SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

SCCMHA FY2023 – MDHHS ANNUAL SUBMISSION

COMMUNITY NEEDS ASSESSMENT, PRIORITY NEEDS, AND PLANNED ACTIONS

EXECUTIVE SUMMARY – AMYLOU DOUGLAS, CIO / CQCO

INTRODUCTION

The purpose of this overview is to provide the reader with a general understanding of the Annual Submission and its function in the Michigan's Community Mental Health Service Program's public mental health program planning and policy implementation. The annual submission is required in the Michigan Mental Health Code and in the CMHSP contract with the Michigan Department of Health and Human Services. The submission is a requirement of the CMHSPs but not of the PIHPs.

The annual submission cover date is always referred to as the year prior to its submission date because the CMHSPs are asked to provide data from the previous year. The submission includes specific forms. On alternating years, a community needs assessment is done; with the off years in the cycle requiring an update of priority planned actions which were derived from the need's assessment from the prior year.

The Annual Submission Reporting Requirements are found in Section 7.8 and Attachment C.6.5.1.1 of the MDHHS/CMHSP Managed Mental Health Supports and Services Contract. The related reporting documents are found on the MDHHS Reporting Requirements website.

SUMMARY OF ANNUAL SUBMISSION CONTENT

There are five forms included in the annual submission this year, they are as follows:

ATTACHMENT A: WAITING LIST

The Mental Health Code, Section 330.1124 requires that CMHSPs establish and maintain waiting lists if all service needs are not met. The purpose of this form is to gather information about the use of waiting lists by CMHSPs and the people waiting for various types of services.

ATTACHMENT B: REQUESTS FOR SERVICES AND DISPOSITION OF REQUESTS

MDHHS will use this report to gather data on requests for services and the disposition of those requests. The reporting categories in the CMHSP Assessment section are consistent with The Standards Group (TSG) established waiting list standards. Additionally, a narrative submission is also required to assist in understanding the information provided.

ATTACHMENT C: COMMUNITY DATA SETS WORKSHEET

The Community Data Sets Worksheet is an annual requirement. It is expected data will be entered and saved into the worksheet year-to-year and used each time the CMHSP conducts a community needs assessment.

ATTACHMENT E: NEEDS ASSESSMENT - PRIORITY NEEDS & PLANNED ACTIONS

This form is a template for CMHSPs to use to identify at least five (5) priority needs following completion of the Stakeholder Survey. This is also completed every two (2) years. Based on feedback received from stakeholder groups and data collected from the stakeholder survey process, the CMHSP must identify the five (5) priority needs. Of these, the CMHSP must identify the areas where it intends to address and what action is being planned in that area.

2023 EXECUTIVE COMPENSATION REPORT

FY2023 Executive Administrative Expenditures Survey for Sec. 904 (2)(i)

2024 SCCMHA STAKEHOLDER SURVEY

STAKEHOLDERS

The stakeholders whose feedback was received consisted of the following community partner types:

Type of Community Partner	Qty
Consumers and Advocates	15
Justice System	9
MH and SUD Providers	7
Education System	5
Primary Health Care	4
Public Health	3
Public library	2
Direct Care	1
Non-profit Reading programs	1
CLS	1
Community Living Support & Respite provider	1
Mental Health Crisis	1
Non-profit	1
Adult Foster Care employee	1

Type of Community Partner	Qty
Prevention	1
Parents of adults with disabilities and ABA providers	1
Police Department	1
Emergency Services	1
Autism Services	1
Social Service Agency/Nonprofit	1
Contracted Provider	1
Behavioral Health	1
Genoa Healthcare Pharmacy	1
Soup kitchen	1
BH providers and education	1
DHS	1
Business, non-profit volunteer	1
Parent	1

SURVEY QUESTIONS & ANALYSIS

QUESTION 1: WHAT DO YOU SEE AS BEING THE MOST SIGNIFICANT MENTAL HEALTH NEEDS THAT ARE NOT CURRENTLY BEING ADEQUATELY ADDRESSED IN OUR COMMUNITY?

1. Juvenile Care
2. Access to Care - Service Availability
3. Staffing - Shortages
4. Homelessness
5. Resource Availability

QUESTION 2: FROM YOUR PERSPECTIVE, WHAT TRENDS HAVE YOU IDENTIFIED THAT SCCMHA SHOULD BE AWARE OF?

1. Juvenile Care
2. Access to Care - Service Availability
3. Staffing - Shortages
4. Homelessness
5. Awareness Programs

QUESTION 3: BASED ON WHAT YOU HAVE SHARED, PLEASE IDENTIFY THE TOP THREE CONCERNS/PRIORITIES.

1. Juvenile Care
2. Access to Care - Service Availability
3. Staffing - Shortages
4. Homelessness
5. Resource Availability

ANALYSIS: AFTER ANALYZING ALL THE DATA RECEIVED THROUGH THE COMMUNITY NEEDS SURVEY AND ANNUAL ASSESSMENT, THE FOLLOWING NEEDS WERE IDENTIFIED.

Juvenile Care	60	Crisis Services	11	Accountability	2
Access to Care - Service Availability	52	Family Support	10	Collaboration - Community	2
Staffing - Shortages	37	Communication	7	Innovations	2
Awareness Programs - General	21	Staffing - Compensation	7	Safety	2
Homelessness	19	Access to Care - Medication/Support	7	Food Insecurity	2
Resource Availability	18	Transportation	6	Quality of Care	1
Interventions	17	Housing	6	Veterans	1
Staffing - Training/Support	15	Awareness Programs - Suicide/Self Harm	6	Senior Care	1
Substance Abuse	14	Employment	5	CMH Administration	1
Special Needs	14	Education	5	Preventative Care	1
Community Activities/Programs	13	Awareness Programs - Trauma	4	Advance Directives	1
Access to Care - Benefit Services/Support	12	Depression	4	Domestic Violence	1

SUMMARY: THE FOLLOWING NEEDS WERE FOUND TO BE OF THE GREATEST IMPORTANCE OF THE COMMUNITY.

1. Juvenile Care
2. Access to Care - Service Availability
3. Staffing - Shortages
4. Awareness Programs
5. Homelessness

PRIORITY ISSUES - SURVEY RESULTS

Based on feedback received from stakeholder groups through the community needs assessment survey and data collected, the CMHSP must identify at least 5 priority needs. Of these, the CMHSP must identify the areas where it intends to address and what action is being planned in that area.

PRIORITY ISSUE 1: JUVENILE CARE

REASON FOR PRIORITY: PRIORITY WAS IDENTIFIED 60 TIMES IN THE RESULTS OF THE COMMUNITY NEEDS SURVEY.

Responses:

- *A lot of children and adults are mentally challenged and need wrap around services to fit all their needs.*
- *anxiety, especially amongst youth*
- *Child behavioral health Interventions.*
- *Childcare is a very high burden on families and is difficult to keep or get jobs when there is a lack of it, especially for infant and toddler care. I am in childcare, so it is something I see a lot of from my point of view.*
- *Children on the autistic spectrum*
- *Children on the spectrum with other disabilities such as ADHD, depression, anger issues, etc.*
- *Drug abuse, harm reduction, homeless people who fall through the cracks, access to mental health treatment, not enough providers, mental health of children and young adults, mental health services for senior citizens, free and low-cost mental health care, trained/experienced providers.*
- *Dyslexia and ADHD in children. Currently I work with children who likely have dyslexia & ADHD. In order to get an IEP for accommodation they must be evaluated and diagnosed. There is only one free resource (CMU) with a 24 month wait. All other facilities are private and cost around $2,000.*
- *EAP programs mostly cover age 13+, not younger. The very young may need services and is an opportunity. Also, connection of the early teens (middle school) to older teens in high school so they know they are loved by their families and peers. Death by suicide is a leading cause of death (per the CDC) among teenagers.*
- *foster care children needing more services along with their parents.*
- *Having someone who is educated in this field come to the schools and conduct presentations to get the word out, so students have someplace to call or talk to*
- *Helping to address social/emotional behaviors regulation. Isolation and unhealthy distractions such as social media/gaming... leading to suicide or other self-destructive behaviors. Parenting crisis... distracted, unable to parent children that become disruptive and abusive.*
- *high rates of anxious children; many kids who are being prescribed ADHD medications that appear to have minimal to no effect on their school performance causing frequent medication changes.*
- *Increase in mental health disorders in younger children.*
- *Inpatient care, children's psychiatric beds and services for teens*
- *In-patient for youth/children; Access to providers (we need more) for all age ranges in the region.*
- *Kids struggle, parents have no help because they are viewed as the roadblock, we are asked to allow kids to do anything with no consequence.*
- *Kids that are being placed in foster homes, and their mental needs of the transition.*
- *Lack of psychologist (specifically child psychologist)*
- *Mental Health for Children*
- *More kids are following trends like furries and cutting.*
- *Not enough beds for mentally ill children or help when they get out for the family.*
- *Social Media anxiety with teens/college students*
- *Suicide, depression and anxiety with teens, college students.*
- *supports for students with disabilities, both school aged and post school*

