



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

2016/2017 Progress Report



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

A Letter from the CEO and Board Chair

2017 has been an exciting and challenging year at the Saginaw County Community Mental Health Authority. The best news of the last year is that the public mental health system remains intact in our state. Threats to move the system as subordinate providers to the private Medicaid Health Plans have been stopped at least for now and instead the 2018-19 focus will be on 2 pilots of behavioral health and physical health integration that will be managed by the Medicaid Health Plans in our state, although at this writing which plans and what regions of the state are yet unidentified. The 2018 MDHHS Budget boilerplate language that provides for these pilots also provides funds for the rigorous research of the pilots by one of our state universities.

In the meanwhile the rest of the Medicaid PIHP regional entities with their CMHSP partners like SCCMHA still have plenty to do.

The CMH System across the state along with their regional entities, in our case Mid-State Health Network, are preparing to support residential and non-residential network providers coming into compliance with a new set of federal regulations called the Home and Community Based Services (HCBS) Rule. Providers that bill for Community Living or Skill Building Service or Supported Employment for both the adult populations of persons with mental illness or intellectual / developmental disabilities will be surveyed for their compliance to these new federal standards, and then given an opportunity to develop and implement plans of correction to all fully come into compliance by March of 2019. These federal rule changes not only serve to support real choices for

consumers in their plans of service but also support, and in fact insist upon, full community integration. CMHSPs that have providers in network that are not in compliance with the rule cannot be supported with Medicaid funding and will be eliminated from CMHSP networks. The stakes for providers and for consumers could not be higher and so we are fully committed to helping our provider network come into compliance with the HCBS Rule.

SCCMHA continues to be focused on serving as many eligible consumers and their families as possible. That was accomplished in 2016 when we served 554 more consumers than in 2015. The data from the current year already reveals at the third quarter, that we will serve even more persons by year end. What we have to offer in the service array is also changing.

We continue to expand and evolve our care coordination and integration efforts with physical health care and to support a whole health and wellness focus in our work. We are newly co-located this year in the CMU Family Practice Clinic affiliated with the new medical school, and at most Saginaw City elementary schools. We continue to maintain our co-located presence at the Emergency Care Center at Covenant Health Care's main hospital campus and at the Great Lakes Bay Health Clinics Site at our main building at 500 Hancock.

We received significant attention this year from the National Council for Behavioral Health in being selected for two unique learning communities. The first initiative is as a member of their Trauma Informed Care Learning Community. This initiative kicked off with our conference attendance in Seattle, WA this past winter. This learning community will help us continue to develop skills and resources to enhance and support the clinical staff of our network, provide training to our community in secondary trauma and improve treatment tools and strategies to aid the many consumers we serve with

a trauma history. The second is the selection of SCCMHA by the National Council as one of 11 mental health centers across the country to join the National Cancer Control Community of Practice which will focus on strategies for smoking cessation work with our consumers, who as a sub-population have a high percentage of active tobacco smokers. This group kicked off activity for the community of practice in Chicago this Spring.

We must be doing something right because MDHHS selected us as a local urban county CMH demonstration site this year for their recent submission to the Substance Abuse and Mental Health Service Administration (SAMHSA) for 5 years of funding through a new grant project called Promoting Integration for Primary and Behavioral Health Care (PIPBHC). The state should learn if this submission will be funded or not sometime in late September.

In addition, we have continued to add service capacity as well as new network resources for services for persons with disorders on the Autism Spectrum. We have expanded our Mobile Urgent Treatment Team resources for youth with significant emotional impairment, and added speech, physical and occupational therapies and registered dietician services to our network.

We have also been building new transitional mental health services for youth aging out of our children's services and moving to adult services but also planning for related life transitions, called "Crossover". This new service transition support will target both youth with emotional disorders as well as those with intellectual and developmental disabilities. Still other new work that will better inform service improvements and consumer engagement can be found in our activities to incorporate responses to primary and secondary trauma, and our work to contribute to organizing around the mental health needs of those with

Sexual Orientation and Gender Identity (SOGI) issues including the development of professional staff training on this subject.

