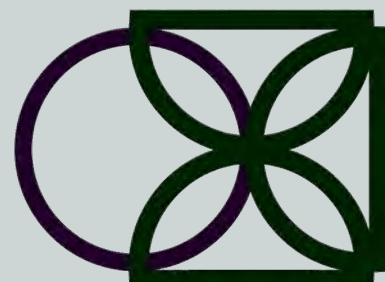


SCCMHA PROVIDER NEWS

March 2022



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A Message from the CEO, Sandra Lindsey

Greetings and happy spring to members of the SCCMHA Provider Network. On behalf of the SCCMHA Board of Directors, our administration and those we serve, our thanks to all for your continued efforts to serve persons with intellectual and developmental disabilities, mental illness and children/youth with severe emotional disturbance and their families during these unprecedented times. The unique services of the specialty benefit we deliver to persons in the greater Saginaw area are more important than ever and new demand for access to care and treatment remains high in our region and across the state.

Changes in SCCMHA Board of Directors Membership

Speaking of the SCCMHA Board of Directors, this is the month every year where reappointments of members are considered by the Saginaw County Board of Commissioners. The three-year terms expire for one-third of the SCCMHA Board each March. This year we also have three new appointments, and you will find a separate related article about these changes in this publication.

COVID-19: Cautious Optimism

There is reason for cautious optimism about the spread of COVID-19 as recent weeks have revealed a marked reduction in new infections, reduced serious illness and hospitalizations. At the time of this writing, Saginaw

County's 7-day average of new infection was down to 22.5 per / million in population or 30 new cases the week ending March 21st. This represents the lowest infection rate we have seen in some time. In fact, Saginaw County is no longer among the counties in Michigan with the highest infection rates.

Among the consumers we serve in congregate living settings, some of the most vulnerable to COVID-19, I am pleased to report that there have been no new infections in the last four consecutive weeks. This is a trend we really hope continues.

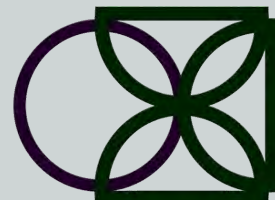
The Michigan Department of Health and Human Services (MDHHS) as of March 10, 2022, indicated that "Based on current conditions and low numbers of new COVID-19 cases, the MDHHS is updating its COVID-19 Isolation & Quarantine guidance for Michigan residents including school settings. Dr. Natasha Bagdasarian, MDHHS Chief Medical Executive further indicated that "as we move through the phases of our COVID-19 response, the recommendations will be updated to reflect the current status of transmission, while continuing to prioritize public health and promote health and wellness for all communities. We continue to strongly urge all residents ages 5 years and older get the safe and effective COVID-19 vaccine and to get boosted when eligible, as the vaccine continues to be the best defense against the virus".

Though the state has entered post-surge, recovery phase, the March 10th MDHHS update does not change guidance for health care, long-term care, corrections, and other high-risk settings (like AFCs), and so these setting should continue with all related COVID-19 safety precautions.

Continued on next page...

SUICIDE PREVENTION LIFELINE: 1-800-273-TALK (8255)

SCCMHA PROVIDER NEWS



MDHHS Cultivating Joy Videos from the Stay Well project at MDHHS

Though new COVID infections and related serious illness and deaths are down, a multitude of mental health and substance use disorders remain in the wake of the pandemic. MDHHS has a series of post pandemic videos on their website for promoting personal wellness, hope and resilience as we move forward from the most acute threats from the pandemic. You can find these videos at [this link](#) and might want to take a look and share them with family and friends and colleagues.

The following are titles of the videos posted to the site now and others are under development:

Episode 1: Positive Psychology, Episode 2: It's OK not to be OK (for now!), Episode 3: Joyful Activities, Episode 4: How do we heal?, and Episode 5: Can boundaries help create joy?

MSHN/SCCMHA Network Provider Staffing Crisis Stabilization Program

The other parallel challenge to the pandemic is the work force shortages everywhere across our network and the state, in some places reaching crisis proportions. Last month the CEOs from the 12 CMHSPs in the Midstate Health Network (Region 5) met with the MSHN leadership to put together funding opportunities for our collective contracted network providers. The MSHN Board of Directors authorized a \$10 million dollar fund and another \$3 million in contingency funding, to support a program to assist contractors with expenses connected to remedies for workforce shortages. The program and the related application process has been shared with the providers in all 12 CMHSP networks and the MSHN Substance Use Disorder network for the region. The MSHN Network Provider Staffing Crisis Stabilization Program fund and contingency, is also leveraged by excess revenue available at some CMHSPs like SCCMHA, that will fund provider applications directly within the MSHN program parameters. The soft deadline for applications is April 30, 2022.

