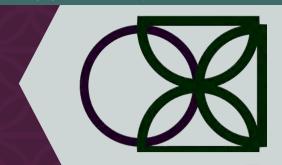
September 2024



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A Message from the CEO, Sandra Lindsey

Greetings to all SCCMHA Network staff members.

With only days left in this fiscal year I want to express my deepest thanks for all your efforts to provide direct persons served services or in your work to provide operational and functional support to service delivery to the SCCMHA Network in your departments, units, or agencies. It has been a busy year to say the least. Regrettably, workforce shortages continue to characterize the challenges of this year magnifying the value of each or your efforts to people served by our system. If you are a new employee to SCCMHA or any of our contracted providers, welcome! You are joining a network of talented and committed professionals doing miraculous things to best serve folks of all ages and disabilities and their families.

As you are no doubt aware, the demand for service access from the greater Saginaw community continues to be higher than we

ever imagined. Our ability to open new cases for service has been hampered by staff vacancies and turnover network wide, further challenging our ability to address the volume of people presenting this year for access. We have seen improvements in staffing of all types and functions in the last quarter and remain hopeful that this trend will continue and improve in FY 2025.

MichiCANS and Electronic Visit Verification Projects

On behalf of the SCCMHA Board of Directors, our administration, and myself, thanks to all the SCCMHA staff and contracted network staff that have helped in ways large and small for our launch of MichiCANS and Electronic Visit Verification for next fiscal year. MichiCANS is a set of new Screening and Assessment Tools for use by clinical staff with children and youth and their families. Electronic Visit Verification (EVV) is a new system that electronically verifies that in-home or community-based services, namely select Community Living Supports and Respite Services are being provided using a cell phone application used by individual providers. You will find more information about each of these projects, which occupied much of the summer across multiple SCCMHA departments in behind-the-scenes preparation, and staff training across the network as separate articles elsewhere in this newsletter.

Continued on next page...

SUICIDE PREVENTION LIFELINE CALL OR TEXT: 988



SCCMHA Recertified as Certified Community Behavioral Health Clinic (CCBHC) by MDHHS for 2025

I want to also take this opportunity to mention that SCCMHA received correspondence from Erin Emerson of MDHHS on August 27, 2024, informing us that we have been fully certified as a Certified Community Behavioral Health Clinic (CCBHC) for FY 2025. This means we have demonstrated the ability to meet the recently enhanced federal CCBHC standards from the Substance Abuse and Mental Health Services Administration (SAMHSA) that have also been adopted by MDHHS. My thanks to all the SCCMHA leadership and support staff that worked so diligently on the MDHHS submission producing the CCBHC recertification result for SCCMHA. The additional funding through CCBHC has been an important addition to our revenue and our ability to meet our budgetary needs. This is especially relevant as the Medicaid funding for 2024 to most PIHPS and their CMHSP partners has proven to be drastically inadequate with a \$93 million shortfall state-wide. In response there is significant legislative advocacy going on with requests for additional funding before year-end. Adding to the funding anxiety has been the uncertainty of the 2025 funding as the Medicaid rates next year have not yet been released by MDHHS.

SCCMHA 2023-2024 Annual Report Released

SCCMHA just last week finally issued our 2023–2024 Annual Report. Competing administrative demands resulted in our inability to publish the report by mid-summer as has been our custom. Each year the annual report is really a reach back to the previous year's data. This year the 4-page report includes many of our reoccurring sections including a listing of Board members and Network Providers, graphics on FY 2023 Revenue and Expenses, 2023 data on number of persons served by disability/disorder subpopulations, and their demographics. You will also find additional infographics to tell more of our story visually versus text heavy reporting. The 2023–2024 Annual Report has been posted to our website and can be found at the following link https://www.sccmha.org/news-and-information/

SCCMHA Delegation Joins 2024 Walk-A-Mile Advocacy Event in Lansing

The Community Mental Health Association of Michigan held their Walk-A-Mile mental health and disability advocacy event in Lansing at the grounds of the state capitol building on September 18th. SCCMHA was well represented by a delegation of 50 people. The delegation included SCCMHA Staff, contracted provider staff, members of our Citizen's Advisory Committee and people served by our network. There is a video of the delegation at the event posted to our website if you would like to take a look https://youtu.be/NLAE_PKS4so?si=tCELmJkpU5L6PwQY

In closing let me once again thank you all for what you do every day to provide quality services to the people our network serves and their families.

