

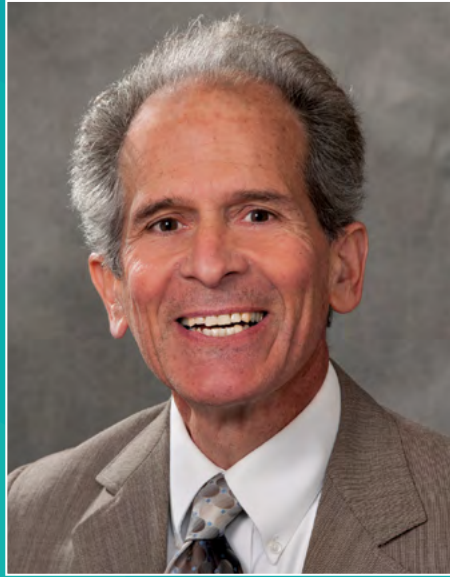


SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

2018/2019
COMMUNITY REPORT



INTEGRATION IN ACTION



IN MEMORIAM
PHILLIP GRIMALDI
1952 - 2019

Saginaw County Community Mental Health Authority mourns the passing of longtime Board Chairman and friend Philip Grimaldi. Phil's distinguished service to the SCCMHA Board began in October of 1997. He passionately served as our Board Chairman for the majority of his tenure up until the time of his passing on April 22, 2019.

Phil's 21 years of leadership and dedicated support of individuals with mental illness, developmental disabilities and chemical dependency will never be forgotten. His level-headed approach, calm demeanor and witty sense of humor will be cherished by his family, friends and fellow board members alike. The Saginaw Community Mental Health community expresses heartfelt condolences to the entire Grimaldi family.

PROMOTING RECOVERY, SELF DETERMINATION, COMMUNITY INCLUSION AND QUALITY OF LIFE

We are pleased to share our 2018/2019 community report with you.

The health care landscape is rapidly changing as it evolves into an “integrated care” model — affecting everything from services provided, methods of delivery, measurement of effectiveness and reimbursement. In this report, we share these trends and what Saginaw County Community Mental Health Authority (SCCMHA) is doing to stay out in front of these changes. You’ll also find highlights of special initiatives we have in place to support the transformation to greater integration of services.

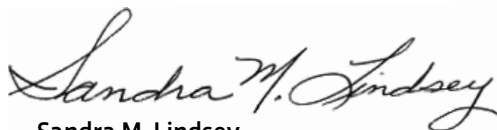
SCCMHA’s primary purpose is serving as the public manager of supports and services for individuals — youth, adults and their families — with mental illness, developmental disabilities and chemical dependency. That is why you will see consumer stories throughout this report that show our belief in their potential, their right to dream and their opportunity to achieve.

In the interest of transparency, you will find our dashboard of metrics highlighting demographics of consumers served, along with sources of revenue and expenses.

We lost a passionate ally in our work with the passing of longtime Board Chair Philip Grimaldi. He believed passionately in providing care to our consumers and worked to that end for more than 22 years. Please read more about his dedication to our organization in the tribute to the left.

We wish to thank all of our colleagues, contracted providers, community stakeholder partners and community friends. It is through your support, commitment, talents and enthusiasm that we are putting integration into action for the future of health care.

Sincerely,



Sandra M. Lindsey
Chief Executive Officer



The SCCMHA, in conjunction with its contracted network, provides a vast array of services and supports to some of the most vulnerable Saginaw County residents and their families, with the goal of promoting recovery, self determination, community inclusion and quality of life.

INTEGRATION IN ACTION

A fast-changing health care delivery landscape requires innovative integration of best practices and coordination of care to meet consumer need.

It can be challenging to explain “integrated care” in this new era of rapidly developing ways to improve the coordination of physical and behavioral health services. There are as many definitions of integrated care as there are approaches, which adds to the challenge of providing a clear, concise explanation of what it is and why it is so important.

Let’s start with definitions. Since 2014, Saginaw County Community Mental Health Authority (SCCMHA) has participated directly with the Substance Abuse and Mental Health Services Administration (SAMHSA) in two grants; Primary and Behavioral Health Care Integration (PBHCI) and Promoting Integration of Primary and Behavioral Health Care (PIPBHC). SAMHSA’s definition of integrated care is:

“The systematic coordination of general and behavioral health. Integrating mental health, substance abuse and primary care services produces the best outcomes, and proves the most effective approach to caring for people with multiple health care needs.” The Agency for Healthcare Research and Quality (AHRQ) considers behavioral health integration to be “care resulting from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health, substance use conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related, physical symptoms and ineffective patterns of health care utilization.”