Opposition to Senate Bills 597 & 598

The serious threat to both the 10 Regional PIHPs and 46 CMHSPs posed by Senate Bills 597 & 598 remain despite opposition by many thousands of persons served by the system and many organized trade association groups in the state. In the first week of March, the MI Senate took up the third reading of Senate Bills 597 & 598. There was also a Whip count of Republican votes for the bills at this meeting. There are not yet enough votes for passage in the Senate. The Senate has 38 members, 22 are Republicans and 16 are Democrats. All Democrats are in opposition to the bill.

Sen. Shirkey, the leader of the Senate Republicans and leader for these bills, has 5 members voting in opposition to the bills thus far and a few members still undecided.

If the bills find a majority of Republican votes and the bills move out of the Senate to the MI House of Representatives, it is believed that the Republican House leadership will not be in a hurry to take up the bills as they have their own ideas about redesign of the PIHP/CMHSP system. However, this is still a very fluid legislative environment as it is an election year.

Additional materials being used to advocate against the bills can be found later in this publication.

SCCMHA Certified Community Behavioral Health Clinic Status and Infographic

SCCMHA is proud to be one of 13 sites in Michigan that are serving as implementation sites to the MDHHS Certified Community Behavioral Health Clinics (CCBHC) two-year demonstration grant funded by the Substance Abuse and Mental Health Service Administration (SAMHSA). Michigan CCBHC's began in 2018 and have been expanding across the state funded directly by SAMHSA. There are 36 CCBHC sites in Michigan as of 2022, 13 of which including SCCMHA, are state demonstration sites.

SCCMHA is just now ending our direct grant funded period with SAMHSA, and we have been a part of the MDHHS demonstration since last fall. We received our provisional certification from MDHHS at the end of November and we are working to come into compliance with outstanding standards required for full certification by the end of March. Attached in this publication, is a two-page infographic from our trade association, the Community Mental Health Association of MI, which does a wonderful job of highlighting what a CCBHC is, the required services of the national model and desired outcomes for those served.

In closing, do stay safe and well, be mindful of your own mental health, and thank you for your continued efforts during the COVID-19 pandemic.

Regards,

Sandra M. Lindsey, CEO

SB 597 & 598: The Wrong Step At The Wrong Time Dangerous, Costly & Bad for Michigan

We MUST broaden the conversation beyond Medicaid. Mental illness and addiction impact millions of individuals and families across the state of Michigan regardless of their insurance.

Solutions MUST be BROAD BASED, get at the root cause and address the areas of greatest need – **increasing overall access to care, adding providers and strengthening the workforce, and increasing inpatient care.**

Don't be fooled: SBs 597 & 598 are a shell game, just shifting who pays the bills for a small fraction of people in the Medicaid program.

The DO & DON'Ts ABOUT SBs 597 & 598

THE DOs

- SBs 597 & 598 DO increase costs by doubling the administrative overhead costing taxpayers over \$300 million more.¹
- SBs 597 & 598 DO eliminate local control, local decision making by the CMH and give it to for-profit insurance companies who are only accountable to non-elected bureaucrats in Lansing via contracts.
- SBs 597 & 598 DO turn over control to for profit insurance companies that had record profits in 2020 – over \$550 million.²
- SBs 597 & 598 DO give control to for profit insurance companies that have no experience in serving persons with complex mental health needs and poor track record on mild to moderate mental health services – lack of date & outcomes.³

THE DO NOTs

- SBs 597 & 598 DO NOT increase access to care
- SBs 597 & 598 DO NOT Increase providers or address workforce shortages
- SBs 597 & 598 DO NOT address the lack of sufficient inpatient care
- SBs 597 & 598 DO NOT address or integrate care, they only integrate funding
- SBs 597 & 598 DO NOT improve or guarantee better outcomes

JOIN THE FOLLOWING GROUPS IN OPPOSING SBs 597 & 598



1. FY19 Medicaid Utilization Net Cost (MUNC) report & https://www.milliman.com/-/media/milliman/pdfs/2021-articles/7-7-21-medicare_managed_care_financial_results.ashx
2. <https://www.craigslist.com/health-care/michigan-health-plans-post-rosy-profits-first-half-2020-blues-cross-income-lower-2019>
3. [Altarum Behavioral-Health-Access_Final-Report.pdf](#)

JOIN THE FOLLOWING GROUPS IN OPPOSING SBs 597 & 598

Disability and other Consumer Advocate Groups

- The Arc Michigan
- Association for Children's Mental Health
- Michigan's Children
- Michigan Developmental Disabilities Council
- Michigan Developmental Disabilities Institute
- Michigan Disability Rights Coalition
- Michigan United Cerebral Palsy
- National Alliance on Mental Illness

Educational Organizations

- Michigan Association of Intermediate School Administrators
- Michigan Association of School Psychologists
- Michigan Association of Superintendents & Administrators (MASA)

Health Care Professional Organizations

- National Association of Social Workers Michigan Chapter

Human Rights Organizations

- American Civil Liberties Union
- NAACP Michigan State Conference

Judiciary

- Michigan Association for Family Court Administration
- Michigan Judges Association
- Michigan Probate Judges Association

