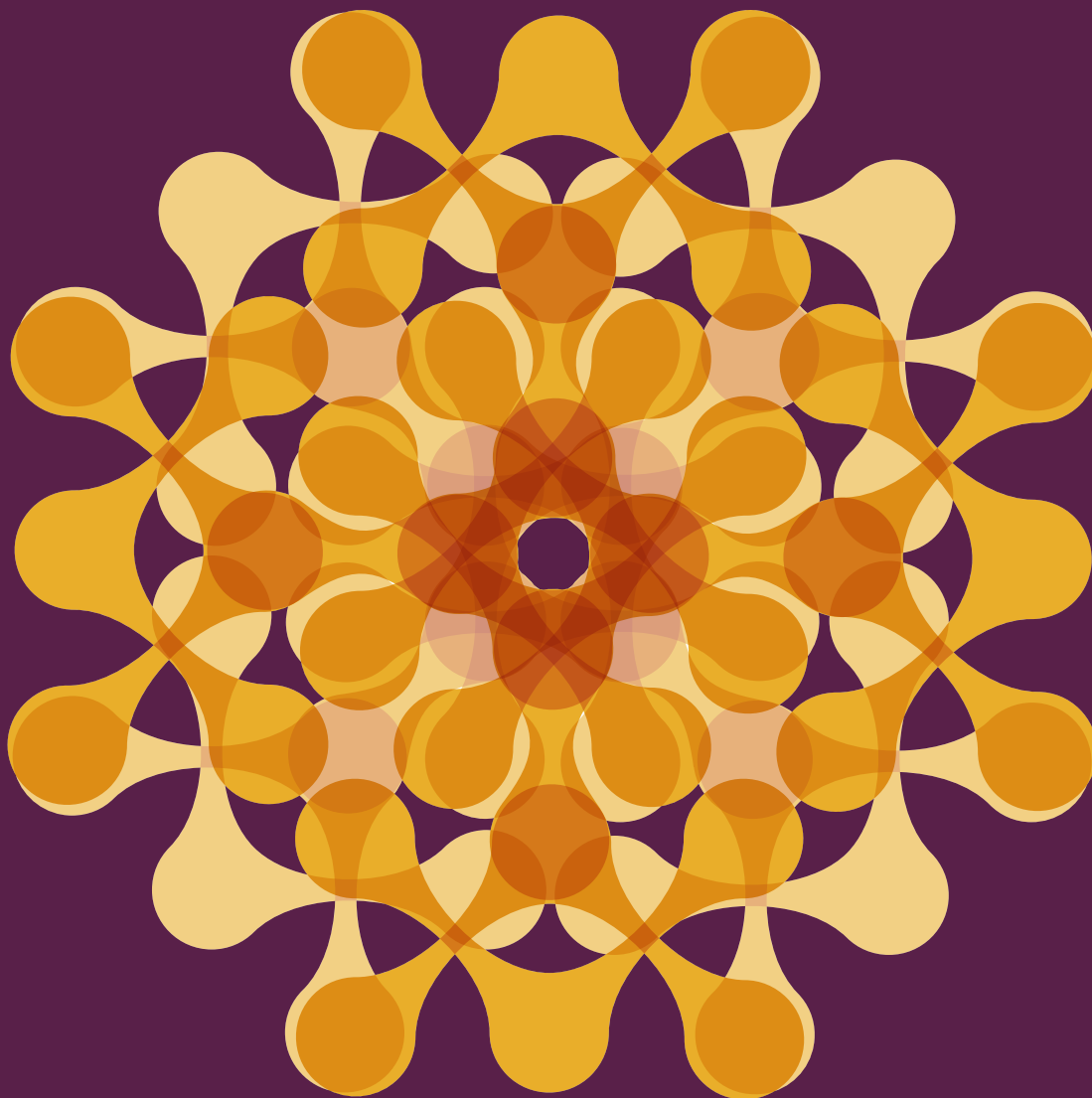


2015-2016 PROGRESS REPORT

# 50 YEARS OF CHANGE

A WORLD OF DIFFERENCE



50<sup>TH</sup>  
ANNIVERSARY

SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY





# A Letter from the CEO and Board Chair

When we get wrapped up in the day-to-day business of making something work, we usually don't have the time to take note of how much is changing. Our business grows, our children grow up, our mental health system evolves, while we're sweating over the details of providing new services, soccer practices and revenue challenges.

That's what makes anniversaries so important: they force us to step back for a second, to look at where we are today and look back over how much has changed in the five, 20, or in this case, 50 years we've been sweating over the details.

Saginaw County Community Mental Health Authority (SCCMHA) was founded in 1966 as part of what had been, up until then, the largest shift in the way our country and our state cared for people with mental illness and intellectual and developmental disabilities. Before the '60s, people with disabilities were taken away from their families, away from their communities and locked away in institutions. People with profound disabilities were considered almost subhuman, living much shorter, much lonelier lives behind institutional walls. They were regrettably

subject to overcrowding and abuse, offered little stimulation or purposeful activity and were often forgotten by family and communities.