MEETING HEALTH CARE CHALLENGES WITH CHANGE

As the health care system transitions, health care professionals in every field are being challenged to work toward a single plan of care that addresses physical health, behavioral health and wellness needs; one that requires mental health care providers to become involved with and responsible for a consumer’s general care, just as they are currently involved with and responsible for providing behavioral health care for a consumer along with housing, employment, transportation and food security. In the same way, physical health care providers are being encouraged to collaborate with psychiatrists and mental health case managers to



For more than 50 years, Saginaw County Community Mental Health Authority has been managing care for persons with complex health conditions that require comprehensive and person-centered planning.

identify the chronic health care conditions that require the most attention and to focus on disease management efforts to impact the health of individuals with mental illnesses.

ADOPTING THE PATIENT-CENTERED HEALTH HOME CONCEPT

For more than 50 years, SCCMHA as a public system of health care, has been managing care for persons with complex health conditions that require comprehensive and person-centered planning. The Affordable Care Act, which created a State Plan Amendment to offer Health Homes, was implemented in Michigan in 2014. SCCMHA has adopted the six core services of the Health Home: comprehensive care management; care coordination; health promotion; comprehensive transitional care; individual and family support; and referral to community and social support services – all linked by health information technology. The comprehensive health care management function at SCCMHA endeavors to bring together a person’s physical and behavioral health needs and addresses those through care coordination.

THE COST OF PHYSICAL & BEHAVIORAL TREATMENT

The costs of not treating co-occurring physical and behavioral health conditions in the general population are significant.

- Persons with mental health and substance use disorders (SUDs) have two to three times the health care costs of those who do not.
- People with a mental illness are five times more likely than the general population to have two or more chronic health conditions. Most often it is diabetes, heart conditions and high blood pressure.
- Adults with mental illness die an average of 25 years earlier than the general population because they have multiple medical conditions.
- People with SUDs have a wide range of health conditions that are related to serious disorders such as liver disease, as well as having a greater risk of congestive heart failure and pneumonia.
- In the United States, a baby is born with symptoms of opioid withdrawal every hour.

The presence of chronic and complex conditions is even starker in the Medicaid population.

- Nearly half of Medicaid beneficiaries are identified as having a disability with 50 percent of those individuals having a psychiatric illness.
- Thirty-five percent of Medicaid beneficiaries have chronic mental health or SUDs and 60 percent of those individuals have other chronic physical health conditions. It is estimated that health care spending is 60-70 percent higher for this population and those who have a mental health or SUDs are four to five times more likely to be hospitalized.
- Forty percent of people who qualify for Medicare and Medicaid have both a physical and behavioral health condition and 60 percent of disabled dual eligibles have a mental health condition or substance use disorder (SUD.)

DATA DRIVES HEALTH CARE DELIVERY THROUGH INFORMATION TECHNOLOGY

SCCMHA makes use of one electronic health record across its system, supporting nearly 725 users. We have moved from a paper-based organization to a fully electronic health system to communicate more effectively with our staff and providers. This activity reflects our efforts to improve the quality of care we provide to consumers. Health information is utilized each day to identify consumers who are most at risk. Our information systems help us to identify consumers who may need a blood test to screen for diabetes or high cholesterol, and we have made it convenient for consumers to receive those tests or pick up prescriptions while they are with us at their primary care or psychiatric visit. Consumers can access a patient portal to view their lab results or medications, and we offer consumers digital health support between

appointments through the use of myStrength, an interactive mobile and web-based resource for managing substance use disorder and improving self-care for depression and anxiety symptoms.

INTEGRATION OF CARE FOR THE FUTURE

The goal of our own model is to involve consumers in the process of “whole person” care, and in managing their own health with the provider that sees them most often. For the consumers we serve, that provider is a team of professionals that may include a psychiatrist, nurse, case manager or therapist, and the place where they receive their services is called their “health home.” The health home works to design and provide care around the consumer. We focus on supporting the consumer to follow the recommendations of their providers, and we make a concerted effort to encourage wellness activities.