The first half of the year was challenged by serious cash flow issues for SCCMHA but I am pleased to report that our PIHP, the Mid-State Health Network, understood our cash crisis and advanced \$4 million dollars to us to address this issue allowing us to remain responsive to our obligations to claims adjudication for network service providers and payment to other vendors. We are most grateful to MSHN for this assistance.

In closing, we must acknowledge our talented staff and service network members and many business partners. Our ability to address the needs of those we serve would simply not be possible with these valued partnerships.

Regards,


Sandra M. Lindsey, CEO


Phil Grimaldi, Board Chair



FY 2016 Infographic Facts



1,953 individuals received transportation to and from service sites in SCCMHA vans and buses for a total of **355,702 miles**.



269 children received support to attend camp which is a **20.6%** increase from last year.

The Power Of Choice

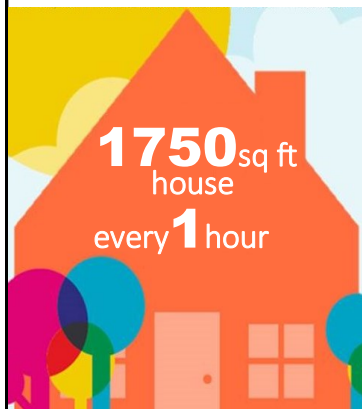


110 persons with intellectual and developmental disabilities and/or with serious mental illness live **self-determined lives**, including hiring their own staff and managing their own service budget.



3,033 persons received supports coordination or targeted case management last year.

In 2016, each Custodial Technician cleaned the equivalent of a



Crisis intervention services were provided to **2,748** individuals in 2016.

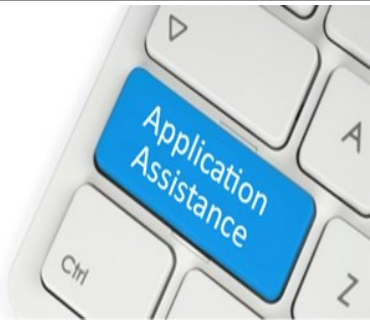


In 2016, **895** persons received occupational therapy, physical therapy, speech, nutrition, and/or nursing supports, more than double that of two years ago.

SCCMHA provided adult or youth Mental Health First Aid Training for **421** persons in the Saginaw Community, including **65** law enforcement personnel.



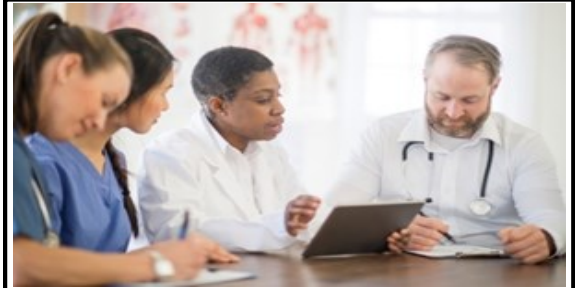
MENTAL HEALTH FIRST AID®



342 individuals were assisted with Medicaid, Healthy Michigan and / or Food Assistance applications last year.



102 children with serious emotional disturbance and their families received wrap-around services in 2016.



1,492 persons with two or more chronic health conditions were eligible to receive Care Coordination in 2016. **119** consumers received their primary care services at the SCCMHA Health Home & Wellness Center from Great Lakes Bay Health Centers.



SCCMHA and its provider network employ **1,131** full time staff equivalencies.

The average audit score for the SCCMHA Service Provider Network was:



SCCMHA provided **413** training classes and **1,494** hours of training to 8,174 attendees in 2016. **397** individuals were trained and certified in CPR and / or First Aid Classes.

In 2016, **431** adults with serious mental illness received



Peer support services



78,800 claims processed in 2016

FY 2016 Infographic Facts



SCCMHA supported **99** persons with housing assistance, and **17** consumers with emergency or transitional housing rent support.

SCCMHA attended **14** health fairs in 2016 providing community information about mental health services.



SCCMHA rolled out **18** mobile devices for Autism and School-based staff allowing the ability to check email and enter key data into the Senti 2 electronic health record while out in the field.