The study of how the brain works and the discovery of psychotropic medications sparked a revolution in mental health and disability treatment services, and community mental health providers in Michigan such as SCCMHA were key players in it. The advances in our understanding of the chemistry of the brain, together with tort and legislative reforms, promoted the return of consumers to communities from institutions. Things have continued to change by leaps and bounds since then.

It's amazing how far we've come, and what an exciting time this is. Today, our consumers are not just *in* their community, but *of* their community. They are participating fully in their mental health care — and that mental health care is just one part of a holistic view of their health in general. It is framed by the desire to have as high a quality of life as anyone else.

Because they are in their community, often with family and other supports, consumers have the freedom to direct their own lives. Because we are working harder to connect mental health care with "physical" health care, because our healthcare system is becoming better equipped to help them, consumers will live longer lives. We recognized the value of person-centered planning — having implemented this Mental Health Code provision more than 20 years ago. It requires that consumers and their family and friends are full participants in the planning of the care and treatment provided in the public system.

This has left our system — and the consumers we serve — in an exciting place. Consumers are embracing technology — mostly to work on new strategies of symptom management and self-care activation. New technology — and a more tech-savvy population — offers us new and interesting ways for people to have full partnership in managing and treating mental illness, addictions and even chronic disease.

Our organization has embraced evidence-based practices for a decade now — which helps us plan better, more effective strategies with predictable treatment outcomes to help consumers achieve life goals. We have become much more integrated into the fabric of the community — among the various consumer communities, healthcare providers and the many other social “systems” that also support and interact with our consumers. This puts us in a “sweet spot” — to connect healthcare, behavioral health services and social services to promote even better outcomes for consumers, their families and the community.

While we face many challenges, it’s a very hopeful time too. The best of science is producing medications that help create better outcomes for people. At the same time, the medical community is recognizing, more and more, that medicines alone don’t take care of everything.

We’re helping the entire system get better at addressing the social determinants of health — housing, nutrition, exercise, stress management, income, education and, yes, mental health and

addictions treatment — all the things that drive health outcomes for consumers. That’s where SCCMHA shines as a provider in this state. And we want to keep making the system better.

We will continue to deliver exemplary services to the most disabled population with the most complex needs. And we will continue to develop relationships with primary and specialty healthcare providers so we’re part of a holistic approach to helping people. Just as important is the fact that we are and will remain the behavioral health safety net in Saginaw — and that we take our commitment to behavioral health and disability leadership most seriously.

On behalf of SCCMHA, we would like to offer our thanks to SCCMHA staff, providers, community partners and consumers for 50 years of making a difference. And here’s looking ahead to the next 50.



Sandra M. Lindsey, CEO



Phil Grimaldi, Board Chair



# SCCMHA's Organizational Milestones

## Michigan Department of Mental Health prior to SCCMHA:

- 1942:** The Norm Westlund Child Guidance Clinic is established
- 1953:** The Adult Mental Health Clinic is established
- 1963:** The Saginaw Regional Consultation Center is established

**1974:** The Michigan Mental Health Code, Public Act 258, becomes effective August 1975

**1977:** Work starts on the Community Mental Health Center building

**1979:** The Saginaw County Mental Health Center building is completed and opens in December

**1987:** Saginaw CMH obtains Medicaid Type 21 Provider Clinic Services enrollment for the provision of outpatient counseling, crisis intervention, day treatment, day program, client services management and other services

1960

**1966:**

A CMH Board is formed by Saginaw County under Michigan Public Act 54 of 1963

1970

1980



**1990:** Saginaw CMH enters into a Full Management Contract with Michigan Department of Mental Health wherein Saginaw CMH assumes responsibility for the redirection of state facility funds into community-based care

**1994:** Bayside Lodge is established



1990

**1997:** Saginaw County signs an enabling resolution in May granting Saginaw CMH status as a Mental Health Authority and SCCMHA assumes responsibility for personnel, labor, investments, purchasing, asset management, risk management and other operations functions

**1998:** The collaboration for integrated healthcare for children begins with co-location of SCCMHA staff at Partners in Pediatrics  
SCCMHA awarded first Shelter Plus Care Housing Subsidies from HUD



2000

**2001:** SCCMHA adds its Towerline location

**2003:** The first annual Everyday Heroes recognition event is held

The SCCMHA partnership with Advanced Care Pharmacy begins in December

**2004:** New SCCMHA Mission and Vision Statements and Core Operating Principles are developed

**2005:** The Juvenile Justice Partnership with the 10<sup>th</sup> Circuit Court, Family Division and Saginaw DHS is initiated

An Evidence-Based Practices/System Transformation kick-off is held with the CEO's appointment of an Improving Practices Leadership Team



**2006:** SCCMHA changes its eligibility criteria for uninsured persons with serious mental illness in April due to lack of funding

**2007:** The Crisis Residential Program is expanded to include more beds and moves to a barrier-free facility on Hospital Road in September  
SCCMHA and community partners creates First Responders Guide on Behavioral Health