Sustaining and expanding integrated care programs is a high priority for SCCMHA. As opportunities emerge to further the growth of integrated care programs, including delivery system innovations and collaboration with health system providers, SCCMHA will continue to partner with the goal to improve care and health outcomes for our consumers.



LYNETTE BEIERSCHMITT
Saginaw

• “What I like is getting my health care in one location. Great
• Lakes Bay Health Center doctors listen to me and work with
• me. They take extra time with me to find out what I need.
• It has not always been this way for my medical care. If I
• need any further help, they hook me up really fast with a
• specialist. The clinic feels very personal because of the staff
• — I get in quicker and I don’t have to wait forever to see a
• doctor. I am doing much better, I am not on oxygen anymore
• and have started to lose weight. I feel my health has gotten
• better and I have come a long way. The care of the doctors
• has made all of the difference, because they pay attention to
• all of my health concerns.”
•

ANSWERS TO QUESTIONS ABOUT HEALTH CARE TRANSFORMATION AND INTEGRATION

If you listen to the news about health care, you will hear one subject come up frequently — health care integration. This refers to the blending of care for mental illness and substance use disorders with the care for physical health.

It makes sense in so many ways, but health care reform is complicated. Until recently, health care resources have been locked in funding and operating systems that prevented innovation.

The number of health care integration initiatives across the state of Michigan is impressive. The Community Mental Health Association of Michigan published a report in January 2019 that highlighted health care integration initiatives by its member organizations.

Altogether, there were 650 different projects outlined, each striving to reach goals of better health for people who receive services from the public mental health system in Michigan. There are three themes to these initiatives; blending of information, blending of services and blending of funding. Saginaw County Community Mental Health Authority — in concert with our health care partners — is deeply involved in all three dimensions of health system reform to further health care integration.

These are dynamic times; health care systems are being challenged and are transforming with information, innovation and payment incentives that make it possible. Here we answer some of the most common questions about the transformation and integration of health care. You can learn more about these exciting changes at CMHAM.org and at MDHHS.gov.

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• being challenged and
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•

Q WITH ALL THE CHANGES IN HEALTH CARE, WHAT DOES THE FUTURE OF MEDICAL RECORDS MANAGEMENT HOLD?

A Health care data generated from Medicaid claims is a rich source for learning about the health of our Michigan population. The Michigan Department of Health and Human Services has made this data available to the public mental health system and asked that we use it to identify needs and build solutions. In these times of electronic health records, the average patient has become accustomed to the digital health environment. That includes means of communications among health providers that were never imagined, we communicate almost instantaneously now with Health Information Exchanges, which securely inform our network of providers about admissions, discharges and transfers. This technical innovation is helping break down the barriers between behavioral health and physical health.



**THE HONORABLE
JANET M. BOES**

10th Circuit Court Judge
Saginaw County

“As the presiding Judge for the Saginaw County Adult Drug Treatment Court, I am happy to say we have had the support and commitment of the Saginaw County Community Mental Health Authority (SCCMHA) since we began this program in 2012. Drug treatment courts, sometimes simply referred to as “drug courts,” are specially designed, treatment-focused programs. The purpose is to reduce recidivism and substance abuse among nonviolent, drug addicted, chronic criminal offenders. A drug treatment court involves a collaborative effort in which judges, prosecutors, defense attorneys, law enforcement, probation agents and treatment providers work together as a team. SCCMHA continues to be a valuable member of our Drug Treatment Court Team, providing valuable information and regularly assisting with coordination of services for our participants.”

Q HOW IS DELIVERY OF SERVICES BLENDING AND TRANSITIONING WITH HEALTH CARE INTEGRATION?

A When you step through the door of the Saginaw Mental Health Center at 500 Hancock, you are greeted with numerous service choices. You can see your Great Lakes Bay Health Care physician, and in the next office see your CMH psychiatrist. You can meet with the nurse to discuss your health goals, and get your lab work done. You can also enter the Genoa pharmacy, a full-service pharmacy that will fill all of your prescriptions and, if you need support, deliver your medications and package them in ways that help you stay on track. The Central Access unit is right around the corner, where you can receive same-day service and get help with your health insurance application. This innovation service delivery is called “co-location” and across the state and the country, it is the most powerful approach to integration.