In 2016, **72** NARCAN® kits were distributed to first responders in Saginaw to help prevent accidental drug overdose fatalities. **155** first responders were trained in the administration of this lifesaving medication.



121 primary and secondary consumers are involved in SCCMHA leadership roles, including governance, advisory and quality of life capacities.



FFRC offered **347** wellness related group activities in the support of health for participants in 2016.



27 new, more efficient copiers with scanning, stapling, and hole punching functionality were installed at SCCMHA facilities in 2016.

Strategic Priorities 2016 - 2019

✔ = goal completed NEW = new goal

Strategic Goal 1.1: Increase the Numbers of Persons Served Across All Populations (and Increase Access to Services)

- 1.1.1 Same Day / Next Day Appointments by January 2017 (CCBHC) ✔
- 1.1.3 Implement / Expand Services for Consumers with Co-Morbid Chronic Health Conditions, Hoarding Disorders, Transitional Age Youth, Secondary Trauma, Veterans and their Families NEW
- 1.3.4 Expand Utilization of 9 Touch Protocols within Admissions, Discharges & Transfers Notifications / Planning NEW
- 1.3.6 Explore and Implement Solutions to Consumer Health Care Barriers NEW

Strategic Goal 1.2: Expand the Expectation and Use of the Service Array Across All Populations

- 1.2.1 Work to Serve More Consumers Annually Across All Populations ✔

Strategic Goal 1.3: Demonstrate Improved Consumer Outcomes

- 1.3.5 Select Measures for Medicare Incentive Payment Systems ✔

Strategic Goal 2.1: Leadership CMH Training

- 2.1.1 Development / Implement Supervisory Skills Training (with ASE) ✔
- 2.1.4 Develop / Implement Survey of Leadership in Order to Identify Training Needs ✔

Strategic Goal 2.3: Recruitment

- 2.3.2 Development of Formal Onboarding Process for New staff NEW

Strategic Goal 3.1: SCCMHA Transitions to Meaningful Use Version of Sentri Software

- 3.1.1 Continue to Transition to the Meaningful Use Version of Sentri Software and MIPS in Sentri II EHR and Master Use of Zenith and Care Connect 360
 - Identify Meaningful Use Leadership Group ✔
 - Determine the Behavioral Health Goals We Would Like to See Implemented? ✔
 - Integrated PHI Messaging System Inside EMR ✔
 - Develop Plan for PIPBHC Metrics and Reporting with MDHHS if They are SAMHSA Funded NEW

Strategic Goal 3.2: Future Electronic Expansion

- 3.2.5 Social Media - Add Facebook Push Messaging to Website ✔
- 3.2.6 Move All Agency Copy Machines to New Contracted Standardized Lease Arrangement ✔
- 3.2.7 Expand Televisions in Conference Rooms / Display in Lobby ✔
- 3.2.8 Improve Current 8-1-1 System NEW

Strategic Goal 4.1: Explore and Develop our Potential Roles in Healthcare

- 4.1.1 Continue to Seek Financial Support for Community Care HUB NEW
- 4.1.2 Children's Health Access Program (CHAP) – Determine Sustainability with Medicaid Health Plans ✔
- 4.1.7 Explore Expansion of Telepsychiatry / Telehealth ✔
- 4.1.9 Complete Saginaw CMH Submission with MDHHS to SAMHSA for Promoting Integration of Primary and Behavioral Health Care ✔
- 4.1.10 Submit SCCMHA 298 Pilot Proposal NEW

Strategic Goal 4.2: Core Skills for Workforce on Physical Health

- 4.2.5 Implement "9 Touch" for Core Transitions NEW

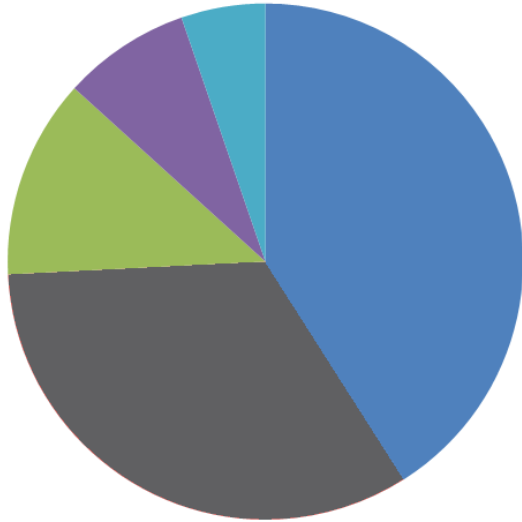
Strategic Goal 4.3: Achieved Certified Community Behavioral Health Clinic Status - Michigan Not Funded

