



SURVEY OUTCOME
Three-Year Accreditation

CARF
Survey Report
for
Saginaw County
Community Mental
Health Authority

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Organization

Saginaw County Community Mental Health Authority
500 Hancock Street
Saginaw, MI 48602

Organizational Leadership

Linda Tilot, M.A., CSW
Director, Care Management/Quality Systems

Survey Dates

August 20–22, 2007

Survey Team

Mwamburi A. Shake, Ph.D., Administrative Surveyor
Conny S. Anderson, Program Surveyor

Programs/Services Surveyed

Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Crisis Intervention: Mental Health (Adults)
Crisis Intervention: Mental Health (Children and Adolescents)
Intensive Family-Based Services: Mental Health (Adults)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

Previous Survey

June 28–29, 2004
Three-Year Accreditation



Survey Outcome

Three-Year Accreditation
Expiration: June 2010

SURVEY SUMMARY

Saginaw County Community Mental Health Authority has strengths in many areas.

- The organization has a dedicated and supportive board of directors and a CEO and management team who demonstrate a commitment to maintaining quality services.
- Teamwork, collaboration, and good communication are demonstrated by the management team, creating a work environment that benefits the persons served.
- Administrative and professional staff members are skilled, dedicated, and caring individuals who are committed to the goals of the organization and to the delivery of high quality services.
- The organization's clinical staff members provide the persons served and their family members with high quality clinical services that form a secure and enduring basis for continued positive growth and development.
- Persons served and other stakeholders express a high level of satisfaction with services and the respect provided by all members of the organization.
- The organization provides a clean and safe environment for service delivery and business functions, demonstrating respect for both the persons served and personnel.
- The CEO has provided exceptional leadership during a period of fiscal challenges. Despite these challenges, she has maintained an effective staff, a high quality service system, effective communications with numerous groups in the community, and a visionary strategic thinking for the organization's future.
- The organization holds an annual celebration of everyday heroes. The program celebrates individual accomplishments by recognizing/honoring those who have made significant accomplishments despite their disabilities. The program offers role models for other persons served in their recovery process.
- The organization has excellent management documents, including its policies and procedure manuals, strategic plans, and various management reports that provide guidance to the staff members in the operation of the organization.
- Staff members and persons served exhibit a strong commitment to the accreditation process, and there is evidence that substantial effort and resources were devoted to the preparation for the survey.
- The organization has strong linkages to its communities, collaborating with commerce, business, and collaterals to create opportunities for social enterprise to improve the quality of life for persons served and the community at large.

In the following areas Saginaw County Community Mental Health Authority demonstrates exemplary conformance to the standards.

- The organization is highly commended for its production of the documentary, *1 in 5: Overcoming the Stigma of Mental Illness*. The documentary portrays the real-life stories of six persons with psychiatric disabilities from Saginaw, an individual representing the state of Michigan perspective, and a nationally known individual advocate, all of whom live with the challenge of

mental illness every day and have met the challenges of related stigma at various points in their lives. Individuals featured in the documentary describe their experiences, including explanations of the barriers such experiences posed to their getting help. The program was funded by a Substance Abuse & Mental Health Services Administration mental health block grant through the Michigan Department of Community Health, which was written jointly by Ric Mixer and Sandra Lindsey, the organization's CEO.

- The organization has a strong integrated crisis intervention program that works well both internally and with external community crisis partners, including the inpatient facility. Staff is commended for its initiative in establishing and maintaining professional networks in the community that enhance the quality of the services provided.
- The staff of the family services unit is commended for providing an exceptionally welcoming environment for children, adolescents, and their families. The extensive use of hand-painted murals, comfortable furniture, and decorations serve to lessen the anxiety of the persons served, which increases the opportunity for healing and recovery.
- The organization is commended for the introduction of an extensive network system (encompass), which provides enormous capacity for collecting and analyzing data from the persons served and other stakeholders. The data are organized into user-friendly formats that facilitate utilization by the staff. They are captured in various forms, including service capacity, utilization, and outcomes. The application of such information in the improvement of business functions and service delivery is impressive.

Saginaw County Community Mental Health Authority should seek improvement in the areas identified by the recommendations in the report. Suggestions given do not indicate nonconformance standards but are offered as consultation for further quality improvement.