Q AS SERVICES BECOME MORE INTEGRATED AND BLENDED, HOW DOES THAT AFFECT FUNDING?

A The State of Michigan has chosen an innovative approach to incentivizing health care system innovation using Performance Bonus Incentive payments in which a certain percentage of funding is withheld and then paid when health care performance goals are met. Whether it is patient education on tobacco cessation, follow up after hospitalization to prevent readmission, reduction in emergency department visits, or screening for diabetes, all of these are performance measures that we are working on in partnership with the Medicaid Health Plans in order to address public health goals established by the State. Lastly, Saginaw County Community Mental Health Authority has been one of four CMHs in the state of Michigan that is working on a pilot model of blended Medicaid funding.

NEW PROGRAMS AND DIGITAL TOOLS SUPPORT INTEGRATION

PROMOTING INTEGRATION FOR PRIMARY AND BEHAVIORAL HEALTH CARE

“Promoting Integration for Primary and Behavioral Health Care” is a five year, federally funded grant through the Substance Abuse and Health Services Administration (SAMHSA). The State of Michigan is the grantee and has sub contracted with Saginaw County Community Mental Health Authority (SCCMHA) to work with Great Lakes Bay Health Systems (GLBHC), our regional Federally Qualified Health Center, to improve the health outcomes of adults with serious mental illness and children with severe emotional disorders.

It has been widely researched that individuals with serious mental illnesses comprise about 5 percent of the population but use 75 percent of all health care dollars. These individuals are also plagued with chronic health care conditions that remain largely unmanaged due to the impact of having a mental health condition. Studies indicate that adult morbidity is 25 percent higher in comparison to the general population when a serious mental health condition is present with chronic health conditions. Deaths are due to lack of preventative services for common diseases such as diabetes, hypertension and high cholesterol. Adults with mental health disorders may avoid visiting their primary health care provider, may not trust that provider, or may have difficulty understanding or following health care instructions. Additionally, adults with serious mental health disorders may have poor access to transportation, stable housing, nutritious food, or necessary family and community supports to maintain healthy lifestyles.



JORDAN WISE
Freeland

“I never realized that something as small as a pill could have such a huge effect on my life. When I took opiates, my problems seemed to melt away.”

– JORDAN WISE, FREELAND

In 2013, Jordan Wise entered the Saginaw County 10th Circuit Adult Felony Drug Court where he was ordered to residential treatment. This event motivated him to take his road to recovery seriously. For the first time, Jordan began to think about getting off drugs and learned the skills to do so. Flash forward to March 2, 2015, in a courtroom filled with supportive family, friends, members of law enforcement, and public officials, he graduated from the Adult Felony Drug Court program.

Jordan now chairs many Narcotics Anonymous meetings in our community and, in 2018, he was appointed to the Saginaw County Community Mental Health Authority Board of Directors by the Saginaw County Board of Commissioners.

SAMHSA grants have been largely focused on health care integration to improve clinical outcomes, contain costs and improve individual care experience. These grants expect that there will be innovative and thoughtful approaches to address leadership and culture change within the systems that provide services to complex individuals, and, as such, there are no “failed” projects only the realization that to transform systems requires real changes in the approaches to providing health care.

SCCMHA plans to survey over 4,000 individuals in the next five years to measure and track progress and improvements in blood pressure, blood sugar and cholesterol levels; increased engagement with primary care; and engaging individuals who smoke in smoking cessation. At the same time, SCCMHA will advance coordination of care between mental health and physical health care providers and will continue efforts to move its own workforce toward adopting a “whole person” system of care approach when working with individuals with serious mental illness.

mySTRENGTH DIGITAL RESOURCE SUPPORT AND REINFORCED CARE

The digital resource myStrength complements other forms of care, such as medication and working with a behavioral health professional, giving users support that is affordable, accessible and devoid of the negative image that behavioral health care sometimes carries.

myStrength is based on clinical models like cognitive behavioral therapy, acceptance and commitment therapy, positive psychology, mindfulness and motivational interviewing — proven interventions that have helped millions improve and sustain health and well-being. Through use of myStrength videos, self help modules and other content, users build resiliency, manage stress, improve mood, sleep better or simply find daily inspiration. The platform empowers users with individualized pathways, incorporating multiple programs to help manage and overcome co-occurring challenges.