**2008:** Startup of waiver program for kids with serious emotional disorders

The Community Ties South redesigned Skill Build Program starts in December

The Salter (housing resource) Center is opened

Kick-off event for Trauma Informed Care was hosted by Laurie Beyer

**2009:** The Community Ties North redesigned Skill Build Program and the new Lamson service starts in January

SCCMHA is selected to become the Administrative Service Agency for the Tri-County Michigan Prisoner ReEntry Initiative (MPRI) program, now called Prisoner Reentry, for Saginaw, Bay and Midland counties

2010

**2010:** The Children's Mobile Urgent Treatment Team (MUTT) is initiated

SCCMHA awarded six-year \$9M System of Care children's mental health grant by SAMHSA

SCCMHA begins first wellness messaging to staff and network

**2011:** SCCMHA/HDI (Health Delivery, Inc.) co-location services are initiated

**2012:** A Saginaw Mental Health Court is initiated

A Saginaw Drug Court is initiated

SCCMHA awarded a CMS Innovation/Pathways to Better Health grant which established Saginaw Community Care HUB and community's first Community Health Workers

**2013:** The Albert & Woods Professional Development & Business Center dedication is held on July 30<sup>th</sup>

SCCMHA joins with 11 other CMHSPs throughout 21 surrounding counties to create a new regional entity, the Mid-State Health Network (MSHN), for contracting with MDCH to manage the Medicaid Specialty Services benefit starting January 1, 2014

Central Access Home Visiting grant, affiliated with Care HUB, awarded to help organize providers, establish registry and route referrals

Commencement of Multicultural Training/DMC Project with 10<sup>th</sup> Circuit Court

SCCMHA implements ASD benefit for children 0-6/expanded benefit to 21 years

**2014:** SCCMHA opens Friends for Recovery Center — a new wellness and recovery themed Drop-In Center for adults with serious mental illnesses

SCCMHA awarded \$4M System of Care Expansion grant

SCCMHA awarded \$1.6M Primary Behavioral Health Care Integration grant by SAMHSA to focus upon improving the health status of adults with severe and persistent mental illness with chronic physical health conditions

SCCMHA expands services with increases in Medicaid and Healthy Michigan

SCCMHA leads Behavioral Action Workgroup for County Health Improvement Plan

**2015:** SCCMHA convenes multi-stakeholder Hoarding Task Force

Saginaw Community Care HUB awarded a contract with the Huron County Health Department as part of an MDHHS pilot project for Community Health Workers to conduct outreach to engage uninsured and underinsured women in the Breast and Service Cancer Control and WISEWOMAN programs

SCCMHA's Community Care HUB/ United Way of Saginaw County partner with the Michigan Children's Health Access Program to develop a local CHAP program in Saginaw to improve children's health

SCCMHA trains first 1,000 persons in Mental Health First Aid

50<sup>TH</sup> ANNIVERSARY

**2016:**

Saginaw Community Care HUB begins direct Medicaid Health Plan contracting to support CHAP and community living support/Community Health Workers

SCCMHA's Health Home and Wellness Center is open to consumers. It is a partnership between multiple service delivery units within SCCMHA and Health Delivery, Inc. (HDI). Eligible consumers can now access all of their behavioral and primary health care needs in one convenient location, including: Community Support Services, lab work, primary care, psychological services and Wellness.





## From Institutions to Community Support

# How Mental Healthcare in Saginaw Has Evolved

Fifty years ago the United States was at war — overseas with troops in Vietnam, and with each other over the Civil Rights Movement. There was tension and unrest in every corner of the nation, and change was on the horizon. It was also during this time that the push for deinstitutionalization of mental healthcare took hold, with the focus shifting more towards community-oriented care. Up to this point in history, mental healthcare was primarily provided in psychiatric hospital settings overseen by state governments. People with schizophrenia, alcoholism and depression were housed alongside people with cerebral palsy, epilepsy and “feeble-mindedness.” There were even instances of women being institutionalized for their opinions and “unruliness.” The notoriously overcrowded and inadequate living conditions of many large institutions prompted newspaper reporters like Nellie Bly to take undercover assignments and write exposés from their firsthand experiences. Bly’s book “Ten Days in a Mad-House,” published in 1887, resulted in a grand jury investigation into institutional practices and an \$850,000 increase in the budget of the Department of Public Charities and Corrections in New York. While changes and innovations in patient care helped improve conditions in many institutions as the years wore on, little progress was made in applying scientific treatment methods. By the time the mid-1900s came around, leaders and patients in mental healthcare and treatment were ready for a change.

In 1963, President John F. Kennedy signed into law the Community Mental Health Centers Act, which put into place strict standards for institutionalization so that only individuals “who posed an imminent danger to themselves or someone else” could be committed to state psychiatric hospitals, and provided federal funding for the establishment of community mental health centers. Practitioners and the public had begun to understand that the needs of most mental health consumers could best be met in community programs located as close to a consumer’s family and support systems as possible, and the community mental health movement took hold — marking the beginning of the end for the institutionalization era.