- 4.3.1 Complete Readiness Assessment ✔
- 4.3.2 Participate in Readiness Webinars ✔
- 4.3.3 Develop Work Plan ✔
- 4.3.4 Submit "Request for Certification" ✔
- 4.3.5 Prepare for Site Visit and Launch in January 2017 ✔

Strategic Goal 5.1: Health and Wellness

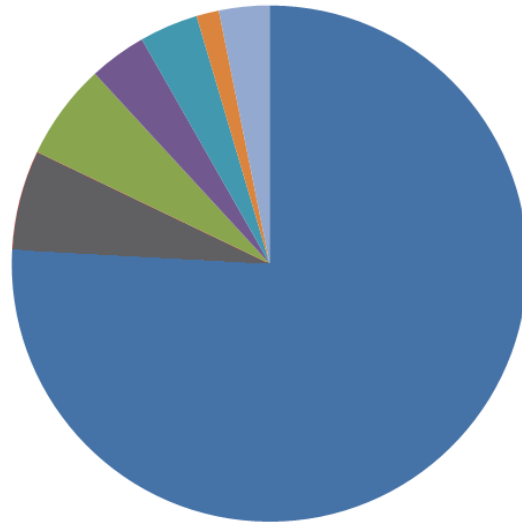
- 5.1.1 Improved Health and Wellness for Consumers, Families, and Caretakers
 - Impact Chronic Conditions by Making Metrics Available to Staff in EHR in Usable Format ✔
 - Develop EBP Wellness Guide ✔
- 5.1.5 Workforce Emphasis on the Importance of Wellness
 - Use of Mobile Self-Help Resource (myStrength) ✔
- 5.1.7 Contribute to the Overall Health of the Saginaw Community
 - Participate in Saginaw CHIP Process ✔
 - Participate as one of 11 Sites in U.S. for Cancer Control Communities of Practice NEW
 - Participate in Planning on Neonatal Abstinence Grant with Michigan Public Health Institute NEW

FY 2016 Financial Information



Expenses Summary

- Adults with Mental Illness: \$30,541,863
 - Adults with Intellectual and Developmental Disabilities: \$24,778,386
 - Children with Serious Emotional Disturbance: \$9,326,799
 - Children with Intellectual and Developmental Disabilities: \$5,963,968
 - Other Programs: \$3,937,399
- Total: \$74,548,415



Revenue Summary

- Medicaid: \$56,287,726
 - Autism: \$4,630,161
 - Healthy Michigan: \$4,475,803
 - General Fund: \$2,666,070
 - Grants: \$2,729,010
 - Local: \$1,050,303
 - Other: \$2,343,361
- Total: \$74,182,434

Performance

Key Performance Indicators

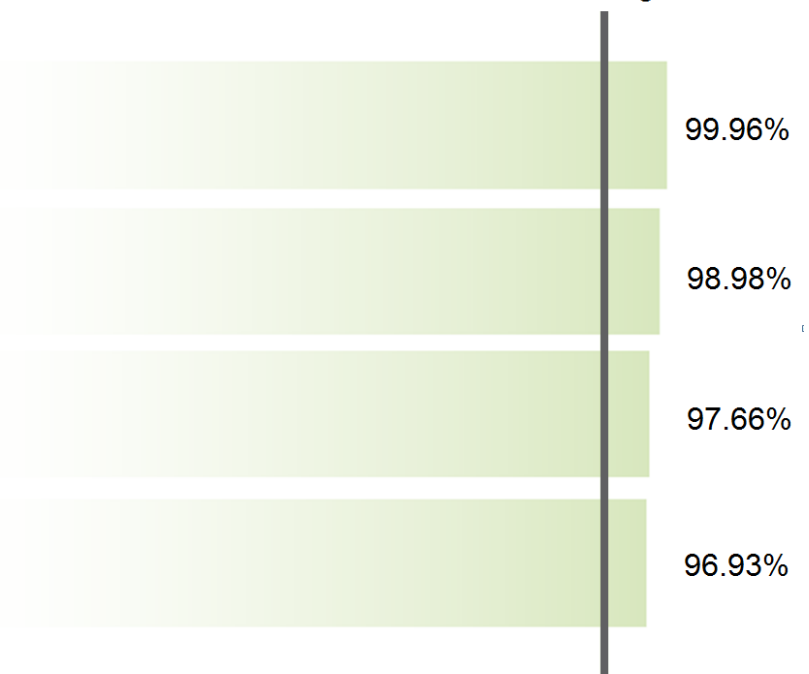
The percentage of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours. (total = 2,729)