SCCMHA has been in partnership with myStrength since 2015 and offers this digital resource as a confidential and private support to the individuals it serves, as well as support to employees of SCCMHA and the community. Because myStrength is both desktop and mobile accessible, users can connect easily. myStrength also has a rich portal for professional clinicians to augment therapy and support clinical consultation.

PROVIDING ACCESS AND SHARING HEALTH INFORMATION

The Community Electronic Health Record (CEHR) is a secure, confidential and user-friendly website that gives users access to their health information provided by SCCMHA professionals. CEHR is a consumer portal that is all about sharing information. The website provides access to important health information that helps users keep track of information such as their medications, vitals, upcoming appointments and contact information if they want to contact their case manager.

Consumers of SCCMHA register to use the portal by submitting a code and setting up their confidential profile through a personal email account. CEHR is intended to allow consumers or their guardians or parents to have quick access to information that is intended to help them manage their care more effectively.



NETWORK SERVICE PROVIDERS



SPECIALIZED RESIDENTIAL SERVICES

Alternative Community Living, Inc. (New Passages)
 Angel's Place Corporation
 Bay Human Services
 Beacon Harbor Homes, Inc.
 Bethesda Lutheran Communities, Inc.
 Beacon Specialized Living Services, Inc.
 Bright Vision Services LLC
 Central State Community Services Inc.
 Flatrock Manor of Fenton, LLC
 Holy Cross Children's Services
 HomeLife, Inc.
 Hope Network Behavioral Health Services
 Hope Network Southeast
 Hope Network West Michigan

Independent Living Solutions, LLC
 Kneaded Angels AFC
 Krasinski AFC
 Pine Rest Christian Mental Health Service
 Resident Advancement Inc.
 ResCare Premier
 St. Louis Center
 Sunnyside Home
 The Prosperity House AFC
 Valley Residential Services, Inc.
 Wallace Street ALC

SUPPORTED INDEPENDENT HOUSING

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

COMMUNITY LIVING SUPPORT

Albers, Michelle
 APS Employment Services
 Bethesda Lutheran Communities, Inc.
 Klingenberg, Eric
 Miller, Matthew
 Modrall, Max
 Powell, Devyn
 Samaritas (Lutheran Social Services of Michigan)
 Stalsberg, Jodi
 Steinhaus, Payton
 Visiting Nurse Association of Saginaw

RESPIRE

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

CHOICE VOUCHER/ ENHANCED HEALTH SERVICES

Children's Therapy Corner
 Game Changer Pediatric Services, LLC
 Paramount Rehabilitation Services
 Raphael, Ann
 Rhymer, Katrina, LP
 SCCMHA Choice Voucher
 SCCMHA Enhanced Health Services
 SCCMHA Family Support Subsidy

AUTISM SERVICES

ABA Pathways
 ABC Resources, PC
 Acorn Health, LLC (Autism Centers of Michigan)
 Bay Human Services, Inc.
 Centria Healthcare

Mercy Plus Healthcare Services
 Saginaw Psychological Services, Inc.
 SCCMHA Autism Services
 Spectrum Autism Center
 Westlund Guidance Clinic

INPATIENT

Cedar Creek Hospital
 HealthSource Saginaw
 McLaren Bay Psychiatric Associates
 McLaren Bay Region
 Memorial Healthcare Hospital
 MidMichigan Medical Center–Midland
 Pine Rest Christian Mental Health Services
 StoneCrest Center
 Trinity Health-Michigan dba St. Mary's Health Care

CHILDREN'S OUTPATIENT CLINIC SERVICES/ CHILDREN'S CASE MANAGEMENT

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

CRISIS SERVICES

Alternative Community Living, Inc. (New Passages)
 APS Employment Services
 SCCMHA Centralized Access Intake
 SCCMHA Crisis Intervention Services
 SCCMHA Mobile Urgent Treatment Team

ADULT OUTPATIENT CLINIC/CASE MANAGEMENT /ASSERTIVE COMMUNITY TREATMENT/ SUPPORT COORDINATION/ INDEPENDENT FACILITATION

Case Management of Michigan
Disability Network
Hope Network New Passages
Saginaw Psychological Services, Inc.
SCCMHA Community Supports Services
SCCMHA Health Home
SCCMHA OBRA/PASARR Unit

SCCMHA Self Determination
SCCMHA Support Coordination Services
SVRC Industries, Inc.
Training & Treatment Innovations
Westlund Guidance Clinic

ENHANCED ADULT OUTPATIENT

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

FISCAL INTERMEDIARIES

Wilson, Stuart CPA, P.C.