- *Support for teens and adults.*
- *Teens*
- *Traditional therapy doesn't usually work for children with trauma and mental health.*
- *The need for mental health services in younger children as well as their parent/s*
- *There is a HUGE need for mental health professionals for kids. They are struggling more than ever before, and we do not have the resources for them.*
- *Those of minors. They need someone to talk to over the phone, zoom, or text. Their parents are not always the best or most organized so it's impossible to always get them to meetings. I know you are understaffed and overwhelmed, but I have seen parents or kids try months just waiting for intake.*
- *With the rise of social media, youth are being mistreated more frequently by their peers which causes mental breakdowns.*
- *Youth assessments*
- *Child behavioral health*
- *Autistic specialists be employed.*
- *Counselors especially in rural areas for kids*
- *Mental health with our youth in schools*
- *Ways for students to reach us for help without anyone knowing.*
- *Children/youth options for crisis intervention*
- *In-patient services for youth/children.*
- *Mental health awareness and access to treatment for families with children - quicker intervention*
- *increased residential options for severely mentally ill teens and adults.*
- *A day program for kids to attend after they get out, so they are not just tossed back into school right away.*
- *ongoing wrap around support with school staff.*
- *Parents/Guardians that do not participate in the services for young consumers to receive the services they get.*
- *Kids not being assessed for mental illness.*

PRIORITY ISSUE 2: ACCESS TO CARE - SERVICE AVAILABILITY

REASON FOR PRIORITY: PRIORITY WAS IDENTIFIED 52 TIMES IN THE RESULTS OF THE COMMUNITY NEEDS SURVEY.

Responses:

- *Citizens not getting mental health services.*
- *Benefit issues and not being trained properly to complete.*
- *Drug abuse, harm reduction, homeless people who fall through the cracks, access to mental health treatment, not enough providers, mental health of children and young adults, mental health services for senior citizens, free and low-cost mental health care, trained/experienced providers.*
- *Enough counselors and psychiatrist for those with Medicaid or private insurance; both for adults and kids*
- *Poor person-centered planning, lack of access to federally required resources, poor communication, case management not knowledgeable of available services.*
- *Social security and Medicaid needs; benefit services.*
- *Affordability*
- *Clients not having proper funding.*
- *Affordable family therapy.*
- *Consumers with significant medical needs "being left alone" without treatment, when we know we are able to provide it, but must wait for the system as a whole.*
- *More staff will be available to assist the consumers that have legal issues. One jail diversion specialist is not enough to actually meet the needs of consumers with legal issues.*
- *Building awareness for those with insurance*

- *lack of affordable access to quality mental health treatment*
- *Affordability of both help and medication.*
- *Currently we have an inadequate number of psychiatrists available for evaluations and medication reviews/renewals. Often individuals wait 3 months just for medication adjustments & no affordable evaluations for dyslexia.*
- *Mental health drugs should be a very low-cost or free,*
- *The cost of mental health prescriptions. Latuda is $105 with insurance!*
- *Affordability of help and medication*
- *immediate/same day access to assessments and medication*
- *Cost of Medications*
- *A lot of children and adults are mentally challenged and need wrap around services to fit all of their needs.*
- *access to inpatient services and assisted outpatient treatment.*
- *access to therapy and counseling; so many families share that the wait list for therapist is very long.*
- *Accessibility, appointment availability, wait times, adequate providers with a low turnover rate.*
- *Attachment and disassociate disorders.*
- *Emergency shelter for persons with mental health and/or substance misuse challenges.*
- *I believe that there have been some large barriers with getting mental health treatment for those individuals who are in the Saginaw County Jail. It seems that there have been some difficulties with treatment and aid for those individuals.*
- *I have observed patterns of insufficient awareness regarding available services, delays in addressing cases promptly, insufficient availability of services for all individuals served, and absence of a direct connection to necessary services.*
- *inability to provide treatment for severe, dangerous behavior.*
- *increase in drug use and young adults who lack adequate housing and access to care.*
- *Individuals with mental illness not having enough resources and ending up in the criminal justice system.*
- *Inpatient care, children's psychiatric beds and services for teens*
- *In-patient for youth/children; Access to providers (we need more) for all age ranges in the region.*
- *Kids struggle, parents have no help because they are viewed as the roadblock, we are asked to allow kids to do anything with no consequence.*
- *lack of available follow-up and continued care*
- *Lack of social work staff and an increase in demand for therapy services.*
- *More clients needing services.*
- *More mental health cases every day!*
- *Need for hospital beds.*
- *Not enough beds for mentally ill children or help when they get out for the family.*
- *Not sending people to the MH hospital when they're in crisis! Failing to send people to the best MH hospital for them but keeping the money in Saginaw County!*
- *overall increasing prevalence of the need for treatment and services.*
- *partial hospitalization and access to specialty behavioral health care*
- *Proactive intervention. Even when there are cases open at CMH for Case Management, consumers are not getting help proactively. Also, the need for a more robust assisted outpatient treatment program within Saginaw Count court system.*
- *Screening for adequate hospitalization. More psychiatric hospitals are needed in the community.*
- *severe behaviors that are dangerous in family members, no hospital or long-term treatment options*
- *The slow response time. Inconsistent communication with support coordinators has resulted in different therapists being told conflicting information, on a very regular basis. typically, we have to follow up 2-3 times for any requests/auths/letters of medical necessity. While we understand their caseloads are very full, and the job they have is intensive and time consuming, it is resulting in significant delays in service initiation and completion. We now have a consumer who has waited three months for 3 chewy necklaces for his letter of medical necessity. I've asked for additional clarification as to why the process has taken so much time, compared to before, but have not received word back as of yet.*
- *The wait times that consumers are receiving for start of services (EHS services as a whole) cause unease and distrust in the system that is supposed to help them. Families feel frustrated that it takes upwards of 2-3 months for authorizations to be approved. We most recently had a consumer who waited 3 months for an addendum to occur to the IPOS to authorize an OT*

assessment- this was not the assessment, just the change to the IPOS so the auth could be requested. Support coordinator and supervisor of SC were emailed continually over those three months while we maintained continual contact with CMH. No resolution provided. Upon follow up to address concerns on behalf of the family and the team, we were not responded to and more or less the situation was "left as is". This is one of several instances in the past several years that have been handled the same way. At the end of the day, we tell families we will have services for their child, and they are severely needed, but face long delays just to process any authorizations. Families are not pleased, and we are unable to provide the support they need.

- *Therapy services.*
- *Undiagnosed or unassisted mental health issues. Folks wandering the community, lack of access to transportation, family units disrupted due to mental health issues but no intervention available. Access to mental health assistance is intimidating and often those that are suffering do not want to seek treatment or lack the resources to get there.*
- *More Help from Case managers*
- *inpatient services*
- *access to therapist.*
- *Help for the mental illness.*
- *Increasing need,*
- *Treatment providers are not aware of the impact it has on our community when individuals are not placed on treatment orders for increased supervision of mental health needs.*
- *Continued increase of mental health needs post COVID.*
- *Access to providers for all age ranges in the region.*
- *immediate psychiatric options*
- *Access to mental health treatment for this incarcerated in Saginaw County Jail*
- *Access to timely services*
- *You don't send people to the hospital when they really need help! You make excuses and keep them in crisis!*
- *Beds open*
- *non-in person services*
- *Insufficient availability of services*
- *Significant delays to service implementation which causes families strain and worry over their child receiving services they were told were available.*
- *Intake time*
- *Ways for students to reach us for help without anyone knowing.*
- *counselors who can assess parents and children to determine conditions of parenting time.*

PRIORITY ISSUE 3: STAFFING - SHORTAGES

REASON FOR PRIORITY: PRIORITY WAS IDENTIFIED 37 TIMES IN THE RESULTS OF THE COMMUNITY NEEDS SURVEY.