Labor

- American Federation of Labor and Congress of Industrial Organizations
- American Federation of State, County, and Municipal Employees
- Michigan Corrections Organization
- Service Employees International Union Local 517M (SEIU)

Law Enforcement

- Michigan Sheriffs' Association

Local Government Leaders

- Michigan Association of Counties
- Antrim County Board of Commissioners
- Branch County Board of Commissioners
- Charlevoix County Board of Commissioners
- Cheboygan County Board of Commissioners
- Clinton County Board of Commissioners
- Eaton County Board of Commissioners
- Gladwin County Board of Commissioners
- Gratiot County Board of Commissioners
- Iosco County Board of Commissioners
- Isabella County Board of Commissioners
- Huron Board of County Commissioners
- Kalamazoo County Board of Commissioners
- Lake County Board of Commissioners
- Mason County Board of Commissioners
- Mecosta County Board of Commissioners
- Michigan Association of Counties
- Ogemaw County Board of Commissioners
- Osceola County Board of Commissioners
- Oscoda County Board of Commissioners
- Otsego County Board of Commissioners
- Upper Peninsula Association of County Commissioners
- Washtenaw Board of County Commissioners
- Wayne County Commission
- Wexford County Board of Commissioners

Mental Health Services Administrators and Providers

- Allegan County Community Mental Health Services
- AuSable Valley Community Mental Health Authority
- Barry County Community Mental Health Authority

- Bay-Arenac Behavioral Health Authority
- Berrien Mental Health Authority
- Centra Wellness Network
- Community Living Options
- Community Living Services, Inc.
- Community Mental Health Authority of Clinton-Eaton-Ingham Counties
- Community Mental Health for Central Michigan
- Community Mental Health of Ottawa County
- Community Mental Health Partnership of Southeast Michigan
- Community Mental Health & Substance Abuse Services of St. Joseph County
- Copper Country Community Mental Health Services
- Detroit Wayne Integrated Health Network
- Freedom Work Opportunities of Genesee County, Inc (FWOGC)
- Genesee Health System
- Gogebic Community Mental Health Authority
- Gratiot Integrated Health Network
- HealthWest
- Hiawatha Behavioral Health
- Huron Behavioral Health
- Integrated Services of Kalamazoo
- Lakeshore Regional Entity
- Lapeer County Community Mental Health Services
- Lenawee Community Mental Health Authority
- LifeWays Community Mental Health
- Livingston County Community Mental Health Authority
- Macomb County Community Mental Health Services
- Mid-State Health Network
- Monroe Community Mental Health Authority
- Montcalm Care Network
- Network180
- Newago County Mental Health Center
- NorthCare Network
- North Country Community Mental Health Authority
- Northeast Michigan Community Mental Health Authority
- Northern Lakes Community Mental Health Authority
- Northern Michigan Regional Entity
- Northpointe Behavioral Healthcare Systems
- Oakland Community Health Network
- Pathways Community Mental Health
- Pines Behavioral Health Services
- Region 10 PIHP
- Saginaw County Community Mental Health Authority
- Sanilac County Community Mental Health
- Shiawassee Health & Wellness
- Southwest Michigan Behavioral Health
- St. Clair County Community Mental Health Services
- Summit Point
- Ten16 Recovery Network
- The Right Door for Hope, Recovery and Wellness
- Training & Treatment Innovations
- Tuscola Behavioral Health Systems
- VanBuren Community Mental Health Authority
- Washtenaw County Community Mental Health
- West Michigan Community Mental Health System
- Woodlands Behavioral Healthcare Network

Statewide and Regional Services Administrators and Providers

- Community Mental Health Association of Michigan
- Michigan Catholic Conference

SAY **NO** TO SENATE BILLS 597 & 598

The National Committee for Quality Assurance (NCQA) accreditation is the nationwide gold standard for healthcare and behavioral health service organizations. Below are the average NCQA annual report card ratings for Michigan's private Medicaid HMOs.

Follow-up after hospital visit for mental illness (8 of 10 plans received N/A* ratings):	★ ★ ★ ★ ★
Follow-up after Emergency Department (ED) for mental illness (1 of 10 plans received N/A* ratings):	★ ★ ★ ★ ★
Cholesterol & blood sugar testing for youth on antipsychotic meds (1 of 10 plans received N/A* ratings):	★ ★ ★ ★ ★
Alcohol or drug abuse or dependence treatment engaged (8 of 10 plans received N/A* ratings):	★ ★ ★ ★ ★
Follow-up after ED for alcohol and other drug abuse or dependence (7 of 10 plans received N/A* ratings):	★ ★ ★ ★ ★
Continued follow-up after ADHD diagnosis (1 of 10 plans received N/A* ratings):	★ ★ ★ ★ ★
First-line psychosocial care for youth on antipsychotic medications (3 of 10 plans received N/A* ratings):	★ ★ ★ ★ ★
Diabetes screening for individuals with schizophrenia or bipolar disorder:	★ ★ ★ ★ ★

The average Star ratings reflect the rounded averages of the NCQA Health Plan Report Cards for Michigan's Medicaid HMOs for the Treatment: Mental and Behavioral Health category. This category includes standardized measures for each individual health plan. Health plans are rated based on combined HEDIS®, CAHPS® and NCQA Accreditation standards. NCQA evaluates health plans on the quality of care patients receive, as well as patient satisfaction with care and their health plan.