Best regards, Sandra M. Lindsey, CEO



New MDHHS MichiCANS Screening and Assessment Tools for Kids in FY2025

The Child Adolescent Needs and Strengths or CANS is a multipurpose information integration tool designed to summarize information gathered from multiple sources and assessments. The CANS was developed at the University of Kentucky Research Foundation and Praed Foundation and senior research and policy analysts have assisted MDHHS with the planning for the implementation of their tools in Michigan. The tools are being contractually required next fiscal year by MDHHS, to support Family Driven, Youth Guided service planning and level of care decisions, facilitate quality improvement initiatives and monitor outcomes of youth served and their families. The CANS is customizable, and the version of the tools used in Michigan is called the MichiCANS.

The MichiCANS makes use of a cross functional multisystem team of people who inform the assessment, and identify action planning and decision making with the youth/family by:

- Summarizing the assessment Process
- Integrating the family's story into planning.
- Providing a shared vision for Coordinating Care and Cross System collaboration
- May help with early identification of needs for both the youth and family and support prevention interventions.
- Supports Change Management

The MichiCANS has two distinct levels of tool application.

- 1. The MichiCANS Screener is the required tool at the point of service access for all infants, toddlers, children, and young adults aged from birth through 20 years of age (until the day prior to their 21st birthday). Information gathered from the screener will provide a recommendation related to potential eligibility for service, guide the determination of needs and strengths, and provide information for appropriate referrals to service.
- 2. The MichiCANS Comprehensive will be used at intake once case assignment is made to help identify areas of need for each child/youth to inform the service planning process. The Comprehensive tool does not replace clinical judgement in determining services in the Individual Plan of Service and may in fact identify the need for additional clinical assessments.

The MichiCANS will be updated annually and when there is a significant change in life circumstance or behavioral health event.

The MichiCANS will be used for every infant, toddler, child, youth, and young adult with Emotional Disturbances and those with Intellectual/Developmental Disabilities.

MDHHS has at the same time, phased out the use and support for the Child Adolescent Functional Assessment Scale (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS), both of which have been used by the public mental health system for decades.

MDHHS, however, has directed the continued use of the Devereux Early Childhood Assessment (DECA) for young children up to 6 years of age with Serious Emotional Disorders.

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MichiCANS Staff Training:

MDHHS sponsored clinical training in the use of the MichiCANS and certification of clinical staff all year by PIHP region. MSHN was the last region to move into the staff training implementation phase. SCCMHA Clinical Network Staff working with children, youth, and young adults have completed the required MichiCANS training or will complete training by the end of October. All these staff must also successfully complete competency testing, scoring at least 70%, on the MichiCANS tool they will be using in their clinical work (Screener or Comprehensive). Going forward, staff will need to retest for MichiCANS competency annually. Clinical administrators across the network also participated in 2 hours of MichiCANS orientation training.

- 77 SCCMHA Network Clinical Staff have participated in the required 10 hours of MichiCANS Training.
- 12 SCCMHA Clinical Network Supervisors have participated in 10 hours of MichiCANS Training including 3 additional hours for clinical supervisors.

Electronic Visit Verification Implementation by October 7, 2024

Electronic Visit Verification (EVV) is a system that electronically verifies that in-home or community-based services are provided to eligible individuals by recording the time, date, and location of the service. For the Saginaw County Community Mental Health Authority (SCCMHA), approximately 14 contracted provider agencies will need to participate in the EVV system. This requirement applies to Community Living Supports (CLS) providers, except for those in licensed Specialized Residential settings. Additionally, EVV also includes providers of respite services, ensuring that all applicable services are accurately tracked and verified.

The individuals that provide these services will use a mobile application on their cell phones that connects to the MDHHS EVV system to indicate their stop and start times with the persons they serve and the system itself has a GPS function built into it to verify the location of service.

On September 9, 2024 – EVV went live for a soft launch for all of the public CMHSP Behavioral Health System.

The EVV system must capture and record the following data:

- The type of service
- The date of service delivery
- The time of service delivery
- The location in which the service is delivered.
- The beneficiary receiving the service.
- The person providing the service.

Behavioral Health services that start and/or stop in the home (POS/Location code 12) require EVV:

- H2015 Community Living Supports (CLS)
- T1005 Respite Care, per 15 minutes



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The following is a list of SCCMHA's Providers that are required to use EVV representing 600+ individual service providers employed by the following SCCMHA Network Providers.