Responses:

- *A common trend that I also think really impacts the needs of the consumers in Saginaw County is the burnout/turnover rate of case managers. Since some case managers don't keep cases for very long, it is often times that things for the consumers are slipping through the cracks.*
- *access to therapy and counseling; so many families share that the wait list for therapist is very long.*
- *Accessibility, appointment availability, wait times, adequate providers with a low turnover rate.*
- *Adequate capacity work force to provide consistent, quality of care and treatment.*
- *AFC Fall-out Shortage in Mental Health Workers Hybrid work schedules to increase overall wellness for their employees.*
- *Anxiety seems to be very prevalent. We don't have enough LMSWs available for all of the people who could and would be willing to benefit from them.*

- *Currently we have an inadequate number of psychiatrists available for evaluations and medication reviews/renewals. Often individuals wait 3 months just for medication adjustments & no affordable evaluations for dyslexia.*
- *Drug abuse, harm reduction, homeless people who fall through the cracks, access to mental health treatment, not enough providers, mental health of children and young adults, mental health services for senior citizens, free and low-cost mental health care, trained/experienced providers.*
- *Enough counselors and psychiatrist for those with Medicaid or private insurance; both for adults and kids*
- *Enough counselors and services*
- *High turnover rates with providers, leading to low quality patient care.*
- *Lack of diverse staff to understand stigma of mental health.*
- *Lack of LMSW candidates. Lack of training to prepare social workers to work in non-traditional roles.*
- *Lack of mental health therapist. The lack of therapist that their clients can relate with.*
- *Lack of psychologist (specifically child psychologist)*
- *Lack of social work staff and an increase in demand for therapy services.*
- *Minimal providers for residential care for high needs individuals*
- *The wait times that consumers are receiving for start of services (EHS services as a whole) cause unease and distrust in the system that is supposed to help them. Families feel frustrated that it takes upwards of 2-3 months for authorizations to be approved. We most recently had a consumer who waited 3 months for an addendum to occur to the IPOS to authorize an OT assessment- this was not the assessment, just the change to the IPOS so the auth could be requested. Support coordinator and supervisor of SC were emailed continually over those three months while we maintained continual contact with CMH. No resolution provided. Upon follow up to address concerns on behalf of the family and the team, we were not responded to and more or less the situation was "left as is". This is one of several instances in the past several years that have been handled the same way. At the end of the day, we tell families we will have services for their child, and they are severely needed, but face long delays just to process any authorizations. Families are not pleased, and we are unable to provide the support they need.*
- *There is a HUGE need for mental health professionals for kids. They are struggling more than ever before, and we do not have the resources for them.*
- *High turnover rates with medical providers*
- *Staff shortage of adequately paid, quality, professional staff.*
- *Increase the number of psychiatrists in our area.*
- *Diversity and inclusion in healthcare (equity among treatment, placement, and services)*
- *counselors who can assess parents and children to determine conditions of parenting time.*
- *Psychologist to properly diagnose.*
- *Counselors especially in rural areas for kids*
- *Hiring and developing staff*
- *Lack of candidates prepared to work in integrated systems.*
- *Lack of good therapist*
- *Lack of LMSW's*
- *Intake time*
- *shortage of counselors*
- *Consumers with significant medical needs "being left alone" without treatment, when we know we are able to provide it, but must wait for the system as a whole.*
- *SCCMHA does NOT comprehend how to truly meet the MH needs of the community! Lack of educated staff to make an accurate MH dx!*
- *Delays in addressing cases promptly.*

PRIORITY ISSUE 4: AWARENESS PROGRAMS

REASON FOR PRIORITY: PRIORITY WAS IDENTIFIED 21 TIMES IN THE RESULTS OF THE COMMUNITY NEEDS SURVEY.

Responses:

- *Education about mental health to the community - for patients and agencies that interact with sufferers.*
- *embracing the educational programs that are being implemented in Saginaw.*
- *Having someone who is educated in this field come to the schools and conduct presentations to get the word out, so students have someplace to call or talk to*
- *I have observed patterns of insufficient awareness regarding available services, delays in addressing cases promptly, insufficient availability of services for all individuals served, and absence of a direct connection to necessary services.*
- *Increasing need, decreasing resources, increasing ignorance*
- *Mental health in families; from CPS, foster care and even homelessness. There is a lot going on in the community with mental health disfunction with little or no awareness/intervention. If someone is looking for assistance transportation is a huge issue. Drug induced psychosis.*
- *Poor person-centered planning, lack of access to federally required resources, poor communication, case management not knowledgeable of available services.*
- *Thankfully, there has been an increase in removing the "stigma" of mental health care needs and normalizing the need for self-care.*
- *We have a handful of individuals who are homeless in our community who the public commonly calls 911 on because of the behavior and or mental state then we have to kick them out of these private property locations but they don't meet criteria for petition/ protective custody and never are seen by mental health until things get worse and something bad happens. Having someone who can go out and talk to these people may be helpful to them and the community.*
- *Tackling social isolation*
- *ongoing wrap around support with school staff.*
- *Too many resources need a centralized job in our community.*
- *Community resources to improve social determinants of health.*
- *Presentations both in schools and out of school, kind of like an AA meeting but for mental health*
- *lack of affordable access to quality mental health treatment*
- *social acceptance of mental health*
- *Public knowledge on how to access services.*
- *Mental health awareness and access to treatment for families with children - quicker intervention*
- *increasing ignorance*
- *Addictive behaviors: drugs, alcohol, but also phones/social media*
- *Youth awareness*
- *Drug abuse, harm reduction, homeless people who fall through the cracks, access to mental health treatment, not enough providers, mental health of children and young adults, mental health services for senior citizens, free and low-cost mental health care, trained/experienced providers.*
- *EAP programs mostly cover age 13+, not younger. The very young may need services and is an opportunity. Also, connection of the early teens (middle school) to older teens in high school so they know they are loved by their families and peers. Death by suicide is a leading cause of death (per the CDC) among teenagers.*
- *Helping to address social/emotional behaviors regulation. Isolation and unhealthy distractions such as social media/gaming... leading to suicide or other self-destructive behaviors. Parenting crisis... distracted, unable to parent children that become disruptive and abusive.*
- *Suicide Intervention*
- *drug use and harm prevention.*
- *Suicide*
- *I think family and generational trauma are huge needs within the community and while clinicians can assess and work with an individual on their trauma, it is challenging when trauma and traumatic parenting continues to occur.*

- *Traditional therapy doesn't usually work for children with trauma and mental health.*
- *The health and well-being of individuals with developmental disabilities greatly depend on their social inclusion. Furthermore, it serves as a robust predictor of favorable results following the occurrence of trauma. Thoroughly examine the importance of incorporating mental health as a fundamental aspect of diversity, equity, and inclusion. The issue affects individuals from various backgrounds and identities and has a significant impact on their overall quality of life.*
- *The lack of understanding parents have about the trauma they expose their children to through substance abuse and Domestic Violence. A lot of trauma work has been done with professionals in the community, but until parents understand how their actions impact their children the cycle will continue.*

PRIORITY ISSUE 5: HOMELESSNESS

REASON FOR PRIORITY: PRIORITY WAS IDENTIFIED 19 TIMES IN THE RESULTS OF THE COMMUNITY NEEDS SURVEY.