By 1966, the first Community Mental Health Board in Saginaw County was officially established with Dr. Victor Kershul as the appointed inaugural Director who served in this role until 1976. Dr. Kershul was eventually joined by James O’Brien who also served as a Director from 1970 until 1976. During the early years, the Saginaw County Mental Health Department (as it was known then) was headquartered in office space on South Jefferson Avenue and had a presence in multiple additional locations throughout Saginaw — Adult Mental Health Center on Michigan Avenue, Adult Activity Center on Weadock Avenue, Austin House on Austin Street, Child Guidance at Westlund Guidance Clinic on Congress Avenue, Community Hospital on Hospital Road, Crisis Center on Michigan Avenue, Crossroads on Gratiot Avenue, East Side Clinic on Janes Street and Work Activity on Hess Avenue.



While a board of directors had been successfully established and work had begun to provide community-based mental healthcare, the Saginaw County Community Mental Health Authority (SCCMHA) that we know today didn't begin to take shape until 1975. It was then that grant funds were secured for a Mental Health Center at 500 Hancock Street, and construction of the facility began in 1977 under new director Fergus Mann. Between 1975 and 1977, there was much debate about relocating the proposed Mental Health Center to Hospital Road, but with time running out on finalizing plans to secure the available grant funds, the original location of Hancock Street prevailed. When the new Saginaw County Community Mental Health Center opened its doors in December 1979, the facility was home to administrative services, a day treatment program, an adult mental health clinic, the recipient rights office, ELDIR House crisis intervention, and life consultation services. "I still remember the early years of the day program here at Hancock Street," recalled Linda Tilot, SCCMHA Director of Care Management Quality Systems. "The lower level used to have pottery supplies and a fully functioning kiln. There was even woodworking and dance therapy too — it was a very interactive space."

Since the early days on Hancock Street, much has changed. The building continues to serve as the hub for many consumers and staff, but Saginaw Community Mental Health has grown far beyond the original building. To date, the organization has expanded to an additional 11 SCCMHA locations throughout the county, not including our expansive network of contracted providers, all of which administer specific services and supports. From clinical services that address mental and behavioral health needs, to services that address overall health and wellness, help with finding adequate housing, job placement and so much more. SCCMHA leads the way for improving the quality of care and lives of mental health consumers throughout the county.

"While this is a year to celebrate the past 50 years of success, it is also a time to reflect upon all that has changed to better serve persons with disabilities, their families and this community," said SCCMHA CEO Sandra Lindsey. "The advances in pharmacology, evidence-based treatment and interventions, service delivery and life supports, and most recently a focus on health and wellness, are all measures of how far the CMH system has come here in Saginaw, across our state and the entire country."



## Familiar Faces

### *Catching Up with One of SCCMHA's Longest-Serving Employees, Natividad (Steve) Gonzalez*



In 1980 Ronald Reagan defeated Jimmy Carter in the presidential election, 3M introduced the world to Post-it® Notes, the United States hockey team beat Russia for the gold in the Winter Olympics, and Natividad (Steve) Gonzalez began his extensive career with Saginaw County Community Mental Health Authority (SCCMHA). By this time, the deinstitutionalization movement was picking up steam and treatment of mental illness was becoming more community oriented. Gonzalez was a young therapist who was eager to work with mental health consumers and got to experience the transition from hospitalization to community-based care firsthand.

“My first position with SCCMHA was at the East Side Clinic on Janes Street as a therapist,” Gonzalez recalls. “There had been a lot of advances in the understanding and treatment of mental illness by this time, so when I encountered consumers who had been receiving services for an extended period of time, it was fascinating to read their medical charts to evaluate just how much the language we used and treatment methods had changed.”

After his time at the East Side Clinic, he took a position as a therapist at the Saginaw County Jail where he evaluated inmates who were at risk for self-harm before moving into the role of supervisor of the Family Treatment Unit. He then took a position at the Dow Outpatient Clinic before transitioning into the Community Support Services unit where he can still be found today.

“I’ve really been on an awesome journey,” Gonzalez said. “I saw the institutionalization setting as a child when we visited my sister who was doing a Psychiatric Nurse rotation at the Traverse City State Hospital. To see and experience that, then go into the mental health field myself and be a part of the journey that has brought us to this place of collaboration and understanding that we find ourselves at today, has been incredible. Of course change is hard and the transitions we’ve been through over the years haven’t always been easy, but change leads to progress and that means better outcomes for the people that matter most — the mental health consumers we are privileged to serve.”

# From Supernatural Theories to Evidence-Based Practices:

## The Transformation of Mental Healthcare

Mental healthcare has always been a fluid concept, constantly evolving and growing as society learns more about the brain and how the world around us influences our behaviors. By examining remains and cave art that date back to as early as 6500 B.C., scientists discovered that early civilizations believed mental illness was caused by supernatural forces. Other early groups believed that mental illness was caused by body organs shifting out of place which prevented proper functioning of the body as a whole. Famed Greek physician Hippocrates theorized that an imbalance in one of the four essential bodily fluids — blood, yellow bile, black bile, and phlegm — was responsible for physical and mental illness. It wasn’t until the establishment of hospitals and asylums in the 16<sup>th</sup> century that the treatment of mental illness began resembling the clinical models that we recognize today.