<https://reportcards.ncqa.org/health-plans>. Due to COVID-19, NCQA implemented a Special Overall Rating policy in 2021. The 2021 ratings (reported as of 10/15/2021) display the better of the Overall Rating score between Health Plan Ratings (HPR) 2019 and HPR 2021.

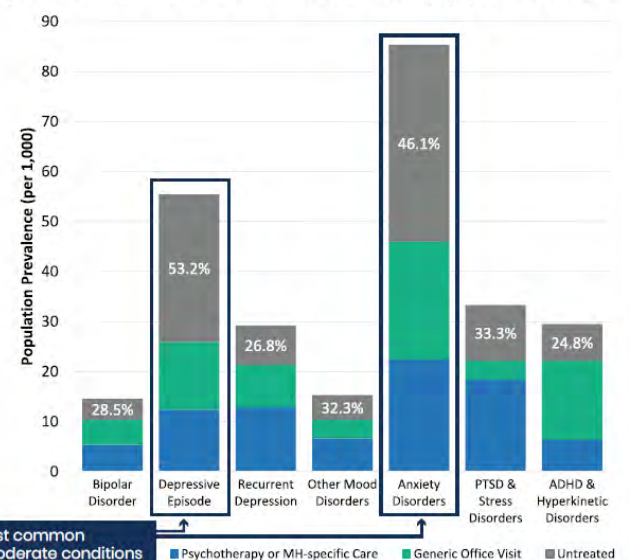
* N/A ratings indicate the number of instances was too small (e.g., < 30) to report a valid rate.

The Michigan Health Endowment Fund contracted with Altarum for a study on access to behavioral health care in Michigan in July 2019.

The unmet need for Adults with Mental Illness (AMI) in Michigan is greatest for the more prevalent, mild-to-moderate conditions.

Figure 11 shows the variation in estimated prevalence and unmet need for some of the most common mental health condition diagnostic categories. The conditions with the largest shares going untreated are anxiety disorders and depressive episode. More serious conditions such as bipolar disorder, recurrent depression, and post-traumatic stress disorder (PTSD) and other stress disorders are less prevalent among Michiganders and show lower shares going untreated.

Figure 11: Prevalence and Unmet Need for AMI Care in Michigan, by Common Conditions



Certified Community Behavioral Health Clinics in Michigan



The future is now. The Governor and legislators have made financial investments that improve quality care. Let us continue the momentum. Any successful healthcare integration effort must first start with the person. Michigan's public mental health system is the leader in person-centered care, leading with Certified Community Behavioral Health Clinics (CCBHC).

CCBHC's dramatically increase access to mental health and substance use disorder treatment while expanding the state's capacity to address acute mental health crises. They also:

- **ADOPT** a standard model to improve the quality and availability of addiction and mental healthcare
- **PROVIDE** care to people regardless of insurance type, geography, or the ability to pay. Those typically include uninsured, underinsured, underserved, low income individuals on Medicaid, and active-duty military or veterans

CCBHC's directly...