Responses:

- *Drug abuse, harm reduction, homeless people who fall through the cracks, access to mental health treatment, not enough providers, mental health of children and young adults, mental health services for senior citizens, free and low-cost mental health care, trained/experienced providers.*
- *Homelessness*
- *Homelessness is really affecting mental health in our consumers. Depression and anxiety have been affected significantly because of it.*
- *Homelessness. Spending downs have been tougher to navigate which has increased consumers not being able to afford medications which is leading to more decompensation.*
- *Housing and after-hours crisis services. I can think of two people in our community who are sleeping outside because they have no access to housing or programs to get them into housing. Very few people often have a crisis Monday- Friday 8 to 5. We have no access to after-hours services. We were recently told MRSS program would be able to come out to provide services. However, they have been called several times and said they do not come out to a residence. They also just talk to the person on the phone, which for someone in crisis is usually not helpful.*
- *I believe more needs to be done to help the homeless, as I feel many of these people suffer not only from mental issues, but also substance abuse.*
- *I think there are some serious needs for individuals who are struggling with homelessness. I know that CMH does not solely have a way to deal with this but without stable housing it becomes difficult to address other needs.*
- *Increased homelessness. Food insecurity. Substance abuse.*
- *No one checks on the homeless in Saginaw County. Many if not all have mental health issues.*
- *Undiagnosed or unassisted mental health issues. Folks wandering the community, lack of access to transportation, family units disrupted due to mental health issues but no intervention available. Access to mental health assistance is intimidating and often those that are suffering do not want to seek treatment or lack the resources to get there.*
- *Veterans, and homeless needing mental needs.*
- *We have a handful of individuals who are homeless in our community who the public commonly calls 911 on because of the behavior and or mental state then we have to kick them out of these private property locations but they don't meet criteria for petition/ protective custody and never are seen by mental health until things get worse and something bad happens. Having someone who can go out and talk to these people may be helpful to them and the community.*
- *We have a lot more admissions in the winter. I believe it's because it's so cold outside.*
- *Shelters full*
- *Being homeless*
- *Homeless*
- *Homeless people with mental health issues are not getting treatment.*
- *increase in drug use and young adults who lack adequate housing and access to care.*

- *Housing for those with mental health issues.*
- *Housing and quality care for adult children with disabilities*
- *Lack of affordable housing/somewhere to be*

PLANNED ACTIONS

PLANNED ACTIONS - PRIORITY ISSUE 1: JUVENILE CARE

CURRENT:

SCCMHA's Children, Family, & Youth Services

Home Based Services provide intensive services to children and their families with multiple service needs who require access to an array of mental health services.

Infant and Early Childhood Mental Health Services provide psychotherapeutic intervention to pregnant women and families with infants and young children (focus on ages 0-6 years) who are experiencing significant stress and worry in their lives.

Wraparound Services for children and adolescents and their families that uses a highly individualized evidence-based planning process facilitated by trained Wraparound facilitators.

Case Management Services that assist families and youth using a Family-driven/ Youth-guided approach to design and implement strategies for obtaining services and supports that are goal-oriented, individualized and outcome focused.

Child/Youth & Family Psychotherapy Treatments are designed to prevent deterioration, reduce maladaptive behaviors, maximize skills in behavioral self-control or restore or maintain normalized psychological functioning, reality orientation and emotional adjustment.

Youth and Parent Education Groups include Parent Management Training-Oregon and Dialectical Behavior Therapy.

Family Therapy looks beyond the child and helps reduce behavioral issues, build communication, and strengthen healthy relationships within the family.

Psychiatric Services are frequently used when a child might benefit from psychiatric medications and include a psychiatric evaluation and ongoing medication reviews to monitor the medication and dosage for efficacy and any side effects.

Transition Age Youth Services treatment and support for youth 14-21 years of age, transitioning from children's services to adult services, including from foster care to independence.

Family Support Partners are services designed to help families of children with severe emotional disorders.

Respite Services temporarily relieve a parent or unpaid primary caregiver of providing personal care and supervision at their family home, in the community, at after school locations and camp settings.

Community Living Supports are designed to help your child become more independent and productive through service from Direct Support Professionals at your home or with your child in the community.

Autism Spectrum Disorder (ASD) Services Behavioral Health Treatment including Applied Behavioral Analysis (ABA) services are available for children and young adults up to age 21 years of age.

Individual/Group Therapy helps improve functioning and develop more appropriate interpersonal and social relationships.

Supported Employment Services utilizing an evidenced based model, provides support to individuals to secure and maintain employment in the community.

Family Support Subsidy program provides financial assistance for families who care for their children with special needs so that the child may remain with and/or return to their birth or adoptive families.

SCCMHA's Strategic Priorities

1.1.3 Continue to develop school-based mental health services for elementary children.

1.1.4 Develop and enhance Crisis / Mobile Response and Stabilization Service at Front Door for 24/7 service delivery access. Extend MRSS hours to 24/7, utilizing the newly awarded MI Kids Now Grant.

1.2.4 Improve adequacy of service array with special emphasis on Substance Use Disorders, Mild / Moderate Disorders, Mobile Crisis Response and Stabilization Service, Psychiatry, Nursing and Ancillary Health

Zero Suicide Initiative Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools. The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable.

SED Waiver, Children's Waiver Program provides additional services to Medicaid State Plan coverage for youth with a Serious Emotional Disturbance (SED). Provides community-based services to enable youth who would otherwise require hospitalization to remain in home and community settings, and who would otherwise not be eligible for Medicaid-funded support.

I/DD Programs and services provide a variety of supports that focus on promoting individual choice, building community inclusion, and treatment plans promoting Person Centered / Family Centered Process. These include Supports Coordination / Case Management, Psychiatric Services, Enhanced Health Services, Individual/Group Therapy, Supported Employment Services, Respite and Specialized Group Home Services to accommodate all ages and populations.

Youth Case Manager / Juvenile Court Liaison provides services and support to youth that have court involvement. They are available for mental health and risk assessment screening, consultations, training related to mental health issues for individuals who work in juvenile detention, juvenile court, and other organizations within the court system.

School-Based Care: Great Lakes Bay Health Centers operates two School-Based Health Centers inside of two Saginaw High Schools. These services are available during school hours and open to all students ages 5-21. This allows for consistent, convenient, and carefree medical services-including everything from sports physicals and well-child visits to treatment of illness, injuries or chronic conditions to counseling and health education. This approach helps to ensure the best care possible for the students right in their school.

Access Stabilization for Children (ASC) program was developed to ensure that children and youth (aged 0-21) who have completed an Intake Assessment to start services, and are at an imminent risk for inpatient hospitalization, foster care placement, a disruption in their current foster care placement, or potential involvement with the Juvenile Justice system, are provided immediate intervention. Start of services for a typical case occurs within 14 days of the initial Intake Assessment; however, the ASC program ensures that within 24 hours, the child/youth and their family will be contacted to schedule their first appointment and begin creating a safety plan and behavior support plan to be utilized by child/youth/family/staff/etc. until a primary team can be assigned. The ASC team will act as primary case holder for the child/youth up to 65 days until an appropriate primary team has been assigned.

School Based Services provided by Network Providers SCCMHA contracts with Providers within the county-wide network to provide therapy services to youth-aged individuals in a school-based setting. Working with youth in a school setting helps to ensure that necessary services are being provided on a regular basis to individuals needing a less intensive level of service.

BWELL SAGINAW COMMUNITY HEALTH IMPROVEMENT PLAN:

BWELL Saginaw Community Health Improvement Plan Strategy (Map #3): Improve the implementation of nutrition standards in schools. Healthier meals and improved nutrition for students.

BWELL Saginaw Community Health Improvement Plan Strategy (Map #6): Improve access for mental health services in all Saginaw County schools (early screening, clear path to services available and enough provider capacity building countywide). Increase in the number of youths receiving help to appropriately deal with their feelings, especially depression and anxiety. Increase in the number of youths reporting improved mental health.

POTENTIAL FUTURE:

CrisisConnect Expansion to schools & other community partners SCCMHA has rolled CrisisConnect out to police departments in the county and has had positive feedback from community leaders on the program. Requests for expansion to aid education and community partners who interact with youth have become more prevalent as a need for Saginaw County.

Expanding Youth and Parent Education Groups to include clinics addressing Mental Health issues, solutions, and prevention available to small groups of consumers (ranging between 6-10 families). Topics can include self-harm and suicide prevention, conflict management/resolution, emotional intelligence, and coping with mental health conditions.

Broaden availability to Juvenile Justice Liaison to include Friend of the Court, Probation and Foster Care Consultations this position currently provides support and services to youth within the court system, by expanding to include other groups that assist youth within Saginaw County, this could drastically improve collaboration across organizations as well as provide the youth in the community additional support when it comes to mental health.

Promote SAMHSA's "Talk. They Hear You." Campaign: SAMHSA's national youth substance use prevention campaign helps parents and caregivers, educators, and community members get informed, be prepared, and take action to prevent underage drinking and other substance use.

