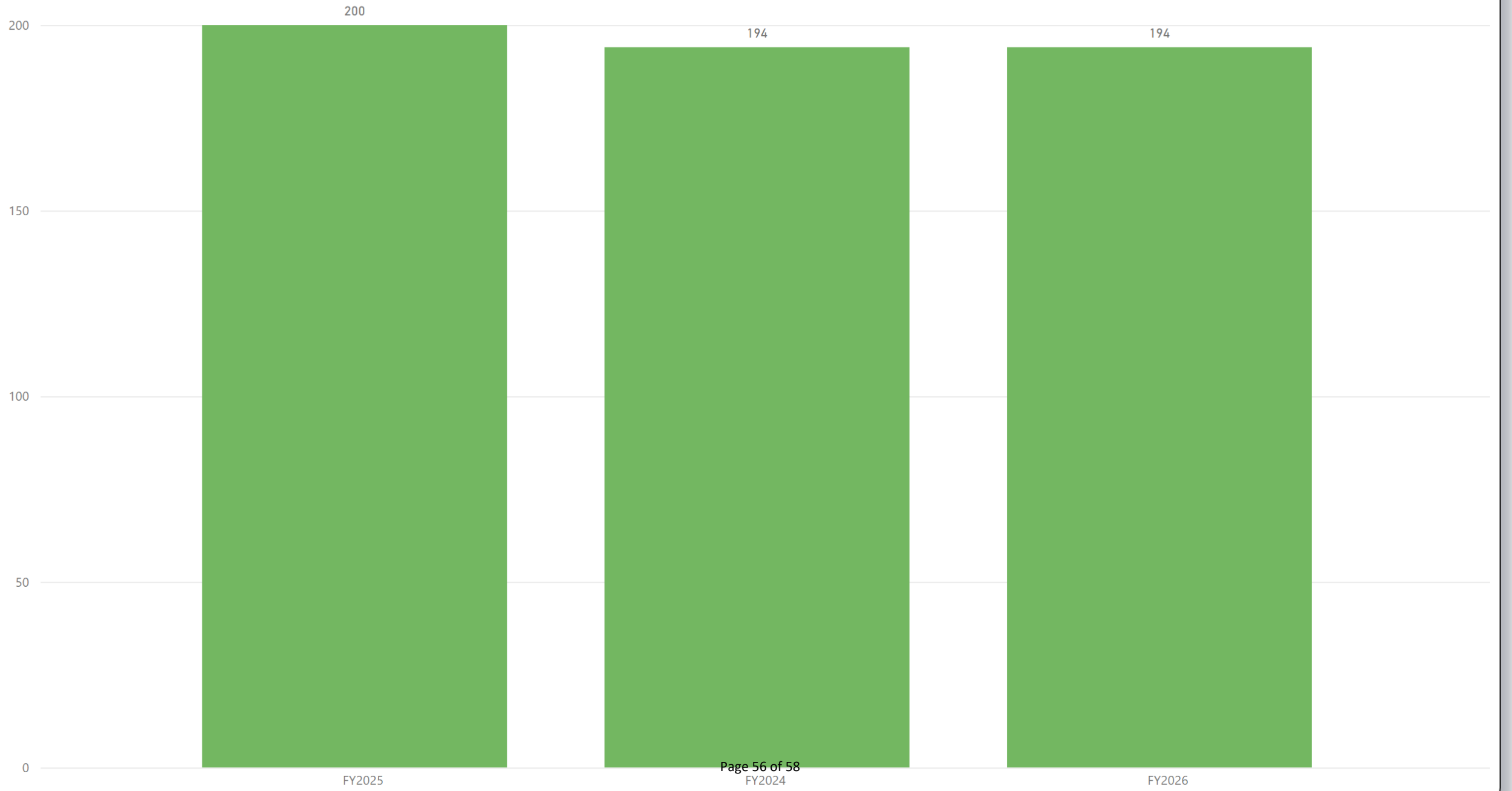
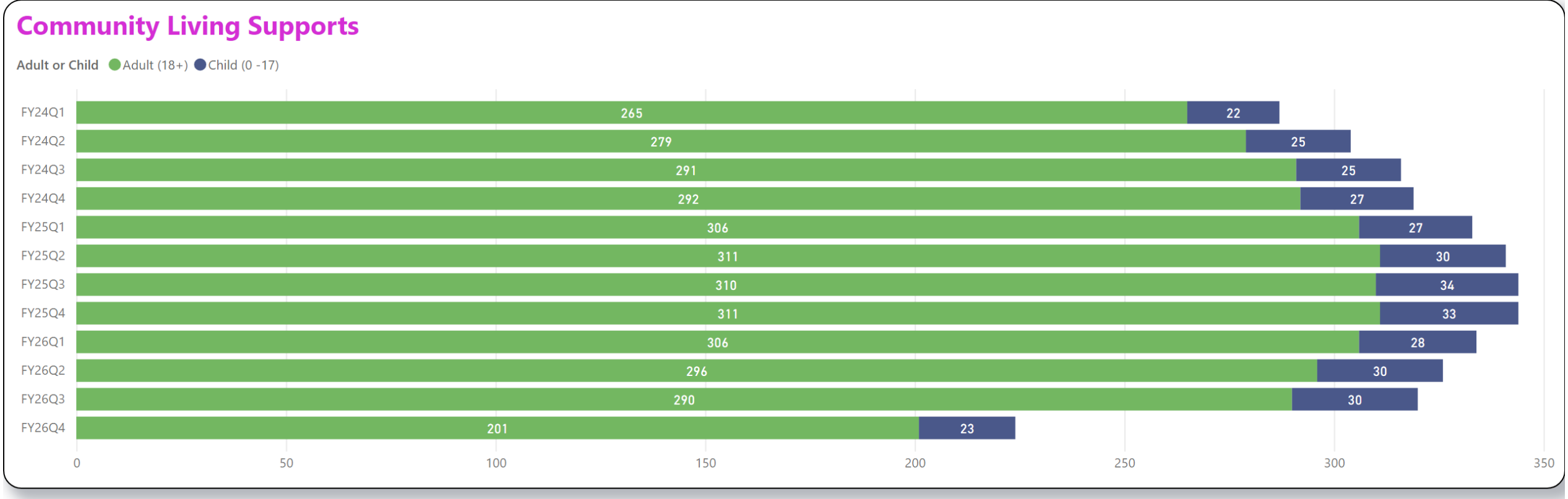
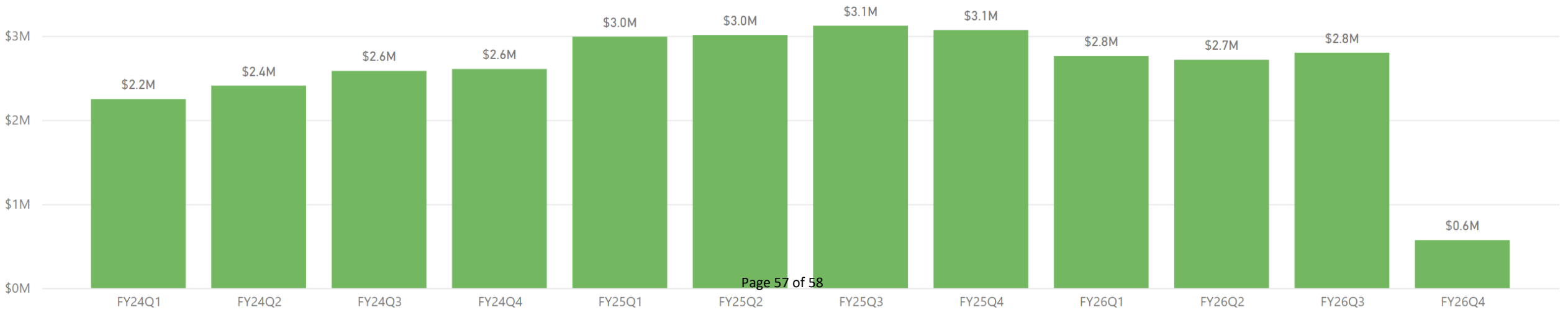
FY25Q4
FY26Q1
FY26Q2
FY26Q3
FY26Q4

Specialized Residential (H2016) - Distinct Consumer Count





Community Living Supports (Paid Amount)



Autism Services - Distinct Consumer Count