Natividad (Steve) Gonzalez, Community Support Services Supervisor for Saginaw County Community Mental Health Authority (SCCMHA), likes to think of the evolution of modern mental healthcare and services in waves. The first wave was the deinstitutionalization movement that took place across the United States in the late 1980s, which led into the second wave of community-based mental health treatment. “The idea of family therapy was just breaking onto the scene at this time, and we really began looking at mental illness through a medical and social lens,” he explained. “This was the beginning of the day treatment programs that we have today, and specialized therapies for individuals and families.”

According to Gonzalez, the third wave of mental health service transformation involved the process of Person Centered Planning, where mental health consumers and their families were heavily involved in the development and execution of their treatment plan. A key foundation of the services that SCCMHA provides today is Person Centered Planning, ensuring consumers have a strong voice in the services and supports that they receive, and this period of time is where that foundation took hold. The fourth wave focused on Evidence-Based Practices (EBP) and transitioning service structures to these models that were scientifically proven to achieve positive outcomes. “I think the introduction of EBPs into the service structure has probably been one of the biggest and most influential changes in modern mental healthcare,” said Robert (Bo) White, SCCMHA Family Services Unit Supervisor. “Honestly, I had a lot of reservations about EBP at first, as I’m sure many people did,” he continued. “This was something that we hadn’t done before as clinicians, but once I really embraced the power of using scientifically proven practices I realized that before that point I had been floundering in my service delivery. We all did the absolute best

we could, but there was no proof that what I and other professionals were doing was going to help the consumers we were serving. EBP created a foundation and framework for us to provide services that others had been able to prove the benefits of time and time again. That was a real turning point in the outcomes we started experiencing in Saginaw.”

So, where are we in the transformation process of modern mental healthcare now? Gonzalez believes we are in the midst of the fifth wave of transformation — a time where collaboration is key, and there is an emphasis on integrated healthcare as well as child and family mental health services. “SCCMHA’s network of service providers and community partners is extensive,” said Gonzalez. “We have SCCMHA buildings all over the county that provide specialized mental health services, but just as important as our own locations are the locations of the partners that we contract and collaborate with.

“From mental health workers co-located in area schools, to collaboration with juvenile justice where we provide mental health screenings, to the emphasis that has been placed on treating the whole person through our partnership with Health Delivery, Inc., mental health services and supports can be found in almost every corner of the county.

“We’re even working with faith organizations through the Open Table model to reach individuals and families that have historically been cautious of involvement in the public mental health system,” Gonzalez continues. “This kind of collaboration is what fuels the work that SCCMHA and our network partners do, and it’s going to be what leads the Saginaw community into a healthier place for future generations. I’m excited to see what the sixth wave of service transformation will bring down the road.”

# The Deinstitutionalization of America

## Reuniting Mental Health Patients with Families and Community Supports

Driving past the old buildings that once housed thousands of mental health patients during the height of the institutionalization era is overwhelming and fascinating all at once. Many of the buildings that were once architectural marvels of their time, with impressive Victorian style construction and sprawling grounds, have been left to crumble away piece by piece if they haven't already been demolished. Looking through the gates and into the darkened windows transports you back to when the buildings were alive with movement and served as the forefront of modern mental health care. The most recognizable institutions, or asylums, were designed in the popular model called the Kirkbride Plan — named after Philadelphia psychiatrist Thomas Kirkbride. Dr. Kirkbride was an influential advocate of an asylum system based on the foundation of Moral Treatment. Under the Moral Treatment model, patients at Kirkbride institutions were encouraged to help work on the grounds as well as participate in other chores, giving them a sense of purpose and responsibility. It was believed that the buildings and grounds themselves were crucial to treating patients experiencing mental health challenges, the fresh air contributing to a healthy environment and more cheerful atmosphere. The grounds were also believed to stimulate and calm patients' minds with natural beauty. Until the rise of community mental health centers came about during the 1960s, these institutions were once the gold standard for mental health treatment in America.

As the popularity of institutionalization grew in the late 1800s, administrations faced the difficult task of overseeing establishments that quickly became overcrowded and at times unmanageable. Advances in medicine and understanding of mental health overall, coupled with President Kennedy's passing of the Community Mental Health Act of 1963 which

provided federal funding for the establishment of community mental health centers throughout the country, marked the beginning of the mental health care management system that we know today.

"The process that was involved in the closing of these institutions was intense," explained Linda Tilot, Saginaw County Community Mental Health Authority (SCCMHA)'s Director of Care Management Quality Systems, who started her career at SCCMHA in 1988. "There were a lot of moving parts and elements that created an opposition to the deinstitutionalization movement when it first started. Families were concerned that these new community mental health centers weren't going to be able to provide adequate care for their loved ones, and mental health advocates were concerned that the community centers wouldn't receive adequate funding to provide needed services and supports. Communities that didn't necessarily understand the spectrum of mental illness were concerned about integrating into their neighborhoods individuals they perceived as potentially dangerous. Of course there was also the UAW, which was vocal on behalf of the staff that ran the institutions. The transition from state hospital managed care to community-based care was not an easy one."