Increase access to telehealth and 24 hour mobile crisis services



Decrease serious psychological distress



Reduce suicide and overdoses by helping consumers feel healthier overall



Address access to addiction treatment and mental health services



Bring in more federal funding



Provide better services for veterans

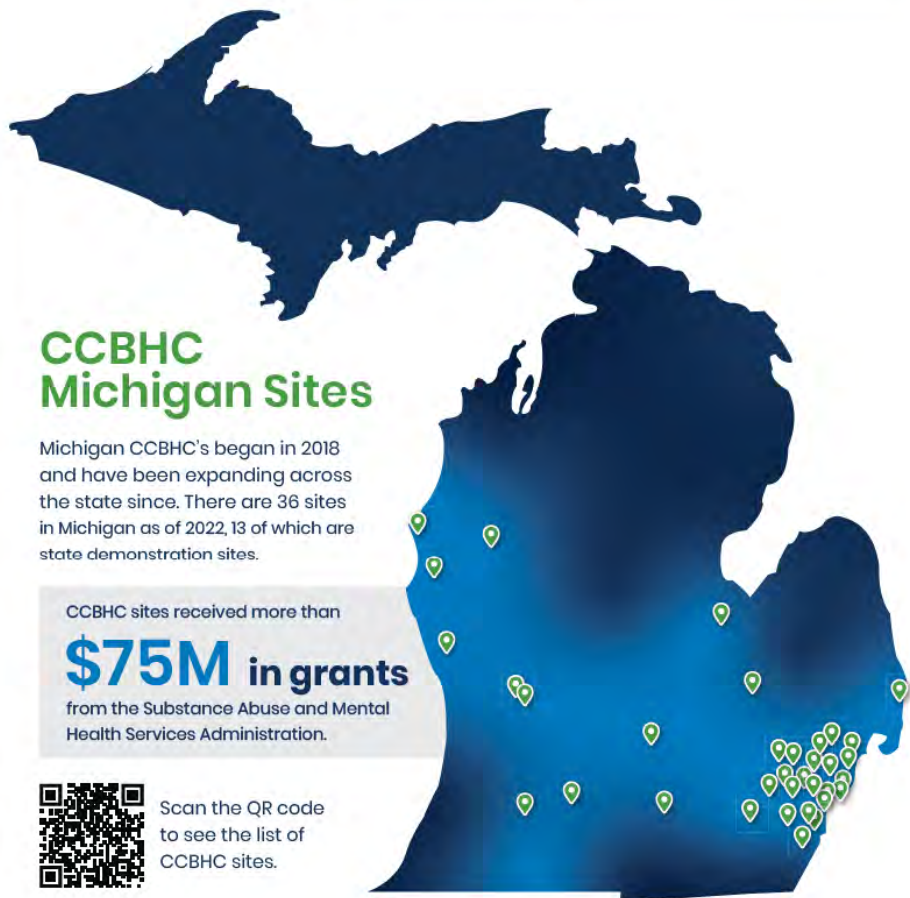
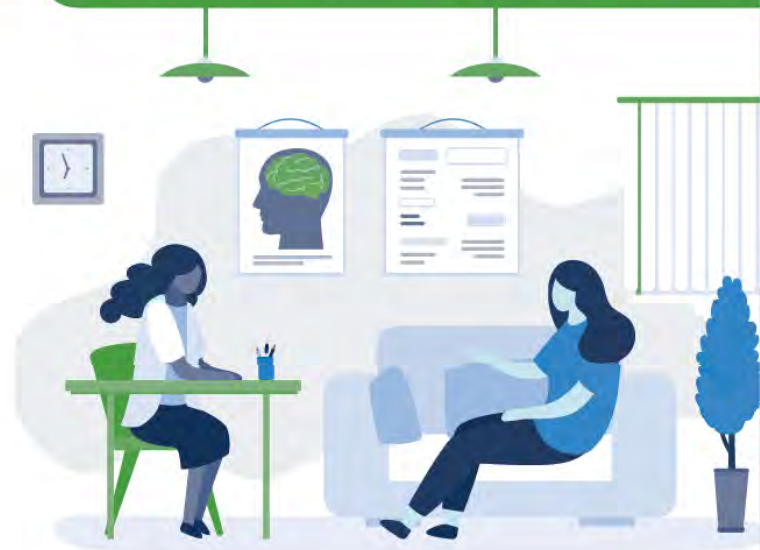


Increase the use of Medically Assisted Treatments



Reduce wait times for care

CCBHC's are nonprofit organizations or units of a local government behavioral health authority. They must directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care.



Scan the QR code to see the list of CCBHC sites.

The Process

Integration at the Person-Level

1

Intake

CCBHC's work together with partners to develop an integrated person-centered plan to support whole person care. This includes but is not limited to developing and understanding each consumer's psychosocial, physical health, behavioral health, substance use, and social determinant strengths and needs.

3

Full array of services

CCBHC consumers have access to a full array of evidence-based physical and behavioral health interventions that support health outcomes—from smoking cessation programs, to nutrition management, to weight loss and exercise planning, to whole health action management strategies.

5

Producing real life outcomes

Based on national data and Michigan-based metrics, consumers receive better quality of care including these essential services of CCBHC's.



Crisis mental health services



Patient-centered treatment planning: Screening, assessment & diagnosis, including risk assessment



Outpatient mental health & substance use services



Primary care screening & monitoring of key health indicators/health risk



Intensive, community-based mental health care for members of the armed forces & veterans



Psychiatric rehabilitation services



Peer support & family supports



Targeted case management

2

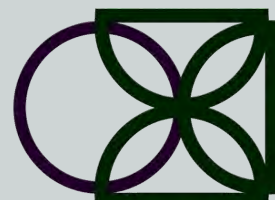
Prioritize health goals

Based upon prioritized needs and areas of risk, consumers enter services with prioritized goals including physical health screening, primary care coordination, and comprehensive supports coordination.

4

Integration of physical & behavioral health needs

All behavioral interventions are tied to the physical health needs of the individual consumer. These efforts are also supported by peers fully trained to implement evidence-based practices and connect with consumers based on their own physical and behavioral health recovery.