The percentage of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. (total = 1,097)

The percentage of new persons starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional. (total = 699)

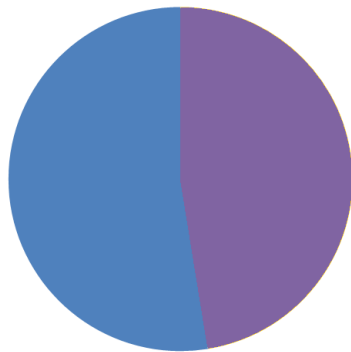
The percentage of persons discharged from a psychiatric inpatient unit that were seen for follow-up care within 7 days. (total = 374)

95% Target



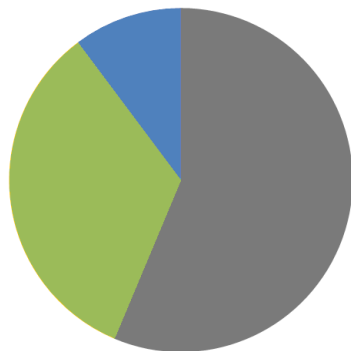
FY 2016 Service Information

The Consumers We Serve



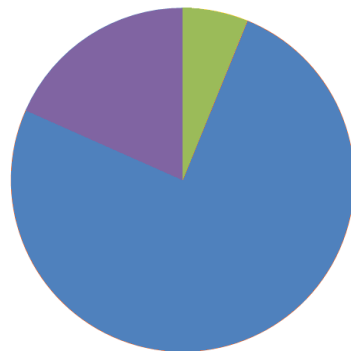
Gender

- Female: 2,953 (47%)
- Male: 3,270 (53%)



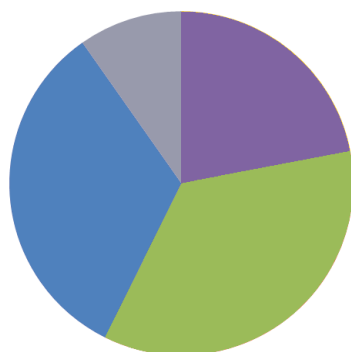
Race

- White: 3,506 (56%)
- Black or African American: 2,081 (33%)
- Other: 636 (10%)



Ethnicity

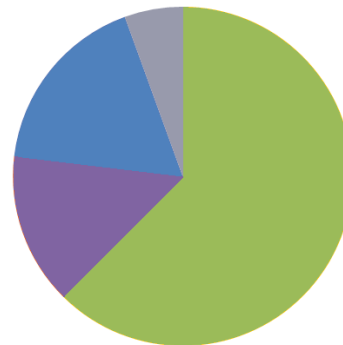
- Hispanic or Latino: 383 (6%)
- Not of Hispanic or Latino Origin: 4,698 (75%)
- Unknown: 1,142 (18%)