- AbleLight, Inc. (Together w/Friends)
- APS Employment Services, Inc.
- APS Employment Services, Inc. Respite
- Samaritas (DBA) Lutheran Social Services of Michigan Respite
- Flatrock Manor of Woodburne (CLS)
- · Genoa Healthcare, LLC Adult Med Administration
- · Genoa Healthcare, LLC Child Med Administration
- GT Independence (Fiscal Manager for Self Determination)
- HOME Helping Others Means Everything, LLC
- JubeJu CLS 1
- JubeJu CLS 4
- Samaritas dba Lutheran Social Services of Michigan
- Stuart Wilson CPA, P.C. (Fiscal Manager for Self Determination)
- · Voice for the Hearing Impaired

How the EVV Process and Secure Data Exchange Works:

- Payor (SCCMHA) sends the EVV Vendor (HHaX) a file of all Providers who are required to use EVV.
- Payor (SCCMHA) sends the EVV Vendor (HHaX) a file of all Authorizations for EVV Services.
- MDHHS sends the EVV Vendor (HHaX) a file of all Beneficiaries.
- Provider assigns a Caregiver to each Authorization for EVV services in the HHaX system.
- Provider schedules all visits requiring EVV with Caregivers in the HHaX system.
- A caregiver arrives at the scheduled visit, opens the mobile application on their phone, chooses the visit which includes the beneficiary and authorized service and "checks in."
- The caregivers end the scheduled visit and "checks out" using the mobile application on their phone.
- The Vendor, HHaX sends all EVV records to MDHHS.
- Claims are validated with the EVV records.



See Something, Say Something

Written by Security Coordinator Kyle Lipp

September 25th is recognized as National See Something Say Something Day, a campaign spearheaded by the U.S. Department of Homeland Security. This day is dedicated to raising awareness about identifying and reporting potential threats of violence. The initiative encourages individuals to stay alert and inform the appropriate authorities if they notice any suspicious activities. The aim is to strengthen community safety by promoting vigilance and proactive reporting, helping to prevent incidents of violence and terrorism.

Make sure you are aware of the signs of suspicious activity.

- Expressed or Implied Threat Communicating a spoken or written threat to commit a crime that could harm or kill people
 or damage a building or secure site.
- Observation/Surveillance of a Site A prolonged or unusual interest in specific buildings beyond casual or professional
 interest. This could be somebody parking at the building without entering for extended periods or days.
- Photography Taking pictures of videos of persons, facilities, or infrastructure covertly. This can include entrances not
 normally used, security equipment, or personnel as they are coming and going.
- Theft/Loss/Diversion Stealing items that belong to the facility. Items can include uniforms, badges, and equipment. This allows them to blend in and penetrate a facility to cause damage.
- Breach Attempt A non-authorized person trying to get into restricted areas. This also can be used to test the facility's security.
- Eliciting Information Asking questions about a facility more than what the average person would need to know to be there. This is done so they can gain information on the most vulnerable times/places to attack.

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If you notice any signs of suspicious behavior or potential threats, it's essential to report them immediately. At work, inform your supervisor about any concerns or unusual activities right away. If you observe these signs outside of the workplace, contact the local authorities to address the situation. In cases of immediate danger or emergencies, call 9-1-1 without hesitation. Remember, maintaining safety and security is a collective responsibility that involves everyone, not just a specific department. It's important that all individuals are vigilant and proactive in ensuring a safe environment.

Records and Monitoring: Tips for a successful audit

Thorough and accurate record-keeping is crucial for a successful audit. Let's breakdown some key points below to ensure you are on your way to demonstrating full compliance:

- 1. Maintenance of Records and Availability: The provider is responsible for managing medical, financial, and accounting records related to the services provided. The records must be available to SCCMHA, the recipient's managed care plan, or any government agency for ten years after the conclusion or termination of services.
- 2. Regular Record Reviews: Consistent monthly reviews of records are essential. The home manager should review records monthly. The assigned case holder should thoroughly examine medical, financial, and other relevant records related to the services provided during monthly monitoring visits. The provider should make all requested documents available upon request, for review.
- 3. Specific Logs and Reports: Pay attention to specific logs and reports:
 - a. Personal Care & Community Living Support (CLS) Services Logs: These should align with the person's needs outlined in their IPOS.
 - b. Progress Notes: Look for any unusual items, incidents requiring reports, trends, or recurrent behaviors. Referral to a Behavior Specialist may be necessary if needed.
 - c. Medication Administration Log (MAR): Are there any blanks on the log? Are there written Incident Reports on file for medication related incidents?
- 4. Other Considerations: The home manager should be reviewing all documents and reports monthly. The assigned case holder's initials and dates on reviewed documentation and reports serve as proof of their visit.
- 5. **Training and Updates:** Ensure that all staff members are adequately trained and updated about any changes in record-keeping procedures. Regular training sessions can help maintain high standards of record management.
- 6. **Consistency:** Maintain consistency in record-keeping. The format, language, and style of records should be uniform to avoid confusion. Staff should be signing with their name and title.