SAMHSA's Project AWARE (Advancing Wellness and Resiliency in Education) program: Grantees leverage partnerships to implement mental health-related promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged youth have access and are connected to appropriate and effective behavioral health services.

PLANNED ACTIONS - PRIORITY ISSUE 2: ACCESS TO CARE - SERVICE AVAILABILITY

CURRENT:

SCCMHA's Services

Mild to Moderate Service Availability & Expansion SCCMHA through the expansion of CCBHC now provides services for individuals who have mild to moderate mental health needs via telehealth appointments with our licensed practitioners.

Substance Use Disorder (SUD) services expanded Services for individuals with a diagnosed Substance Use Disorder (SUD) who are not also diagnosed with a mental illness are now able to receive outpatient treatment services. Previously, services for these individuals were not available for individuals experiencing only a SUD and required someone to be experiencing both mental illness and an SUD to receive services from SCCMHA or a contracted

provider. SCCMHA now can provide outpatient SUD services to individuals in need, as provided by a contracted Network Provider within Saginaw County. SUD services include therapy and recovery coach/peer support at minimum.

Health Home Clinic providing opportunities for whole person care The SCCMHA Health Home and Wellness Center strives to provide services to support a person's health and wellbeing in addition to mental health. Staff collaborate with primary care and specialty care providers to coordinate and promote whole person care.

Central Access & Intake (CAI) Expansion is the first stop for anyone wishing to receive services from SCCMHA. Expanding availability to services through telehealth appointments, ability to fast-track eligibility screening and psychiatric appointments, and getting consumers placed on the path for services tailored to their needs.

SCCMHA's Strategic Priorities

1.1.4 Develop and enhance Crisis / Mobile Response and Stabilization Service at Front Door for 24/7 service delivery access. Extend MRSS hours to 24/7, utilizing the newly awarded MI Kids Now Grant. Expanded Mobile Response and Stabilization (MRSS) services to adults in Saginaw County. Implement Crisis Connect – Virtual connection between MRSS / CIS and local law enforcement. Extend service hours to address the increased need for services and allow for care to be easily accessible for individuals seeking and receiving services. MRSS staff to begin with 24-hour-a-day services on Friday and Saturday.

1.2.1 Work to serve more consumers annually across all populations regardless of ability to pay or residence.

1.2.4 Improve adequacy of service array with special emphasis on Substance Use Disorders, Mild / Moderate Disorders, Mobile Crisis Response and Stabilization Service, Psychiatry, Nursing and Ancillary Health

1.2.5 In accordance with the CCBHC (Certified Community Behavioral Health Clinic) model, establish and provide outpatient mental health and substance use services, either directly or through designated collaborating organizations (DCOs), to ensure that services are available to all consumers.

Sliding Fee Scale also known as the Ability to Pay Program is an application process through admission that allows individuals who are uninsured or non-Medicaid eligible to provide documentation of household information and proof of income to determine if eligible for the program.

CEHR Patient Portal is available for consumers to view their private, secure, and confidential personal health information and allows communication with various healthcare providers. This is a one-stop location for consumers to view medications, appointments, resources, and so much more at a time that is most convenient for the individual.

Telehealth Opportunities available for Central Access & Intake (CAI), Mild to Moderate mental health services, Crisis Services, and some other services are now available through telehealth to provide consumers a method of communication without having to come into one of our facilities for appointments.

Transportation Partnerships and Vouchers SCCMHA has partnered with STARS and several local Taxi companies to provide vouchers and transportation for consumers who lack the ability to travel to their appointments.

BWELL SAGINAW COMMUNITY HEALTH IMPROVEMENT PLAN:

BWELL Saginaw Community Health Improvement Plan Strategy (Map #7): Develop a new model of multi-agency collaboration to improve access and serve as a point of entry for mental health services. Increase in people receiving mental health services. Improve navigation and access to mental health services.

BWELL Saginaw Community Health Improvement Plan Strategy (Map #8): Build/Expand mental health navigators. Outcomes: Increase in people receiving mental health services. Improved navigation and access to mental health services.

POTENTIAL FUTURE:

Behavioral Health Urgent Care as an extension of the Crisis Intervention Services and Mobile Response and Stabilization Services allowing individuals who are struggling with their mental health but don't feel it is a crisis an opportunity to seek treatment or talk to someone without going to the emergency department or contacting our Mobile Response Team.

CrisisConnect expansion to other community organizations to allow our community members to reach out to SCCMHA Crisis Teams for individuals in their care to adequately receive treatment necessary for their mental health. These organizations can include homeless shelters, schools, and rural first responders.

Creation of a Service Flowchart to help consumers understand the wide service array provided by SCCMHA and the paths we provide for care including Child, Youth and Family programs, substance use disorder programs, Adults with Mental Illness programs, and Intellectual and Developmental Disabilities programs.

Provide Consumers with Discount Prescription Options through partnerships with discount prescription providers, Genoa Pharmacy, or providing a list of vetted discount prescription companies to consumers to take the hassle out of finding a legitimate and safe online or local pharmacy for their mental health prescription drugs.

"Drop In" Hours for outlying areas could provide support networks and counseling through group interaction and social activities in smaller communities across the county. As part of the Community Ties programs, building upon the success of these groups and bringing more resources to rural areas of the county.

Website Contact Us expanding our website availability to contact SCCMHA directly for non-crisis related questions and information regarding our services and availability.

PLANNED ACTIONS - PRIORITY ISSUE 3: STAFFING - SHORTAGES

CURRENT:

SCCMHA's Strategic Priorities

> **Strategic Goal 2.3:** Staff Retention, Recruitment and Supporting Equity, Diversity, & Inclusion (DEI) Among the Workforce and Network - **2.3.1** Development of new formal onboarding process for new staff.

Recruiting Firms specialize in sourcing, vetting, and connecting skilled candidates with job openings, thereby helping organizations overcome staff shortages by efficiently identifying and securing talent.

Retention Bonuses provide financial incentives to employees to encourage them to stay with a company, thereby mitigating staff shortages by reducing turnover rates and maintaining workforce stability.

Signing Bonuses offer immediate financial incentives to attract new hires, effectively addressing staff shortages by enticing qualified candidates to join the organization swiftly.

Referral Bonuses incentivize current employees to recommend qualified candidates, thereby aiding in filling staffing gaps by leveraging existing networks and encouraging recruitment of suitable talent.

Diversity, Equity, and Inclusion (DEI) initiative SCCMHA recognizes the need to affirm, expand and solidify our commitment to cultural and racial equality; to take necessary steps as a positive role model for the community we serve to promote a stable, health, safe environment for our workforce and those we serve.

SVSU School of Social Work – Closer Relationship with SCCMHA for SW Practicum Placements the purpose of this collaboration is to highlight SCCMHA and our contracted network as a preferred choice for practicum placement to address the workforce shortages across the network.

POTENTIAL FUTURE:

Training programs for current and incoming staff not limited to subjects focusing just on their selected career fields. Expanding the educational opportunities will assist staff in their personal and professional endeavors as well as provide them with the necessary training to better provide opportunities for our consumers.

Increase participation at Hiring Fairs specifically at higher education locations with programs focusing on Behavioral Healthcare, Social Work, Psychology, etc. to recruit interns, graduates, and individuals looking for a career in public behavioral health.

PLANNED ACTIONS - PRIORITY ISSUE 4: AWARENESS PROGRAMS

CURRENT:

SCCMHA's Services

Family Guide Representatives the SCCMHA Central Access and Intake Department currently has in its employment two Family Guide Representatives. These staff aid individuals presenting to the agency requesting services. Family Guide Representatives complete Eligibility Assessments to determine an individual's need for services and whether they meet the criteria to receive services from SCCMHA or a contracted network provider. For individuals who do not meet the criteria threshold, Family Guide Representatives are able to provide guidance on community-based resources and how individuals may obtain these resources so that their needs can be met.

Mobile Response and Stabilization Services (MRSS) Community Outreach to ensure the community of Saginaw is aware of this service, staff members of the MRSS team regularly participate in community outreach efforts to informs the public about this service, including how to receive it, when it is available, and who is eligible. This service ensures members of the Saginaw community experiencing crisis can receive assistance from a licensed clinician at any time of day, exactly where the crisis is occurring.

SCCMHA's Strategic Priorities

Strategic Goal 1.2: Expand the Expectation and Use of the Service Array Across All Populations - **1.2.3** Expand education about the specialty service array to professional staff (create a mandatory training for record holders on the service array).