During this time, it was Tilot's responsibility to coordinate the transition of Saginaw County patients from closing state hospitals back to the community. "I oversaw the transition for patients with mental illness, and Linda Schneider (who has also continued her career at SCCMHA and now serves as the Director of Clinical Services) oversaw the transition for patients with developmental disabilities. Both of us started our careers at SCCMHA around the same time, took positions outside of the agency for a short period, and eventually returned to Saginaw to take

on supervisory roles in the agency. Our paths have mirrored each other in a sense, so it's interesting to share this history with someone that I continue to work closely with to this day."

The process of transitioning patients from state hospitals involved an announcement from the closing facility that patients from Saginaw County needed to be assessed and programs to support their treatment needed to be put into place. "When reviewing the admission paperwork of patients that we were preparing to transition, some of what I saw was remarkable," recalled Tilot. "At the time of patients being institutionalized, the reasoning and symptoms made sense to the families and professionals. But by the late 1980s, there had been so many advancements in medicine and understanding of how the brain works that much of the reasoning no longer fit a need for institutionalization. The things that people were sent to state hospitals for back then are things that we would never come close to considering hospitalization for now."

When patients were transitioned from state hospitals to localized services and supports in their communities like Saginaw, funds for their care transitioned with them as well. Local mental health centers were able to use the influx in their budget from these funds to enhance already established services, and build new programs to best meet the needs of mental health consumers in their region. By the time the deinstitutionalization movement picked up steam, the Saginaw County Mental Health Department (now known as SCCMHA) had already established a strong foundation of services and supports, which they were able to build upon and move toward the community-centered model that we see now.

"I think a big part of the success we had in transitioning these patients back to Saginaw was two-fold," explained Tilot. "A lot of what we saw initially had more to do with the damage of being institutionalized than it did with symptoms of mental illness. Once these individuals were in a community setting and receiving adequate, more individualized care, many of them flourished. On top of that, around this time there had also been drastic improvements in medications and we were able to develop treatment plans that really met all of their individualized needs."

Today, the hospitalization landscape is unrecognizable when compared to 50 years ago. Five state-operated psychiatric hospitals remain open in Michigan, significantly reduced from the dozens that once dotted the map. These remaining institutions provide care for individuals whose needs can't be met in the traditional community-based setting or have been ordered to receive hospitalized care by the court system.





Where Do  
We Go  
From Here?

# The Future of Mental Healthcare in America

If anything can be learned from looking back at how far mental healthcare across the nation and at Saginaw County Community Mental Health Authority (SCCMHA) has come over the past 50 years, it's that change is the fuel that keeps us moving forward. Without change, the community mental health model wouldn't even exist. Without change, there wouldn't be the variety of services and supports for consumers to choose from and decide what works best for them. Without change, there wouldn't be proven methods of practice and consistency in the delivery of mental healthcare across the spectrum. And without change, there wouldn't be the web of collaboration that exists today to bring emotional and behavioral support to individuals and families where they need it most. Change isn't always pretty, but it is necessary, and SCCMHA is proud to be proof that great things happen when positive change happens.

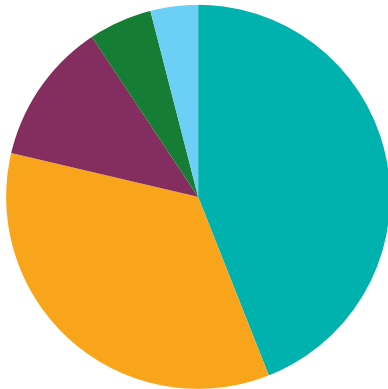
Looking forward to what the next 50 years will bring in the evolution of mental healthcare is difficult to gauge, but the path we are on now indicates that we aren't too far off from a place where, across the nation, mental health and physical health will be treated as one. When a patient visits their physician for a routine checkup or to address a chronic health concern, mental health assessments and evaluations will be part of the normal routine. When a child visits their pediatrician for a wellness checkup or physical, mental health and developmental evaluations will be tracked on the same chart as their height and weight. Integrating mental and physical healthcare is an important milestone in the evolution of healthcare overall, and SCCMHA has proudly been leading this charge in Saginaw for years. Through partnerships with local organizations like Partners in Pediatrics and

Health Delivery, Inc., individuals, children and families have had access to integrated health management and care in settings that are convenient for them. Now with the creation of the new Health Home and Wellness Center at SCCMHA's Hancock Street facility, integrated care has officially become a bedrock principal in the structure of SCCMHA's service delivery.

In addition to integration of healthcare services, integration and collaboration of services from community organizations across the board will be key to the evolution of mental healthcare. Mental health affects everyone, and rarely do challenges surface in medical settings. Services and supports must be available to people where they are, and everyone should know how to identify when a person is in need of those supports. SCCMHA's extensive list of collaborators and partners demonstrates the commitment we have to making sure everyone in Saginaw County has access to the care they need. From partnerships with law enforcement and courts, to community organizations and leadership groups, and even initiatives like Open Table and the Saginaw Community Care HUB, SCCMHA is proud to be a part of making Saginaw a healthier, happier and safer place.