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

Genoa Healthcare, L.L.C.

LIMITED ENGLISH PROFICIENCY

Communications Access Center for the Deaf and Hard of Hearing
Interpretalk
V.O.I.C.E. – Voice for the Hearing Impaired

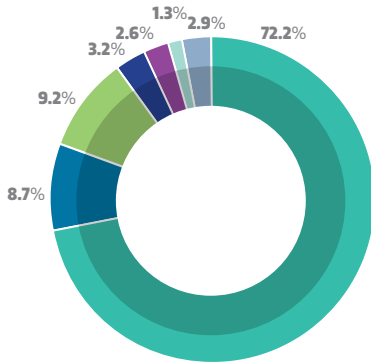
“I have been with Great Lakes Bay Health Centers for three years. They take really good care of me. My progress has been pretty good, thanks to their doctor. The clinic is nice, small and convenient. I also like it because it is tidy and clean. I never feel rushed and I feel like I am asked about what is really going on with me.

I have accomplished a lot because the staff is supportive and understanding. My A1c level went from 12 to 6.8, I have lost over 50 pounds and my blood pressure has improved. They have made sure that I had appointments with a specialist to help me with my legs and they made sure that I have been involved in groups to learn about my diabetes. I am feeling more positive about my health and getting better.”

MELISSA CHAVEZ

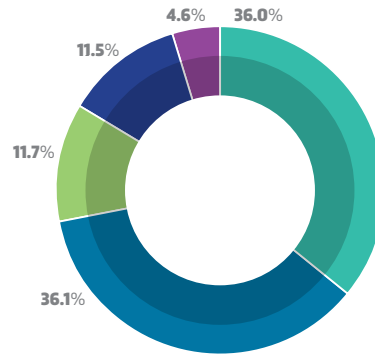
Saginaw

FINANCE & SERVICE INFORMATION



REVENUE

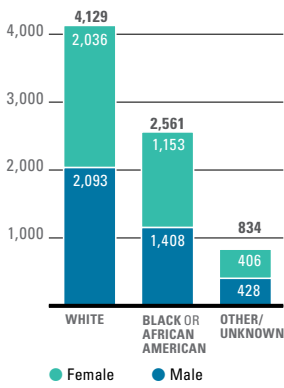
- Medicaid: **\$59,654,356**
- Healthy Michigan: **\$7,149,787**
- Autism: **\$7,612,086**
- General Fund: **\$2,619,501**
- Grants: **\$2,177,136**
- Local: **\$1,050,303**
- Other: **\$2,389,006**



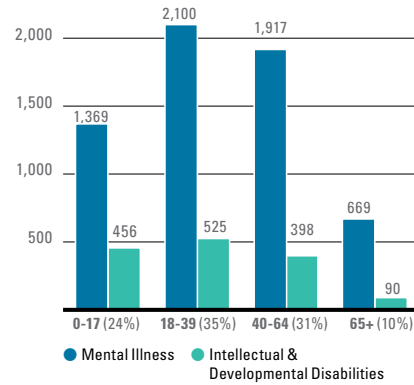
EXPENDITURES

- Adults w/ Mental Illness: **\$29,295,770**
- Adults w/ Intellectual and Developmental Disabilities: **\$29,434,498**
- Children w/ Serious Emotional Disturbances: **\$9,550,571**
- Children w/ Intellectual and Developmental Disabilities: **\$9,405,641**
- Other Programs: **\$3,752,380**