Age

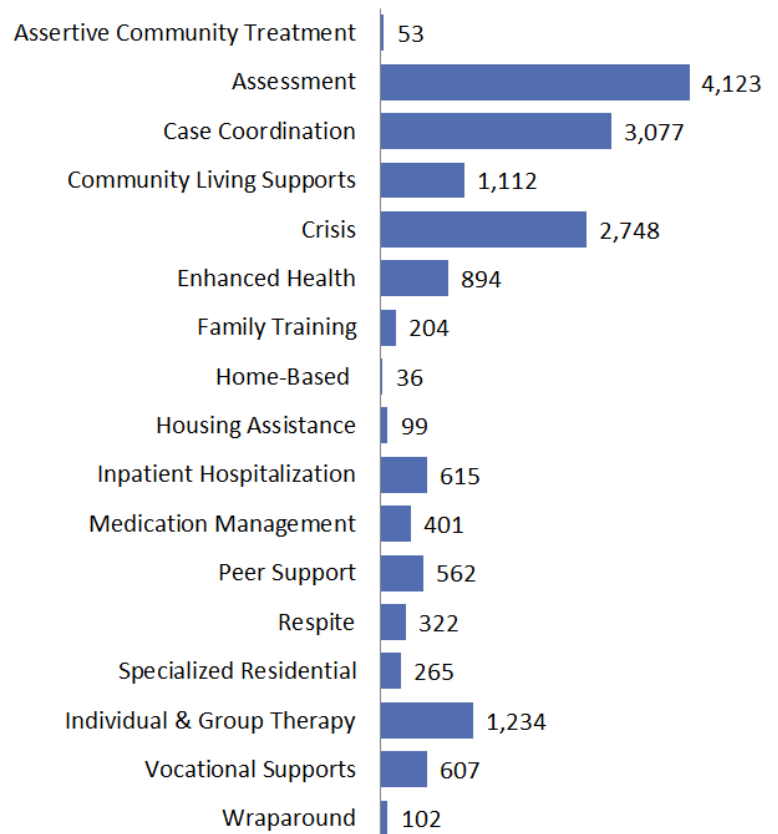
- 0 - 17: 1,370 (22%)
- 18 - 39: 2,196 (35%)
- 40 - 64: 2,050 (33%)
- 65+: 607 (10%)

Number of Consumers Served 2016 Unduplicated (Total 6,223)



- Adults with Mental Illness: 3,881 (62%)
- Adults with Intellectual and Developmental Disabilities: 906 (15%)
- Children with Serious Emotional Disturbance: 1,091 (18%)
- Children with Intellectual and Developmental Disabilities: 345 (6%)

Types of Services Provided/ Numbers of Persons Served



Network Service Providers

Specialized Residential Service Providers

Alternative Community Living, Inc. d/b/a New Passages
Angel's Place Corporation
Bay Human Services
Beacon Harbor Homes, Inc.
Bethesda Lutheran Communities, Inc.
Bright Vision Services LLC
Communications Access Center for the Deaf and Hard of Hearing
Central State Community Services Inc.
Charles and Rose Kelley Open Arms
Flatrock Manor of Fenton, LLC
Holy Cross Children's Services
HomeLife, Inc.
Hope Network Behavioral Health Services
Hope Network Southeast
Hope Network West Michigan
Hopkins AFC Homes, Inc.
Independent Living Solutions, LLC
Jayden Transitional Housing
Kneaded Angels AFC
Krasinski AFC
Patton AFC
Pine Rest
Resident Advancement Inc.
ResCare Premier
St. Louis Center
Sunnyside Home
The Prosperity House AFC
Valley Residential Services Inc.
Wallace Street ALC

Supported Independent Housing (SIP)

Beacon Harbor Homes, Inc.
Bethesda Lutheran Communities, Inc.
Bright Vision Services, LLC
Independent Living Solutions, LLC
JubeJu Co., Inc.

Community Living Support (CLS) Providers

APS Employment Services
Bethesda Lutheran Communities, Inc.
Drexler, Olivia
Jayden Transitional Housing
Lamarr, Moregan
Miller, Matthew
Modrall, Mackenzie
Redmond, Kayla
Samaritas dba Lutheran Social Services of Michigan
Stalsberg, Jodi
Steinhaus, Payton

Respite

APS Employment Services
Samaritas dba Lutheran Social Services of Michigan
St. Mary's Guardian Angel Respite

Choice Voucher/Enhanced Health Service Providers

Paramount Rehabilitation Services
Raphael, Ann
SCCMHA Choice Voucher
SCCMHA Enhanced Health Services