Apply to join the SCCMHA Citizens Advisory Committee

Written by: Ryan Mulder

Saginaw County Community Mental Health Authority (SCCMHA) is looking for five (5) new members to join our Citizens Advisory Committee (CAC). We currently have openings for the following categories: Service Provider (1), Primary / Secondary Consumers (2) and general Community members (2). All participants must be recommended by the Citizens Advisory Committee and appointed by the Saginaw County Community Mental Health Authority Board, reside or be employed within Saginaw County, and have the interest, time and energy to promote the development and/or improvement of mental health, developmental disability and substance abuse services in Saginaw County. CAC Meetings are the first Thursday of every month at 6:00 PM at 500 Hancock in Room 190/191. If you are interested in participating please join us for a meeting or two and then complete the application form on the next page by returning to Ryan Mulder, Executive Assistant to CEO either by mail (SCCMHA, Attn: Ryan Mulder, 500 Hancock St, Saginaw, MI 48602), email (rmulder@sccmha.org) or fax (989.799.0206). Any questions please give Ryan a call at 989.797.3501.

Thanking Outgoing Board Members and Welcoming New Members

Written by: Ryan Mulder

As a Community Mental Health Services Program (CMHSP), Saginaw County Community Mental Health Authority is governed by a twelve-member Board of Directors appointed by the Saginaw County Board of Commissioners. SCCMHA members offer their time and energy to directly impact our community and organization in their governing role. We would like to thank our outgoing members and welcome new members, as well as extend a heartfelt thanks to Directors past, present and future for their contributions to SCCMHA's mission/ vision.

Farewell to Outgoing Members

Leola Wilson (pictured top right) has served on the board for over 20 years and has been a tireless advocate for persons with intellectual and developmental disabilities. Leola paved the way for such persons to receive appropriate special education and to be fully integrated into the community. Her parent advocacy was an essential foundation to endure person with any disabilities are able to live the lives of their choosing and the accompanying need to support their families across the life span of their children with disabilities.

Larry Jones, Sr. (pictured middle right) has served on the board for approximately 3 years and has exhibited commitment and dedication in his decision making that was in the best interest of the individuals being served by SCCMHA.

Jordan Wise (pictured bottom right) has served on the board for approximately 4 years and has dedicated himself to enhancing the lives of adults with mental illness, children with serious emotional disturbances, persons with intellectual / developmental disabilities, and persons with substance use disorders.

Welcome to New Board Members

We also want to congratulate and welcome to our Board three new members. We are grateful and excited to have this group of individuals join the board and bring their unique talents, expertise, and perspectives to the work of the organization and further SCCMHA's vision of 'a belief in potential, a right to dream, an opportunity to achieve'.

Lisa Coney as General Public member with term expiring on 3/31/25

Joan Williams as General Public member with term expiring on 3/31/26

Deb Nagel as Primary Consumer member with term expiring on 3/31/27

Board Member Reappointed to New Three Year Terms

Mike Cierzniewski as Primary Consumer member with term expiring on 3/31/25

Robert Woods as Secondary Consumer member with term expiring on 3/31/25

Andrea Schrems as Agency Occupation member with term expiring on 3/31/25



SCCMHA CITIZENS ADVISORY COMMITTEE RECOMMENDATION FOR MEMBERSHIP

Name: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Business Phone: _____

Firm, Corporation or Organization: _____

Business Address: _____
Street City State Zip

Title or Position: _____

Description of responsibilities: _____

Nature of business or profession: _____

Length of time in position: _____

Club or organization affiliations (Including leadership positions held):

Additional Remarks: _____

Date: _____ Sponsor: _____

To be completed by the Advisory Committee

Is the proposed member eligible for membership? YES _____ NO _____

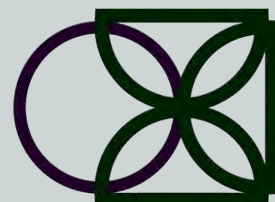
Is vacancy currently _____ FILLED _____ OPEN?

Approved by: _____
Signature of chairman, SCCMHA Citizens Advisory Committee

Approved by SCCMHA Board _____ Dated _____

Rejected by SCCMHA Board _____ Dated _____

Reason for rejection: _____



SCCMHA Auditing Staff

The SCCMHA Network Services auditing department has introduced six new staff members over the past year. Many of these staff members previously worked in other departments at SCCMHA, so you may already be familiar with them. We would like to formally introduce you to the team, so you know who you will be working with on auditing matters:

Melynda Schaefer – Provider Network Auditing Supervisor

Melissa Taylor – Provider Network Auditor

Tiffany Barnett – Provider Network Auditor

Tony Navarre – Provider Network Auditor

Debbie Jones-Burt - Residential Placement Liaison/HCBS Coordinator

Carlee Haller - Typist/Clerk for Auditing and Credentialing



Preparing for an SCCMHA Desk Audit

Written by: Melynda Schaefer

Organization is essential for the provider and the auditing team during a desk audit. When submitting documents, either electronically or in person, please organize them by category and/or year. Binders can be sent in and will be returned to the provider upon completion of the audit process. Before submitting your documents, refer back to the audit tool to ensure you have provided everything that was requested. The more thorough you can be, the easier the audit process will be. Please reach out if you have any questions.