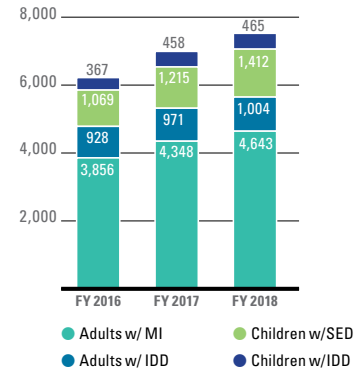
GENDER & RACE



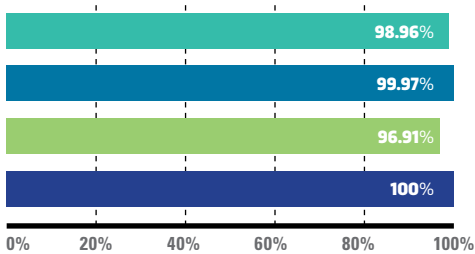
AGE & PRIMARY DISABILITY DESIGNATION



NUMBER OF CONSUMERS SERVED



ACCESS TIMELINESS PERFORMANCE TARGET = 95%



- Percent of persons discharged from a psychiatric inpatient unit that were seen for follow-up care within 7 days (n=480)
- Percent of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours (n=3,243)
- Percent of new persons starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional (n=842)
- Percent of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service (n=1,485)

SERVICE TYPE

| Service Type | Number of Consumers | Number of Services |
|-------------------------------|---------------------|--------------------|
| Assertive Community Treatment | 56 | 6,473 |
| Assessment | 5,328 | 23,783 |
| Autism | 219 | 59,415 |
| Case Coordination | 3,659 | 53,678 |
| Community Living Supports | 1,107 | 123,500 |
| Crisis | 3,102 | 15,628 |
| Enhanced Health Services | 1,974 | 19,142 |
| Family Training | 125 | 1,028 |
| Housing Assistance | 22 | 29 |
| Inpatient Hospitalization | 749 | 1,330 |
| Medication Management | 427 | 3,845 |
| Peer Support | 652 | 12,148 |
| Respite | 363 | 28,946 |
| Specialized Residential | 276 | 25,409 |
| Individual & Group Therapy | 1,822 | 20,275 |
| Vocational Supports | 460 | 34,937 |
| Wraparound | 98 | 2,027 |
| GRAND TOTAL | 7,524 | 431,593 |

BOARD OF DIRECTORS



Tracey Raquepaw
Chairperson



Jill Armentrout



Mike Cierzniwski



Steve Fresorger



John Pugh



Andrea Schrems



Jane Sills



Chuck Stack



Leola Wilson



Jordan Wise



Robert Woods

MISSION STATEMENT

As the public manager of supports and services for citizens with mental illness, developmental disabilities and chemical dependency and their families, Saginaw County Community Mental Health Authority actively strives to develop a system of care and a community that values and embraces the potential and contributions of all individuals with disabilities.

OUR VISION

- A belief in potential
- A right to dream
- An opportunity to achieve

OUR VALUES

In support of our Mission and Vision, we pledge to develop and offer services that:

- Promote individual and community health, as well as treatment of illness and/or disability.
- Are responsive to consumer and community needs.
- Promote consumer choice and maximize self-determination.
- Focus on outcomes.
- Are integrated with the community, including collaboration with other service providers and family caregivers.
- Respect and value consumer rights and cultural diversity.
- Promote innovation and creativity to better serve our consumers.
- Assure accessibility to services.
- Promote an organizational culture committed to a learning organization that is responsive to change.
- Provide services that are cost-effective and efficient.



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

500 Hancock Street • Saginaw, MI 48602



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MAIN LOCATION

500 Hancock Street • Saginaw, MI 48602

ph: 989.797.3400 **fx:** 989.797.3595

24-Hour Crisis Hotline

989.792.97832 or 800.233.0022

sccmha.org  [/sccmha](https://www.facebook.com/sccmha)

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OTHER LOCATIONS

**Albert & Woods Professional
Development & Business Center**

1 Germania Platz

Saginaw, MI 48602

ph: 989.797.3400 **fx:** 989.498.4219

Child, Family & Youth Services

3875 Bay Road, Suite 7N

Saginaw, MI 48603

ph: 989.797.3400 **fx:** 989.797.3523

Community Ties North

3830 Lamson Street

Saginaw, MI 48601

ph: 989.272.7208 **fx:** 989.754.2854

Community Ties South

17940 Lincoln Road

New Lothrop, MI 48460

ph: 989.272.7204 **fx:** 989.845.4650

Salter Place Housing Resource Center

2723 State Street, Suite 3

Saginaw, MI 48602

ph: 989.498.2263 **fx:** 989.790.2370

Supported Employment

1901 Maple Street

Saginaw, MI 48602

ph: 989.797.3400 **fx:** 989.791.1464

Towerline Supports Coordination

1040 Towerline Road

Saginaw, MI 48601

ph: 989.797.3400 **fx:** 989.754.7829