Autism Service Providers

ABA Pathways
ABC Resources, PC
Autism Center of Central Michigan
Bay Human Services, Inc.
Centria Healthcare
Children's Therapy Corner
Nix, Heather, PhD, LP
Saginaw Psychological Services, Inc.
SCCMHA Autism Program
Scmhittel, Megan, LLP
Spectrum Autism Center
Westlund Guidance Clinic

Inpatient Providers

McLaren/Bay Regional
BCA Stone Crest Center
HealthSource Saginaw, Inc.
McLaren Bay Psychiatric Associates
MidMichigan Medical Center—Midland
Pine Rest Christian Mental Health Services
The Memorial Hospital
Trinity Health-Michigan dba St. Mary's Health Care

Children's Outpatient Clinic Service Providers/ Children's Case Management

Saginaw Psychological Services, Inc.
SCCMHA Family Services Unit
SCCMHA Wraparound Unit
Westlund Guidance Clinic

Crisis Service Providers

Alternative Community Living, Inc. d/b/a New Passages
APS Employment Services
SCCMHA Centralized Access Intake
SCCMHA Crisis Intervention Services

Adult Outpatient Clinic (OPC)/Case Management (CSM)/Assertive Community Treatment (ACT)/ Support Coordination (SC)/Independent Facilita- tion (IF) Service Providers

Case Management of Michigan
Disability Network
Hope Network New Passages
Saginaw Psychological Services, Inc.
SCCMHA Community Supports Services
SCCMHA OBRA/ PASARR Unit
SCCMHA Support Coordination Services
SVRC Industries, Inc.
Training & Treatment Innovations

Enhanced Adult Outpatient Providers

Hope Network New Passages
Saginaw Psychological Services, Inc.
Training & Treatment Innovations
Westlund Guidance Clinic

Clubhouse/Employment/Skill Building Services/ Drop-In Center

Friends for Recovery Center
SCCMHA Community Ties North
SCCMHA Community Ties South
SCCMHA Housing Resource Center
SCCMHA Supported Employment
St. Mary's Guardian Angel Respite & Adult Day Services
SVRC Industries, Inc.
Training & Treatment Innovations

Pharmacy Provider

Advanced Care Pharmacy Services, Saginaw, L.L.C.

Fiscal Intermediary

Wilson, Stuart CPA, P.C.

Limited English Proficiency

Communications Access Center for the Deaf and Hard of
Hearing
Interpretalk
V.O.I.C.E. - Deaf Intervention



Contact Information

SCCMHA Main Location

500 Hancock St.
Saginaw, MI 48602
(989) 797-3400

SCCMHA General Information/Switchboard

(989) 797-3400

Service Authorization and Access

(800) 258-8678

Office of the CEO

(989) 797-3501

Recipient Rights Office & Customer Services

(989) 797-3452

Crisis Center: Crisis Receptionist (8 a.m. – 5 p.m.)

(989) 797-3476

Crisis Center (24 hours/after hours)

(989) 792-9732 Toll Free (24 hours/after hours)

Board Meeting and Committee Schedules

Full Board Meeting, second Monday, 5:00 p.m.

Ends Committee, fourth Monday, 5:00 p.m.

Recipient Rights Committee,

third Wednesday, 5:00 p.m., bi-monthly

Executive Limitations Committee,

fourth Wednesday, 5:00 p.m.

Governance Committee, meetings quarterly, to be determined by established calendar

Advisory Committee, first Thursday, 6:00 p.m.



SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Other Locations

Albert & Woods Professional Development & Business Center

1 Germania Platz
Saginaw, MI 48602
(989) 797-3400

Community Ties North

3830 Lamson St.
Saginaw, MI 48601
(989) 272-7208

Community Ties South

17940 Lincoln Rd.
New Lothrop, MI 48460
(989) 845-7336

Towerline Supports Coordination

1040 Towerline Rd.
Saginaw, MI 48601
(989) 754-2288

SCCMHA Child, Family & Youth Services

3875 Bay Rd., Suite 7N
Saginaw, MI 48603
(989) 797-3400

HCCA



HEALTH CARE
COMPLIANCE
ASSOCIATION