On balance, Saginaw County Community Mental Health Authority demonstrates substantial conformance to the CARF standards. The clinical staff members are well qualified and bring a strong focus to the provision of high quality services and supports. This, coupled with a strong leadership and management, supports a consistent service delivery system and the organization's ability to address the needs of the persons served. The CEO's exceptional leadership and linkages with numerous individuals and groups are clear assets in dealing with the fiscal challenges being faced in the state of Michigan. The organization has both the resources and the motivation to address the areas for improvement noted.

Saginaw County Community Mental Health Authority has earned a Three-Year Accreditation. The board, management, and staff members are congratulated for this accomplishment and are encouraged to continue to use the CARF standards to demonstrate leadership in providing caring and compassionate services for the persons served.

SECTION 1. BUSINESS PRACTICES

Criterion A. Input from Stakeholders

Principle Statement

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in Criterion A direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Ongoing collection of information from a variety of sources
 - Analysis and integration into business practices
 - Leadership response to information collected
-

Recommendations

There are no recommendations in this area.

Criterion B. Accessibility

Principle Statement

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Written accessibility plan(s)
 - Status report regarding removal of identified barriers
 - Requests for reasonable accommodations
-

Recommendations

B.3.a. through B.3.c.(2)

It is recommended that an annual written status report of the accessibility plan be prepared that includes progress made in the removal of identified barriers and areas for improvement.

Criterion C. Information Management and Performance Improvement

Principle Statement

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery. The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Information collected, analyzed, and used to address critical customer needs
 - Accurate and consistent information collection
 - Proactive performance improvement
 - Performance information shared with all stakeholders
 - Written technology and system plan
-

Recommendations

C.3.c.(2)

The organization is urged to analyze the data from the accessibility status reports as part of the improvement of its business function.

C.4.b.(4)

Although the organization collects extensive data from the persons served while they are active in the service system, the organization is urged to also collect data on the persons served at point(s) in time following services.

Exemplary Conformance

C.1.a.(1) through C.1.b.

The organization is commended for the introduction of an extensive network system (encompass), which provides enormous capacity for collecting and analyzing data from the persons served and other stakeholders. The data are organized into user-friendly formats that facilitate utilization by the staff. They are captured in various forms, including service capacity, utilization, and outcomes. The application of such information in the improvement of business functions and service delivery is impressive.

Criterion D. Rights of Persons Served

Principle Statement

CARF-accredited organizations protect and promote the rights of the persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Meaningful communication of rights
 - Commitment to diversity
 - Policies promote rights of persons served
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

There are no recommendations in this area.

Criterion E. Health and Safety

Principle Statement

CARF-accredited organizations maintain accessible, healthy, safe, and clean environments through both external and internal safety reviews and personnel commitment to this philosophy.

Key Areas Addressed

- One annual external inspection
- Self-inspections twice a year
- Emergency procedures, including evacuation, tested/analyzed annually
- Access to emergency first-aid resources
- Competency of personnel in safety procedures
- Defined system for reporting/reviewing critical incidents
- Infection control plan
- Transportation requirements, if applicable

Recommendations

E.3.b.(3)

It is recommended that the organization provide consistent documentation that identifies actions taken to respond to the recommendations made from the internal inspections.

E.4.a.(5)

The organization is urged to develop procedures for medical emergencies, just as it has done with the other emergencies.

Criterion F. Human Resources

Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
 - Verification of background/credentials
 - Recruitment/retention efforts
 - Personnel skills/characteristics
 - Annual review of job description/performance
 - Policies regarding students/volunteers, if applicable
-

Recommendations

F.5.d.(1)

It is recommended that performance evaluations for all personnel directly employed by the organization be based on job functions and competencies identified.

Criterion G. Leadership

Principle Statement

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure
 - Leadership guidance
 - Corporate responsibility
 - Corporate compliance
 - Commitment to diversity
-

Recommendations

G.7.a. through G.7.d.

The organization should develop a written plan on cultural competency and diversity that includes the recruitment of individuals who are representative of the specific cultures the organization serves for leadership, management, direct service, and support service positions.

Exemplary Conformance

G.9.a.

G.9.b.

The organization is commended for its production of the documentary, *1 in 5: Overcoming the Stigma of Mental Illness*. The documentary portrays the real-life stories of six persons with psychiatric disabilities from Saginaw, an individual representing the state of Michigan perspective, and a nationally known individual advocate, all of whom live with the challenge of mental illness every day and have met the challenges of related stigma at various points in their lives. The individuals featured in the production describe their experiences, including explanations of the barriers such experiences posed to their getting help. The production includes a 30-minute documentary in DVD format and Beta copies for use on PBS. (For details on the funding and preparation of the documentary, see above under the section, “In the following areas the organization demonstrates exemplary conformance to the standards.”)