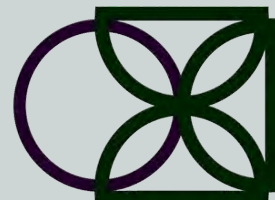
Sending in Multiple Auditing Documents in Sentri

It can be a time consuming process to send in auditing documents one at a time, so we wanted to make sure everyone is aware of the ability to send multiple documents in Sentri at once! The first step is putting all the documents you want to send in a single **zip folder** on your computer's File Explorer. Once the files are in the zip folder, they are ready to send! Log into Sentri messaging and attach the zip folder to your email the same way you would attach any other document. If you would like further instructions on how to create and upload a Zip File, email Jenna Brown at jbrown@sccmha.org for a document with pictured instructions.

SCCMHA Audit References

All of the provider checklists have been added to the SCCMHA website under About Us > Business Partnerships > Network Providers > Auditing Checklists. In addition to listing what the auditors will be reviewing, the third column lists the references as to why each item is being reviewed. You can access the checklists at [this link](#).

The 2020/2021 Audit Scores have also been posted to the website. You can view them at the same link under Business Partnerships > Auditing.



Training Reminders

Written by: Alecia Schabel

1. Make sure training coordinators/Home Managers/Supervisors are providing new hire and hire date information to SCCMHA CEU registration staff before online quizzes are completed
2. New hires must complete and pass the Orientation quiz before submitting other training registration requests
3. Ensure staff are completing the correct trainings. If your staff are not directly employed by a Consumer, staff are not allowed to complete any trainings with a title of: "SD" (self-determination).
4. If staff are registered for a training as "stand-by" (this means training registration is full), please send them to the SCCMHA training facility the day of training. Those who are on "stand-by" are most often admitted due to no-shows.
5. Staff who attend SCCMHA CPR/First Aid Training are required to provide an email address in order to acquire an AHA CPR ecard. All trainees are given a "How to Claim Your AHA ecard" document with directions they need to follow. If you would like a copy of these directions to have on hand for your staff, please reach out to Alecia Schabel (aschabel@sccmha.org) or 989-797-3451.
6. Please contact Alecia Schabel (aschabel@sccmha.org) or 989-797-3451 with any on-going reporting concerns.
7. 2022 Training Participant Guidelines Manual: This has been emailed to all providers. Please have a printed copy in your office and accessible to your staff. Be sure your staff are aware of the virtual training requirements - these are firm. As we may soon be back to in-person training, you will also want to be sure your staff are aware of SCCMHA training guidelines while at the A&W training facility.

The updated Training Participant Guidelines Manual has been attached to the email this newsletter was sent in.

Online Trainings

Online Trainings for Direct Care and ABA workers can now be found on the Business Partnerships page.

to view the Direct Care Trainings, please visit: [Direct Care Provider Training : Saginaw County Community Mental Health Authority \(sccmha.org\)](#)

To view the ABA Trainings, please visit: [Autism Provider Training : Saginaw County Community Mental Health Authority \(sccmha.org\)](#)

Recipient Rights Training

Staff must complete Recipient Rights Training within 30 day of hire. If a staff member is unable to attend the training within 30 days, they need to contact the SCCMHA Training department to see what they need to do until they are able to get into one of the scheduled classes.

Mental Health First Aid Training

Mental Health First Aid (MHFA) teaches suicide prevention and how to identify, understand, and respond to signs of mental illness and substance use disorders. This training teaches the skills needed to provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care. Normally a \$170 training, MHFA is being offered for Free through March 2023. More information and upcoming training dates can be found here: [SCCMHA MHFA Training](#)

See the following page for a flyer with more information on MHFA.



Mental Health FIRST AID

from NATIONAL COUNCIL FOR MENTAL WELLBEING



MENTAL HEALTH FIRST AID

WHY MENTAL HEALTH FIRST AID?

Mental Health First Aid (MHFA) teaches you how to identify, understand and respond to signs of mental health and substance use challenges among adults.

On average,

130

people die by
suicide every day.

*Source: American Foundation
for Suicide Prevention*

From 1999 to 2019,

841,000

people died from
drug overdoses.

*Source: Centers for Disease
Control and Prevention*

Nearly

1 IN 5

in the U.S. lives
with a mental illness.

*Source: National Institute
of Mental Health*

WHO NEEDS TO KNOW MENTAL HEALTH FIRST AID

- Employers.
- Police officers.
- Hospital staff.
- First responders.
- Caring individuals.

WHAT IT COVERS

- Common signs and symptoms of mental health challenges.
- Common signs and symptoms of substance use challenges.
- How to interact with a person in crisis.
- How to connect a person with help.
- Expanded content on trauma, substance use and self-care.