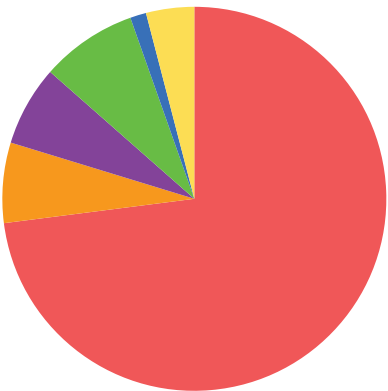
No one can be sure what the future of mental healthcare will look like, but having this opportunity to look back at the progress that has been made across the country and right here in Saginaw over the past 50 years has reminded us of just how far we have come. The opportunities for growth and evolution are limitless when people are open to change.

# FY 2015 Financial Information



## Expenses Summary

- Adults with Mental Illness: \$33,006,159
  - Adults with Intellectual and Developmental Disabilities: \$25,842,537
  - Children with Serious Emotional Disturbance: \$8,963,338
  - Children with Intellectual and Developmental Disabilities: \$4,326,073
  - Other Programs: \$2,834,787
- Total: \$74,972,894



## Revenue Summary

- Medicaid: \$54,134,982
  - Healthy Michigan: \$5,009,346
  - General Fund: \$5,134,332
  - Grants: \$6,062,393
  - Local: \$1,050,303
  - Other: \$3,223,949
- Total: \$74,615,305

# Performance

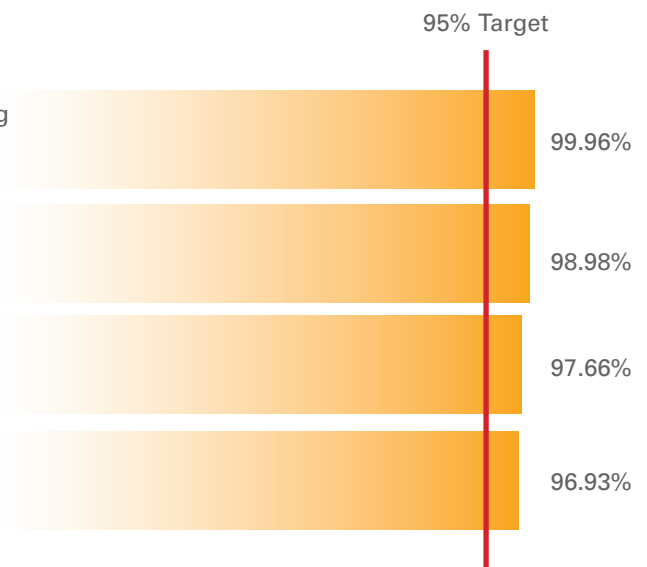
## Key Performance Indicators

The percentage of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours. (total = 2,532)

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 = 976)

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 = 598)

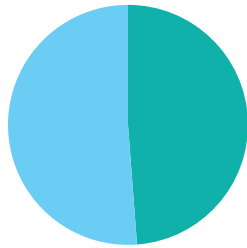
The percentage of persons discharged from a psychiatric inpatient unit that were seen for follow-up care within 7 days. (total = 358)





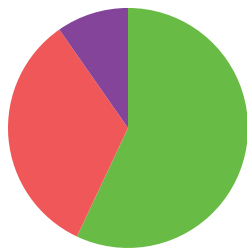
# FY 2015 Service Information

## The Consumers We Serve



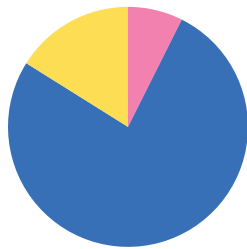
### Gender

- Female: 2,765 (48.8%)
- Male: 2,904 (51.2%)



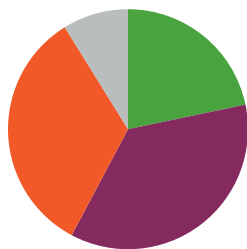
### Race

- White: 3,229 (57%)
- Black or African American: 1,889 (33.3%)
- Other: 551 (9.7%)



### Ethnicity

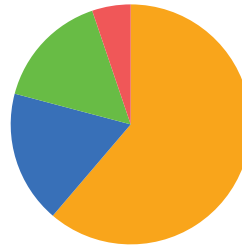
- Hispanic or Latino: 422 (7.4%)
- Non Hispanic or Latino: 4,336 (76.5%)
- Unknown: 911 (16.1%)