Remember, the goal of an audit is not just to find faults but to verify that procedures are being followed and identify areas for improvement. A well-maintained record-keeping system can make this process smoother and more efficient.





September is National Suicide Prevention Month

This September, First Choice and SCCMHA partnered to provide National Suicide Prevention Month t-shirts for sale to SCCMHA staff. On Tuesday, Sept. 10, staff were encouraged to wear the shirts for World Suicide Prevention Day.

September is recognized as National Suicide Prevention Month, observed to remember those lost to suicide, the millions of people who have been affected and the families and friends impacted.

Sales raised over \$2600 which went to benefit First Choice and their efforts to assist persons served by SCCMHA.

SCCMHA staff members wore their shirts on Tuesday, Sept. 10 in support of those affected by suicide. For every person who dies by suicide annually, there are another 316 people who thought about it and nearly 60 who survive a suicide attempt.

Reaching out to someone can make all the difference and may save a life.

If you or someone you love is struggling with mental health or suicidal thoughts, call 988 or SCCMHA's 24-hour Crisis Hotline at (989) 792-9732 or (800) 233-0022.







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Peer Support Services: An Essential Support Service in the SCCMHA Network

Written by Mary Baukus

A Peer is an individual with lived experience with a psychiatric, traumatic, and/or substance use condition, and a journey in receiving public or private mental health services and support. Peers are employed in a variety of settings including consumer-run organizations, employment, psychosocial rehabilitation programs, housing outreach, supports coordination, and integrated behavioral health and primary care. They provide direct services to support others with health navigation, accessing resources, and supporting a person-centered recovery journey to achieve community inclusion and participation, independence, recovery, and resiliency. Types of peers in the SCCMHA network include Peer Support Specialists, Youth Peer Supports, Peer Recovery Coaches, and Parent Support Partners.

What does a Peer do?

- Uses their lived experience with mental illness to help others.
- Provides information and support for an individual's recovery.
- Role model in recovery and ongoing coping skills.
- Share their recovery story when appropriate.
- Work to gain the trust of the person with whom they are working.
- Through sharing their story, provides hope to individuals.
- Essential staff to provide services in the Individual Plan of Service.
- Facilitate Peer groups.
- Help with finding employment, housing assistance, resources, etc.
- Help in crisis situations.

The role of a Peer does NOT include giving people rides for miscellaneous errands such as banking or shopping unless there is a specific goal being addressed from the IPOS.

Peers will help by using their personal and practical experience, knowledge, and first-hand insight on recovery from a mental illness and/or substance use disorder, and community inclusion, and independence. They will offer support to persons served to help them discover their hopes and dreams, strengths, and challenges, and develop plans that facilitate progress toward independence, resiliency, and/or recovery. Peers will also support staff in maintaining a recovery/resiliency and trauma-informed orientation by modeling the principles of inclusion, cultural competence, trustworthiness, empowerment, and independence.

Sources: SCCMHA Policy 02.03.0.15 Peer Support Services; Rushman, Sherri, *Great Opportunity Ahead! Why Become a Peer Support Specialist*, Oakland Community Health Network





Walk-A-Mile in My Shoes!

Persons served and volunteers from Saginaw County Community Mental Health Authority (SCCMHA) attended the 2024 Walk-A-Mile in My Shoes Rally hosted by the Community Mental Health Association (CMHA) of Michigan on Tuesday, Sept. 17, 2024.

50 persons served by SCCMHA, as well as staff and other volunteers traveled to the State Capitol in Lansing to raise awareness for community behavioral health services, encouraging lawmakers to learn and do more for Michigan residents living with an intellectual or developmental disability, mental health challenges or substance use disorders.

The rally is attended by representatives from all over the state of Michigan who make statements on how their County Community Mental Health (CMH) service providers help them, as well as a mile-long advocacy walk around the Capitol building.

Saginaw County resident and person served by SCCMHA Lisa Sawyer, spoke at the event on behalf of Saginaw County, highlighting the importance of the services offered to the community and how they have benefitted her.