Mental Health First Aid SCCMHA offers Mental Health First Aid (MHFA) training to teach members of the community how to identify, understand and respond to signs of mental health and substance use challenges. During the training, participants will gain skills to provide initial support to someone who may be contemplating suicide or developing a mental health or substance abuse problem and help them connect to the appropriate care.

Hiring a Public Relations Specialist to create and maintain a positive public image to the community SCCMHA serves. This individual's goal is to share, promote and maintain public awareness for various projects that impact the people of Saginaw County. Currently, promoting CrisisConnect, developing relationships with community organizations, and sharing communication about services and programs SCCMHA provides.

Narcan Vending Machines availability in Saginaw County is a program to prevent fatal overdoses. These vending machines will provide the community with the life-saving medication naloxone (NARCAN) to prevent overdoses. Often individuals suffering from substance abuse disorders die because they lack the means of stopping an overdose with acceptable and impactful methods.

Training for Harm Reduction is an evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives.

This approach utilizes public health strategies including prevention, risk reduction, and health promotion to empower individuals to choose a healthy lifestyle.

Trauma Training & Awareness initiative that aims to prevent and mitigate the impact of trauma and toxic stress for children and adults in the community we serve. The way trauma-informed individuals and organizations approach behavior, violence, emotion, learning, communication, and growth is impacted dramatically by trauma training and awareness.

Evidence Based Practices Coordinator SCCMHA currently employs an Evidence Based Practices Coordinator who among other duties, ensures staff members of SCCMHA and the contracted Provider Network are provided regular training and awareness regarding trauma, including how it impacts the individuals we serve. All staff of SCCMHA (board-operated or contracted) are required to complete an annual training course on the topic of trauma and are provided with monthly contacts that include educational information about various types of traumas and their impact.

SCCMHA Service Promotion Events are attended by many SCCMHA staff members, they highlight SCCMHA services, distribute mental health resources, and Mental Health First Aid (MHFA) information. In 2023, SCCMHA participated in over 35 events including community events, back to school events and foster care symposiums.

POTENTIAL FUTURE:

Diversify Website Content Creating engaging website content for most common Mental Health diagnoses and promoting a way to Contact SCCMHA for non-crisis questions. This will allow potential consumers to learn and communicate with SCCMHA regarding mental health diagnoses, help to reduce the stigma around the mental health crisis, and provide engaging material for educators.

Mental Health Fairs enhance awareness by providing accessible resources, education, and opportunities for dialogue, fostering understanding and support for mental well-being within communities or organizations.

Building Relationships in the community with county PCPs, Health Department, etc. helps build trust among community organizations, increase communications, and creates a sense of connection within the community. It will assist in promoting the referral process and boost the reputation and credibility of SCCMHA as the best organization for providing behavioral health services in the Saginaw County community.

Expanding SCCMHA Website to include Community Outreach Page for specific requests for community activities such as Education Partnerships, Speaker and Sponsorship Requests, Resource Fair participation requests, and any other requests for SCCMHA community participation through forms on the website.

Communication/Newsletter with pertinent Community/Consumer news SCCMHA will issue a quarterly newsletter for consumers not specific to mental health – might include topics like Cyber Security risks, Community partnerships and opportunities, and other items highlighted in the community outreach suggestions.

Kid's Corner Resource Library providing resources for parents and children not just relating to mental health but also including resources to assist parents in educating their children, positive and inspirational items to assist kids in being mindful and being emotionally intelligent. This resource can be used by staff members, families, educators, and anyone who works with youth.

Training Programs for Suicide Awareness, Youth Mental Health First Aid, Mental Health Risk Assessment training for schools, educators, administrators, school nurses, and any other individuals who work with students. Educators should know warning signs, promoting mental health and prevention, how to access and assist students with crisis support and mental health services. These programs can assist educators in aiding students where they need it most.

Community Focus Groups will focus on providing feedback, support, and programs to focus on empowering voices, encouraging shared experiences, and training opportunities to assist SCCMHA in continuing to provide the community with the best possible behavioral health care.

Training for Staff to utilize Saginaw County Community Resource Guide the Resource Guide is a comprehensive directory of community resources for families and providers in the Saginaw County area. Training staff on how to use the guide to search for programs, local organizations, and information for children and families will further expand the resources available to our consumers.

Community Outreach & Resource Liaison would be responsible for managing communication between local organizations and the community in which SCCMHA serves. They would coordinate with the public relations specialist to assist in providing information, outreach, and ensuring the community in which we serve is connected to the best community organization to assist their needs.

PLANNED ACTIONS - PRIORITY ISSUE 5: HOMELESSNESS

CURRENT:

SCCMHA's Services

Substance Abuse Disorder (SUD) services SCCMHA now can provide outpatient SUD services to individuals in need, as provided by a contracted Network Provider within Saginaw County. SUD services include therapy and recovery coach/peer support at minimum.

Housing Resource Center (HRC) Individuals who are experiencing housing insecurity, who are located in one of Saginaw's rescue shelters, are given the opportunity to participate in Eligibility and Intake Assessments directly at the shelter where they are staying. To ensure these individuals are being given all opportunity to participate in services, the SCCMHA Housing Resource Center dedicates time each week to meeting with these individuals in the community to provide a service that is typically completed at our main office location. In addition to working directly with individuals experiencing housing insecurity, the HRC Department completes regular outreach with community shelters to ensure they are aware of programs available to assist the individuals they are housing.

Veterans & Military Navigation Services program serves those who served in the military regardless of their discharge status, family members of veterans, surviving spouse or children, active-duty service members, members of the Reserve and National Guard and caregivers of veterans. The mission is to identify, engage and connect veterans and military families to mental health, substance use and other community resources.

Sliding Fee Scale also known as the Ability to Pay Program is an application process through admission that allows individuals who are uninsured or non-Medicaid eligible to provide documentation of household information and proof of income to determine if eligible for the program.

Services available for all ages & dependent upon eligibility Any individual who presents to SCCMHA to request services is given the opportunity to complete an Eligibility Assessment with the Central Access and Intake Department. This assessment determines the consumer's level of need and whether the individual meets the criteria for services provided directly by SCCMHA or one of its contracted providers. Services for all ages are available at SCCMHA, ranging from infants to older adults who at minimum meet the criteria of mild-to-moderate need.

Entitlements department available upon request for assistance with Medicaid SCCMHA has a department that is dedicated to ensuring Medicaid entitlements are in place for all eligible individuals, in addition to assisting individuals with obtaining Medicaid entitlements as requested. Individuals can request assistance from the Entitlements Department at any time when receiving services from SCCMHA, including at the time of starting services during the initial Intake process as well as once an individual is assigned to a primary team. In addition, the Entitlements Department will reach out to individuals who have had changes in their Medicaid benefits to ensure services do not lapse if individuals are still eligible to receive them.

Project for Assistance in Transition from Homelessness (PATH) Program funds services for individuals with serious mental illness (SMI) experiencing homelessness. The program promotes services and support that may not be supported by

mainstream mental health programs. PATH participates in outreach, screening and diagnostic treatment, habilitation and rehabilitation, substance use disorder treatment, referrals for primary health care, job training, educational services, and housing.

BWELL SAGINAW COMMUNITY HEALTH IMPROVEMENT PLAN:

BWELL Saginaw Community Health Improvement Plan Strategy (Map #5): Expand ongoing efforts to improve food access and affordability. Increase in the percent of people reporting they have access to healthy foods. Decrease in the percent of people reporting they are worried about running out of food before they can get more.

POTENTIAL FUTURE:

Youth Transitional Housing Programs offer young people a stable place to reside for a significant period and provide them with case management and supportive services such as behavioral health, education, and career development assistance. Transition Age Youth (TAY) guides young adults from adolescence to a life of independent adulthood, by offering a transitional housing opportunity for youth to utilize in the transition to adulthood could benefit many disadvantaged in the Saginaw County community.

AFC Home expansion would provide licensed residential settings that provide 24-hour personal care, protection, and supervision for individuals who need assistance. By expanding these homes, it would provide more locations for those who are homeless to be placed to provide them with a safe home while they receive services.