Criterion H. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all the legal and regulatory requirements of federal, state, provincial, county, and city entities.

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

H.2.a. through H.2.d.

It is recommended that the organization provide written procedures to guide personnel in responding to search warrants, investigations, and other legal actions.

Criterion I. Financial Planning and Management

Principle Statement

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
 - Financial results reported/compared to budgeted performance
 - Organization review
 - Fiscal policies and procedures
 - Annual review of service billing records, if applicable
 - Review of fee structure, if applicable
 - Annual outside review/audit, if applicable
 - Written risk management plan
 - Adequate insurance coverage
 - Policies regarding safeguarding funds of persons served, if applicable
-

Recommendations

There are no recommendations in this area.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

A. Program Structure and Staffing

Principle Statement

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

Recommendations

A.1.a.

A.1.b.

A.1.e.

Although a description of the program was available for most programs, the crisis intervention program did not provide a description of services. It is recommended that all core programs provide a written description of services, a philosophy of the program, and identify or describe special populations and mechanisms to address their needs.

B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a manner that identifies the strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means including face-to-face contact, telepsychiatry, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
 - Ineligibility for services
 - Admission criteria
 - Orientation information provided regarding rights, grievances, services, fees, etc.
 - Waiting list
 - Primary and ongoing assessments
 - Reassessments
-

Recommendations

There are no recommendations in this area.

C. Individual Plan

Principle Statement

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and problems. Planning is consumer directed and person centered.

Key Areas Addressed

- Development of individual plan
 - Co-occurring disabilities/disorders
 - Individual plan goals and objectives
 - Designated person coordinates services
-

Recommendations

There are no recommendations in this area.

D. Transition/Recovery Support Services

Principle Statement

In transition or discharge planning, the organization assists the persons served to obtain services that are needed but that are not available within the organization or in transitioning from one level of care to another within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system. Transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to contact the persons served after formal transition or discharge to gather needed information related to their postdischarge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services are needed.

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point

- Unplanned discharge referrals
 - Plan addresses strengths, needs, abilities, preferences
 - Follow up for persons discharged for aggressiveness
-

Recommendations

D.8.a.

D.8.b.

There should be a procedure to ensure that follow-up occurs for persons who are discharged for assaultive or aggressive behaviors to ensure linkage to appropriate care within 72 hours postdischarge.

E. Pharmacotherapy

Principle Statement

Pharmacotherapy is the practice of evaluating, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and efficacious. Pharmacotherapy may be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Key Areas Addressed

- Individual records of medication
 - Physician review
 - Policies and procedures for prescribing, dispensing, and administering medications
 - Training regarding medications
 - Policies and procedures for safe handling of medication
-

Recommendations

There are no recommendations in this area.

F. Seclusion and Restraint

Principle Statement

Programs strive to avoid the use of seclusion and restraint, and only resort to using either intervention as a last recourse to de-escalate aggressive or life-threatening behavior toward self or others. Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time-out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Restraint is the use of physical, mechanical, or other means to temporarily subdue an individual or otherwise limit a person's freedom of movement. It is used when there is an immediate risk of harm to self or others, and it is determined as the only means to de-escalate the threatening behavior. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely escort him or her from one area to another, is not a restraint. Emergency intervention procedures are limited to the use of physical holds.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes that are not in response to the behavioral health needs of the person served are not considered seclusion or restraint under these standards. Security doors designed to prevent accidental elopement or wandering are not considered seclusion or restraint. Security measures, such as the use of handcuffs, instituted by law enforcement personnel who are not personnel of the organization being surveyed, are not subjected to these standards.

Key Areas Addressed

- Emergency intervention procedures
- Patterns of use reviewed
- Policies and procedures for use of seclusion and restraint
- Persons trained in use
- Designated room

Recommendations

F.3.c.

F.3.d.

Although the organization indicates staff members do not utilize extended emergency interventions, it is recommended that the organization provide a policy that directs the emergency intervention to be time limited. Also, the organization has procedures by which emergency service providers are summoned, and it is recommended that the organization have a policy to direct staff members on

how to summon law enforcement and emergency service providers. Although physical holds are reported to be of short duration, it is recommended that the organization also implement a policy providing for a review of physical holds every fifteen minutes.