"I've received services from Saginaw CMH for many years and they've helped me so much in my life," Sawyer said in her prepared remarks. "We want to gather support for future state funding to keep local public CMH agencies in place."

"Seeing every county represented in Lansing, including Saginaw County, is an important show of support in our fight to improve mental wellness in the State of Michigan," said Public Relations Specialist Andrew Fergerson. "SCCMHA will continue doing all we can to help the residents of Saginaw County and continue raising awareness of mental health and the need for continued services on the local level."

CMHA's Walk-A-Mile in My Shoes will take place again next year on Wednesday, Sept. 17, 2025.

To watch a video highlighting the events from this year's rally, follow the link or scan the QR code below:

https://youtu.be/NLAE_PKS4so? si=tCELmJkpU5L6PwQY







MAKE AN IMPACT!



Interested individuals should download the application at: www.sccmha.org/about/citizens-advisory-committee.html

Meetings held 1st Thursday of most months at 6:00PM SCCMHA, 500 Hancock St, Saginaw, MI 48602

\$30.00 Meeting Stipend

TO RETURN FORM OR FOR MORE INFORMATION CONTACT:
Ryan Mulder, Executive Assistant to CEO
PHONE 989.797.3501 EMAIL ryan.mulder@sccmha.org
FAX 989.799.0206



www.sccmha.org



Send a Co-Worker/Friend a quick note and a sweet treat.

The Candy Grams will be delivered on October 30th & 31st. Just in time for Halloween!

\$2.00 a Piece OR

3 for \$5.00 5 for \$8.00

7 for \$11.00 10 for \$15.00

Orders and payment due to Jenna Brown by Friday, October 25th

Also accepting candy donations through Tuesday, October 29th Donations can be given to Jenna Brown at Hancock, Jamie Zimmer at Towerline, Brion Younk at Sup. Emp., Jordan Stanick at Bay Rd, and Melissa Taylor at A&W



You are personally invited to

MEN'S HEALTH ST SYMPOSIUM

BWELL Saginaw HM1



A Call to Action - addressing Saginaw County's Men's Health "Silent Health Crisis." This symposium is designed for leaders and advocates from healthcare, behavioral health, the civic and faith base, community centers, other nonprofit organizations, and from the business community.

THURSDAY, OCTOBER 24, 2024 SAGINAW ART MUSEUM & GARDENS 1126 N. MICHIGAN AVE. SAGINAW MI 48602

Continental breakfast sponsored by:





Blue Cross Blue Shield Blue Care Network of Michigan



Scan the QR code to RSVP or email Sidney Diggs at sidneydi@aol.com

PLEASE RSVP BY OCTOBER 17, 2024



The Symposium is FREE, but registration <u>is required</u>. For more information or questions please contact Dwayne Parker at 810-624-3432. Funding provided by the Saginaw Health Equity Council through a grant from the Michigan Public Health Institute.



MEN'S HEALTH ST SYMPOSIUM



The SAGINAW COUNTY HEALTH DEPARTMENT, SAGINAW HEALTH EQUITY COUNCIL & the SAGINAW ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY INC. present:

A discussion on Men's Health and why it's being called the "Silent Health Crisis"





THURSDAY, OCTOBER 24, 2024 • 9AM-NOON

Saginaw Art Museum & Gardens 1126 N. Michigan Ave. • Saginaw MI 48602



Ava Lewis, PhD Nurse Practitioner SVSU **Moderator**



Dr. Michael Ingram MD, FAPA Director of Behavioral Medicine Great Lakes Bay Health Centers



Armin Brott Co-Founder, President and Chief Communications Officer Healthy Men's Inc.



Dr. Samuel Shaheen, MD President and CEO. CMU Medical Education Partners Professor of Surgery,

A disparity in the atthest tatus for men

shows that women live, on average,

6-8 years longer then men.

Saginaw County remains the most obese county in the State of Michigan.

Saginaw County is among the top eight (8) counties for prevalence of diabetes.

National statistics show that 90% of women have

Saginaw Kappa's



facebook

Saginaw Kappa's instagram

Men die at a higher percentage from 9 out of 10 top causes of death.

a personal physician, only 66% of men do.

Funding provided by the Saginaw Health Equity Council through a grant from the Michigan Public Health Institute

Continental breakfast sponsored by:





For more information contact Dwayne Parker dparker2123@gmail.com or 810-624-3432