Promoting 2-1-1 services Michigan's 2-1-1 is a free service that connects residents with help and answers from thousands of health and human services agencies and resources right here in the community. SCCMHA could benefit from promoting such services as community members reach out for assistance in areas of great need such as behavioral health, paying bills, homelessness, and crisis services.

ATTACHMENT A: WAITING LIST REPORT

SCCMHA utilizes the wait list when insufficient mental health General Fund (GF) revenues exist to serve non-Medicaid consumers. The SCCMHA Intake Department balances the needs of each individual with program capacity using a severity scale. The client's need for services is ranked on a severity scale of 1-5, with one being the least severe and five being the most severe. Any non-Medicaid eligible client with a severity scale of 5 are presented to our Entitlements Supervisor for approval/exception to begin services based on need. Additionally, when clients ask to be removed from the waitlist, they are given a list of alternative providers in our community to utilize. The implementation of the Certified Community Behavioral Health Clinic (CCBHC) and the expansion of the mild to moderate population, have allowed for SCCMHA to provide services to persons meeting criteria for services with SCCMHA in a timely manner.

Program Type	MI Adult	DD	SED	Total
Targeted CSM/Supports Coordination				
Specify all HCPCS and CPT Codes included in this category here:				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Intensive Interventions/Intensive Community Services				
Specify all HCPCS and CPT Codes included in this category here:				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Clinic Services				
Specify all HCPCS and CPT Codes included in this category here:				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0

Supports for Residential Living				
Specify all HCPCS and CPT Codes included in this category here:				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Supports for Community Living				
Specify all HCPCS and CPT Codes included in this category here:				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0

ATTACHMENT B: REPORT ON THE REQUESTS FOR SERVICES AND DISPOSITION OF REQUESTS

Row	CMHSP Point of Entry-Screening	DD	MI Adult	SED	Unknown / All Others	Total
1	Total # of all people who telephoned or walked in with any request	309	1332	717	0	2358
2	Of the # in Row 1 (all people who telephoned or walked in), total # of people referred out due to non-mental health needs	6	201	81	0	288
3	Of the # in Row 1 (all people who telephoned or walked in) total # of people who requested services the CMHSP provides, irrespective of eligibility	303	1131	636	0	2070
4	Of the # in Row 3 (People requested services the CMHSP provides), total # of people who did not meet CMHSP eligibility through phone or other screening	1	17	7	0	25
5	Of the # in Row 3 (People requested services the CMHSP provides), total # of people who met eligibility and were scheduled for intake/biopsychosocial assessment	302	1114	629	0	2045
6	Of the # in Row 3 (People requested services the CMHSP provides), total # of people with other circumstance - Describe below on line 32	0	0	0	0	0
7	Is Row 1 (all people who telephoned or walked in) an unduplicated count in each category? Answer Yes or No for each category	Yes	Yes	Yes	Yes	N/A

Row	CMHSP ASSESSMENT	DD	MI Adult	SED	Unknown / All Others	Total
8	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who did not receive intake/biopsychosocial assessment (dropped out, no show, etc.)	65	107	19	0	191
9	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0
10	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who were not served because they were MA HP enrolled and referred out to MA health plan	2	4	8	0	14
11	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who otherwise did not meet CMHSP non-entitlement intake/assessment criteria.	0	1	0	0	1
11a	Of the # in Row 11 (did not meet CMHSP non-entitlement intake/assessment criteria) - total # of people who were referred out to other mental health providers	0	0	0	0	0
11b	Of the # in Row 11 (did not meet CMHSP non-entitlement intake/assessment criteria) - total # of people who were not referred out to other mental health providers	0	1	0	0	1

12	Of the # in Row 5 (Scheduled for intake/biopsychosocial Assessment) - total # of people who met the CMHSP intake criteria	300	1109	621	0	2030
13	Of the # in Row 12 (Met CMHSP intake criteria) - total # of people who met emergency/urgent/priority conditions criteria	0	0	0	0	0
14	Of the # in Row 12 (Met CMHSP intake criteria) - total # of people who met regular/routine/usual admission criteria	300	1109	621	0	2030
15	Of the # in Row 12 (Met CMHSP intake criteria) - total # of people who were put on a waiting list	0	0	0	0	0
15a	Of the # in Row 15 (Put on a waiting list) - total # of people who received some CMHSP services, but wait listed for other CMHSP services	0	0	0	0	0
15b	Of the # in Row 15 (Put on a waiting list) - total # of people who were waitlisted for all CMHSP services	0	0	0	0	0
16	Other Requests for Service and Disposition of Requests - Report total # of people in each category and describe on Line 32.	0	0	0	0	0

Row 6 - Of the # in Row 3 (People requested services the CMHSP provides), total # of people with other circumstance - Describe here and/or **Row 16 - Other Requests, total # of people - Describe here**
Not applicable

NARRATIVE: PROVIDE A BRIEF DESCRIPTION OF HOW THE CMHSP COLLECTS AND MAINTAINS THE DATA REPORTED ON THIS FORM.

SCCMHA uses a number of data warehouse reports (Screening Calls, Claims Cube, Eligibility Screens, Not Eligible for Service, Wait List by Date) that have been developed by our I.T. Team to assist in the calculation of data reported on the form, along with the CMHSP Performance Indicator Trending Report created and maintained by our Quality Department. We have recently learned that the report available in our EMR to automate the annual submission report is not accurate since it doesn't reflect SCCMHA's business practice, it was custom built by another PCE customer and requires an extensive amount of work in order to validate the accuracy of the data. Our hope is to work with PCE on customizing this report for Saginaw's use by the next reporting period.

NARRATIVE: BRIEFLY DESCRIBE THE PROCESS BY WHICH THE CMHSP DETERMINES ELIGIBILITY [E.G., PER USE OF ASSESSMENT INSTRUMENT (ID NAME), PER TELEPHONE SCREEN, OR FACE-TO-FACE ASSESSMENT OR COMBINATION, ETC.].

SCCMHA Central Access & Intake Specialist or Family Guide Representative will conduct an eligibility screening either over the telephone or "face-to-face" with the consumer, obtaining pertinent information regarding consumer's current challenges and situations. SCCMHA Central Access & Intake Specialist will identify consumer's needs and document using the eligibility screen in the SENTRI system. Centralized Access & Intake Specialist will complete the initial Orientation Form with client and/or guardian, identifying consumer's needs through the initial assessment. The Intake Specialist will obtain the necessary documents and signatures. The Intake Specialist will conduct needed assessments: LOCUS/CAFAS/PECFAS/DECA/SCQ/M-Chat/PHQ-9/Trauma Screen, as applicable with consumer to assist with determining eligibility.

NARRATIVE: PROVIDE A BRIEF BUT EASILY UNDERSTOOD AND CLEAR NARRATIVE DESCRIBING NOTICEABLE TRENDS AND WHAT THE CMHSP RESPONSE IS TO THESE TRENDS. IF TRENDS REPRESENT AN INCREASED DEMAND FOR SERVICES, EXPLAIN HOW THE CMHSP PLANS TO MANAGE THIS INCREASED DEMAND MOVING FORWARD. IF CHANGES IN ELIGIBILITY RULES RESULT IN TERMINATION OF SERVICES TO CURRENT ENROLLEES, INCLUDE THIS INFORMATION.

In the period captured in this report, SCCMHA has experienced an increased demand for services from consumers in the community. SCCMHA has noticed this occurs in both adult and child populations. In an effort to meet these needs, SCCMHA is working to rebuild our workforce and increase the level of staffing to ensure all consumers eligible for services are able to be treated according to timely compliance standards. SCCMHA does not foresee any changes made to the eligibility process to cause termination of services for any consumers.