### Age

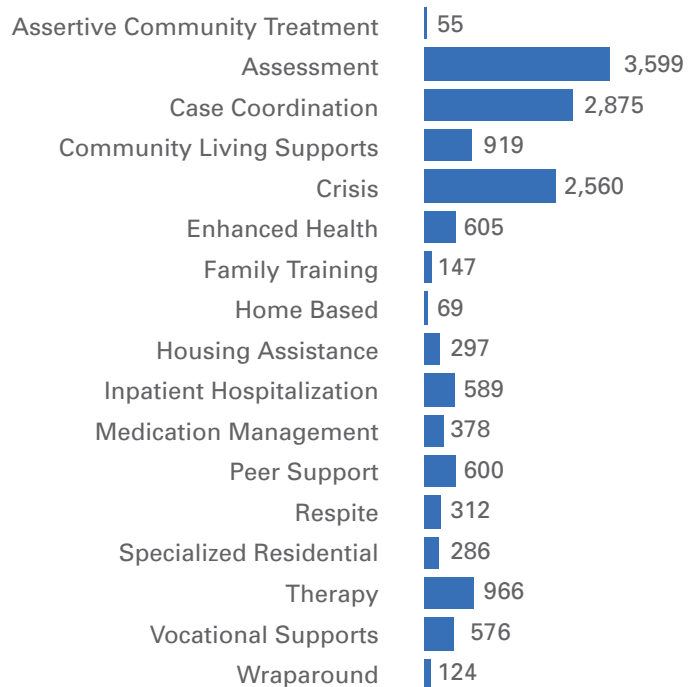
- 0-17: 1,231 (21.7%)
- 18-39: 2,044 (36.1%)
- 40-64: 1,893 (33.4%)
- 65+: 501 (8.8%)

## Number of Consumers Served 2015 Unduplicated



- Adults with Mental Illness: 3,473 (61.3%)
- Children with Serious Emotional Disturbance: 1,013 (17.9%)
- Adults with Intellectual and Developmental Disabilities: 890 (15.7%)
- Children with Intellectual and Developmental Disabilities: 293 (5.2%)

## 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  
CAC for the Deaf and Hard of Hearing  
Caldana Adult Care Services, Inc.  
Central State Community Services Inc.  
Holy Cross Children's Services  
HomeLife, Inc.  
Hope Network Behavioral Health Services  
Hope Network Southeast  
Hope Network West Michigan  
Hopkins Homes  
Independent Living Solutions, LLC  
Jayden Transitional Housing  
Kneaded Angels Adult Living  
Krasinski AFC Home  
Patton AFC  
Pine Rest  
ResCare Premier  
Resident Advancement Inc.  
St. Louis Center  
Sunnyside Home  
The Prosperity House  
Valley Residential Services Inc.  
Wallace Street Partners

## Supported Independent Housing (SIP) Providers

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

## Community Living Support (CLS) Providers

APS Employment Services  
Bethesda Lutheran Communities, Inc.  
Drexler, Olivia  
Fritz, Andrea  
Jayden Transitional Housing  
Kingsbury, Rex  
Lutheran Social Services of Michigan  
Miller, Matt  
Modrall, Mackenzie  
Redmond, Kayla  
Stalsberg, Jodi

## Respite

APS Employment Services  
Lutheran Social Services of Michigan  
St. Mary's Guardian Angel Respite & Adult Day Services

## Choice Voucher/Enhanced Health Service Providers

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

## Autism Service Providers

ABA Pathways, LLC  
ABC Resources, PC  
Autism Center of Central Michigan  
Centria Healthcare  
Children's Therapy Corner  
Saginaw Psychological Services, Inc.  
SCCMHA Autism Program  
Westlund Guidance Clinic



## **Inpatient Providers**

BCA Stone Crest Center  
HealthSource Saginaw, Inc.  
McLaren/Bay Regional  
McLaren Bay Psychiatric Associates  
Memorial Healthcare Center  
MidMichigan Medical Center—Midland  
Pine Rest Christian Mental Health Services  
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 Facilitation (IF) Service Providers**

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

## **Clubhouse/Employment/Skill Building Service Providers/Drop-In Center**

Friends for Recovery Center  
SCCMHA Community Ties North  
SCCMHA Community Ties South  
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.  
Advanced Care Pharmacy Medication Drop Service Program

## **Substance Abuse**

### *Prevention Providers*

First Ward Community Center  
Hearth Home c/o Health Delivery, Inc.  
Prevention & Youth Services  
Sacred Heart Rehabilitation Center  
Saginaw City Police

### *Treatment Providers*

Dot Caring Centers  
Harbor Hall Treatment Services  
HealthSource Saginaw, Inc.  
Holy Cross Youth & Family Services  
dba Kairos Healthcare  
Professional Psychological & Psychiatric Services  
Sacred Heart Rehabilitation  
Saginaw Odyssey House  
Saginaw Psychological Services, Inc.  
Ten Sixteen Recovery Network  
Wedgewood Christian Services

## **Fiscal Intermediaries**

Wilson, Stuart CPA, P.C.

## **Limited English Proficiency**

CAC for the Deaf and Hard of Hearing  
Interpretalk  
V.O.I.C.E. — Deaf Intervention

## 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.

## 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)

(800) 233-0022

## 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) 272-7204

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

## Saginaw County Community Mental Health Authority Board of Directors

Jill Armentrout

Mike Cierzniwski \*

Steve Fresorger

Philip Grimaldi, Chair

William Gutzwiller,

Secretary

John Pugh

Tracey Raquepaw\*

Andrea Schrems

Commissioner Chuck Stack\*

Leola Wilson

Evelyn Wolfgram, Vice Chair

Robert M. Woods, Jr.

### Retired Board Members

Raymond Albert

Robin Humble

Andy Johnson

\* New Board Member