G. Records of the Persons Served

Principle Statement

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Confidentiality
 - Time frames for entries to records
 - Individual record requirements
 - Duplicate records
-

Recommendations

There are no recommendations in this area.

H. Quality Records Review

Principle Statement

The organization has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

Recommendations

H.3.a.(1)

Although the organization completes extensive reviews of provided services, the orientation process for the persons served is not reviewed. The organization is urged to include a review of the orientation process for the person served.

MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities. Core programs in this field category may also provide services to persons with co-occurring disabilities/disorders, such as mental illness and a developmental disability.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

B. Assessment and Referral

Principle Statement

Assessment and referral programs provide a variety of activities, including prescreening, screening, psychosocial assessment, determination of need, and referral to appropriate level of care. The provision of information on available resources is not considered a full assessment and referral program. An adequate assessment must be conducted to provide more informed referrals.

Such programs may be separate, freestanding programs, an independent program within a larger organization, or a specifically identified activity within a system of care. Organizations performing assessment and referral as a routine function of entrance into other core programs, such as their outpatient treatment, case management, or residential programs, are not required to apply these standards unless they are specifically seeking accreditation for assessment and referral.

Recommendations

There are no recommendations in this area.

C. Case Management/Services Coordination

Principle Statement

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Recommendations

There are no recommendations in this area.

F. Crisis Intervention

Principle Statement

Crisis intervention programs offer services aimed at the assessment and immediate stabilization of acute symptoms of mental illness, alcohol and other drug abuse, and emotional distress or in response to acts of domestic violence or abuse/neglect.

Recommendations

There are no recommendations in this area.

Exemplary Conformance

F.5.

F.7.

F.8.

The organization has a strong integrated crisis intervention program that works well both internally and with external community crisis partners, including the inpatient facility. Staff is commended for its initiative in establishing and maintaining professional networks in the community that enhance the quality of the services provided.

M. Intensive Family-Based Services

Principle Statement

These intensive services are provided in a supportive and interactive manner and directed toward maintaining or restoring a positive family relationship. The services are time limited and are initially intensive, based on the needs of the family. The services demonstrate a multisystemic approach to treatment and have a goal of keeping families together. The services may include wraparound and family preservation programs. The program may also provide services directed toward family restoration when a child has been in an out-of-home placement.

Recommendations

There are no recommendations in this area.

Exemplary Conformance

M.4.

The staff of the family services unit is commended for providing an exceptionally welcoming environment for children, adolescents, and their families. The extensive use of hand-painted murals, comfortable furniture, and decorations serve to lessen the anxiety of the persons served, which increases the opportunity for healing and recovery.

O. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and psychoeducation. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, addictions (such as alcohol or other drugs, gambling, and Internet), eating or sexual disorders, and the needs of victims of abuse, domestic violence, or other trauma.

Intensive outpatient treatment programs are clearly identified as a separate and distinct program. The intensive outpatient program consists of a scheduled series of sessions appropriate to the individual plans of the persons served. These may include services provided during evenings and on weekends or interventions delivered by a variety of services providers in the community. The program can function as a step-down program from partial hospitalization, detoxification, or residential services; may be used to prevent or minimize the need for a more intensive and restrictive level of treatment; and is considered to be more intensive and integrated than traditional outpatient services.

Recommendations

There are no recommendations in this area.

SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

Principle Statement

If an organization is required or chooses to add one of the following Specific Population Designations to a core program(s) being surveyed, the standards for these designations will be applied in addition to the core program standards.

A. Children and Adolescents

Assessment and Referral
Case Management/Services Coordination
Crisis Intervention
Intensive Family-Based Services
Outpatient Treatment

Principle Statement

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the policy and procedure for obtaining background checks for all employees working with children and adolescents be inserted into the employee handbook.
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PROGRAMS/SERVICES BY LOCATION

Saginaw County Community Mental Health Authority

500 Hancock Street
Saginaw, MI 48602

Assessment and Referral: Mental Health (Adults)
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Crisis Intervention: Mental Health (Adults)
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Intensive Family-Based Services: Mental Health (Adults)
Intensive Family-Based Services: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)

SCCMHA Services for Persons with Developmental Disabilities

1040 North Towerline
Saginaw, MI 48601

Assessment and Referral: Mental Health (Adults)
Assessment and Referral: Mental Health (Children and Adolescents)
Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