ATTACHMENT C: COMMUNITY DATA SETS WORKSHEET

ROW 1	Population (Census)-- As of September -- by county	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
County 1	**Saginaw**		**198899**	**198363**	**196794**	**195248**	**193305**	**192507**	**191965**	**190791**	**190539**	**190124**	**189120**	**188116**	**185810**
County 2															
County 3															
County 4															
County 5															
County 6															
	Total CMHSP Population		198899	198363	196794	195248	193305	192507	191965	190791	190539	190124	189120	188116	185810
	Change from Prior Year		198899	-536	-1569	-1546	-1943	-798	-542	-1174	-252	-415	-1004	-1004	-2306
	% change from Prior Year		#DIV/0!	-0.27%	-0.79%	-0.79%	-1.00%	-0.0041	-0.0028	-0.0061	-0.0013	-0.0022	-0.0053	-0.0053	-0.012258394
	Cumulative Change since 2009		198899	198363	196794	195248	193305	192507	191965	190791	-8360	-8239	-7674	-7132	-7495
	% cumulative change since 2009		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-0.042	-0.0415	-0.039	-0.0365	-0.038772924
	Source:	US Census Bureau from 2019 Estimates for 2020 information													

ROW 2	Medicaid Enrollment - Average Enrollment for September:	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
County 1	**Saginaw**	47550	47305	46157	45759	43139	43124	42831	42610	42674	42248	44630	47084	49264	49848
County 2															
County 3															
County 4															
County 5															
County 6															
	Total CMHSP Medicaid Enrollment	47550	47305	46157	45759	43139	43124	42831	42610	42674	42248	44630	47084	49264	49848
	Change from Prior Year		-245	-1148	-398	-2620	-15	-293	-221	64	-426	2382	2454	2180	584
	% change from Prior Year		-0.00515	-0.0243	-0.0086	-0.0573	-0.0003	-0.0068	-0.0052	0.0015	-0.01	0.0564	0.055	0.0463	0.011854498
	Cumulative Change since 2009		-245	-1393	-1791	-4411	-4426	-4719	-4940	-4876	-5302	-2675	927	3505	6709
	% cumulative change since 2009		-0.00515	-0.0293	-0.0377	-0.0928	-0.0931	-0.0992	-0.1039	-0.1025	-0.1115	-0.0565	0.0201	0.0766	0.155520527
	Source:	https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-15064--,00.html													
	Source: MDHHS Green Book Report of Key Program Statistics - Total Medicaid Eligible														

ROW 3	Number of Children in Out of Home Care	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	Children Ages Birth-17 in Out of Home Care-Abuse or Neglect (Number)	245	189	133	117	126	**117**	**121**	**123**	**160**	**184**	**162**	**142**	**169**	**N/A**
	Children ages Birth-8 in out of home care - abuse or neglect (Number)	N/A	N/A	N/A	76	72	**81**	**73**	**69**	**95**	**114**	**102**	**92**	**111**	**N/A**
	Children Ages Birth-5 in out of home care - abuse or neglect (Number)	108	72	59	61	54	**66**	**58**	**53**	**71**	**86**	**75**	**61**	**82**	**N/A**
Source:	http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI														
	****Some information may not be available for every year.**														
	Total CMHSP	353	261	192	254	252	264	252	245	326	384	339	295	362	0
	Change from Prior Year		-92	-69	62	-2	12	-12	-7	81	58	-45	-44	67	-362
	% change from Prior Year		-26.06%	-26.44%	32.29%	-0.79%	4.76%	-0.0455	-0.0278	0.3306	0.1779	-0.1172	-0.1298	0.2271	-1
	Cumulative Change since 2009		-92	-161	-99	-101	-89	-101	-108	-27	123	147	41	110	-264
	% cumulative change since 2009		-26.06%	-45.61%	-28.05%	-28.61%	-25.21%	-0.2861	-0.3059	-0.0765	0.4713	0.7656	0.1614	0.4365	-1

ROW 4	Number of Licensed Foster Care Beds in Catchment Area	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
	Adults - Eneter the Total Number of Bed Capacity	**1248**	**1289**	**1387**	**1472**	**1594**	**1865**	**2041**	**2754**	**2885**	**3098**	**3075**	**2961**		
Source	http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27717-82231--,00.html														
	Kids - Enter the Total Number of Licensed Facilities	329	329	329	321	321	321	321	265	211	211	155	155		
Source	http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27719-82293--,00.html														
	***This data is also provided by MDHHS on the website under "Provided Information".**														
5	**Prevalence Proxy Data**														
		1990	**2008 Change or most recent projection**												
5-A	**Adults with Serious Mental Illness (Kessler Methodology)**														
	Trend - Kessler Prevalance Data														
	*Provided by MDHHS in 2012														

ROW 5B	Children at risk for Serious Emotional Disturbance 100% below poverty	12223	13988	12414	12630	10543	11376	10026	9726	8984	12664	**10178**	13520	10058	N/A
Source	https://data.census.gov/cedsci/?intcmp=aff_cedsci_banner														
		2010	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
ROW 5C	**Persons with Developmental Disabilities: Formula Populated**	0	994.495	991.82	983.97	976.24	966.53	962.54	959.83	953.96	952.7	950.62	945.6	940.58	929.05
ROW 6	**Community Homelessness- catchment area**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
ROW 6A	**Local Continuum of Care Bi-ennial Homeless Count**	**305**	**390**	**402**	**350**	**325**	**308**	**343**	**388**	**357**	**364**	**431**	**331**	**313**	**324**
	Change from Prior Time Period		85	12	-52	-25	-17	35	45	-31	7	67	-100	-18	11
ROW 6B	**# served from CMHSP data- of persons that are homeless**		**113**		**71**		**219**	**227**	**261**	**254**	**272**	**336**	**306**	**344**	**351**
	Change from Prior Time Period		113	-113	71	-71	219	8	34	-7	18	64	-30	38	7
	Link to Homeless count report for some Michigan regions/counties-Source HUD.GOV	2022 AHAR: Part 1 - PIT Estimates of Homelessness in the U.S.	HUD USER												
		2007-2023-PIT-Counts-by-CoC.xlsb (live.com)													

ROW 6C	Community Employment	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
County 1	**Saginaw**	**79290**	**80975**	**80745**	**81121**	**82745**	**83856**	**83940**	**83289**	**82896**	**82839**	**77586**	**75827**	**77696**	**80313**
County 2															
County 3															
County 4															
County 5															
County 6															
	Total CMHSP	79290	80975	80745	81121	82745	83856	83940	83289	82896	82839	77586	75827	77696	80313
	Change from Prior Year		1685	-230	376	1624	1111	84	-651	-393	-57	-5253	-1759	1869	2617
	% change from Prior Year		2.13%	-0.28%	0.47%	2.00%	1.34%	0.001	-0.0078	-0.0047	-0.0007	-0.0634	-0.0227	0.0246	0.033682558
	Cumulative Change since 2008		1685	1455	1831	3455	4566	4650	3999	3606	3549	-3389	-4918	-3425	-2432
	% cumulative change since 2008		2.13%	1.84%	2.31%	4.36%	5.76%	0.0586	0.0504	0.0455	0.0448	-0.0419	-0.0609	-0.0422	-0.029391504
	Source:	State of Michigan Labor Market Information													
		https://milmi.org/DataSearch/LAUS													

ROW 7	Justice System	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
ROW 7A	Jail diversions							16	19	22	34	25	24	13	17
	(describe data source) BH-TEDS records for the FY being reported														
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023			
ROW 7B	Prison discharges-number of people expected to meet SMI Criteria	26	21	31	27	22	11	14	14	15	11	17			
	(describe data source) Betsy Hardwick														
ROW 8	Education System	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
ROW 8A	Number of students aging out or graduating special education	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Note: Data not available in MI School Data Portal														
ROW 9	Graduation and Dropout Rate	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
County 1															
County 2															
County 3															
County 4															
County 5															
County 6															
	CMHSP Total:	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ROW 9A	% graduated	72.1	72.6	76.4	74.3	75.1	77.6	79.9	79	80.3	82.7	82.7	80.3	81.7	N/A
ROW 9B	% dropped out	12.5	11.5	10.8	13.5	10.9	9.7	8.5	8.8	6.7	6.3	6.5	7.4	8.3	N/A
	Source: The Annie E. Casey Foundation-Kids Data Count Center	http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI													

		DATE	2/13/2024												
	For primary health items, identify point in time being reported														
ROW 10	Primary Health														
ROW 10A	% of CMHSP consumers with an identified Primary Care Physican	95%													
10B	CMHSP Medicaid recipients with primary care service/encounter														
10C	# with primary care plus emergency room														
10D	# with emergency room no primary care														
	MDHHS does not have this data (10B, 10C, 10D) available at this time.														
ROW 11	Optional Information	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
	Private Providers and Public SUD Providers														
ROW 11A	Number of Existing Private Providers in Community														
ROW 11B	Number of providers that utilize a sliding fee scale														
ROW 11C	Number of providers that are accepting new clients														