THREE WAYS TO LEARN

- **In-person** – Learners will receive their training as an 8-hour, Instructor-led, in-person course.
- **Blended** – Learners complete a 2-hour, self-paced online course, and participate in a 4.5- to 5.5-hour, Instructor-led training. This Instructor-led Training can be:
 - » A video conference.
 - » An in-person class.

Learn how to respond with the Mental Health First Aid Action Plan (**ALGEE**):

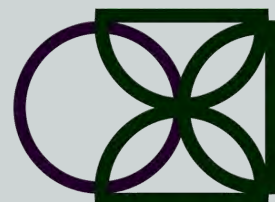
- A**ssess for risk of suicide or harm.
- L**isten nonjudgmentally.
- G**ive reassurance and information.
- E**ncourage appropriate professional help.
- E**ncourage self-help and other support strategies.

Sources

American Foundation for Suicide Prevention. (n.d.). *Suicide statistics*.
<https://afsp.org/suicide-statistics/>

Centers for Disease Control and Prevention. (n.d.). *Drug overdose deaths*. <https://www.cdc.gov/drugoverdose/deaths/index.html>

National Institute of Mental Health (NIMH). (n.d.). *Mental illness*.
<https://www.nimh.nih.gov/health/statistics/mental-illness>



Free Program for Better Health!

Written by: Linda Paegliis, Health Education Consultant

Are you one of many people who think about losing a few pounds? Have you thought about how those pounds might be affecting your health? Conditions like type 2 diabetes, heart disease, and even cancer are correlated to being overweight. The good news is that lifestyle choices -such as what you eat and how much you move - can have a positive impact on your health!

Years ago, the CDC (Centers for Disease Control) developed a program to help people make healthier lifestyle choices. Research shows the national Diabetes Prevention Program (DPP) decreases the risk of developing type 2 diabetes by at least 58%. Making changes and sticking with them can be tough to do on your own. The DPP provides long-term accountability, support, and information to help you be healthier. Wow, what's not to love about that? The group meets for one hour per week, led by a certified DPP Lifestyle Coach. It is distance learning, so you can easily join using technology or even a landline phone. Yet, it is live, so you have virtual meetings with the same coach and small group of people, week after week.

This program normally costs hundreds of dollars, but thanks to a grant it is now available for FREE! New groups are starting every month. If you are interested for yourself and/or for a self-directed and dedicated consumer, check out this link: [Diabetes Prevention Program - Muskegon YMCA](#)

Or, simply call Kelli at (231) 722-9622 ext.205 at the Muskegon YMCA!



Sentri II Add and Remove Staff Forms

The Sentri II Add and Remove Staff Forms for creating and disabling staff accounts to access Sentri have been updated and separated into two forms. These forms can still be found on the Business Partnerships page here under Sentri: Resources : Saginaw County Community Mental Health Authority (sccmha.org)

We are hoping that having separate forms will decrease confusion during submission. Please contact jbrown@sccmha or lsantino@sccmha.org if you have any questions when filling out the forms.

MDHHS Required Salary and Wage Survey Reminder

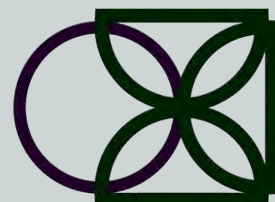
The completed survey is due on March 31, 2022 to BH.Provider.Survey@Milliman.com.

The survey and instructions can be found at [this link](#) under Policy 21-39 reporting requirements. While the file name for the survey says 'Direct-Care', the survey is to be completed by all Residential & Non-Residential Providers. If you have any questions, please contact BH.Provider.Survey@Milliman.com

Masking and COVID Screening

There have been many questions regarding mask mandates and COVID screenings. As the mask mandates have not changed for health care settings, the expectation of SCCMHA is that everyone will continue to wear masks as usual. COVID screenings should also continue for the safety of all consumers and staff.





Provider Spotlight

Written by: Tom Caylor

GAME CHANGER THERAPY SERVICES

Game Changer Therapy Services, with four locations in Bay City and Saginaw, "answers a lot of prayers," said Scott Staszak, a former Saginaw County Community Mental Health Authority (SCCMHA) occupational therapist who owns the company with his wife, Kellie.

Founded in 2016, it contracts with SCCMHA, Bay Arenac Behavioral Health and Community Mental Health of Central Michigan to offer play-based pediatric and early adult therapy services to more than 350 consumers monthly in their homes, the four clinics and the community.

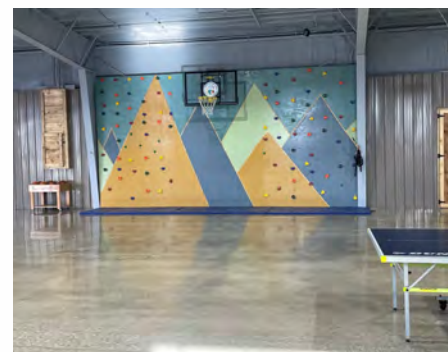
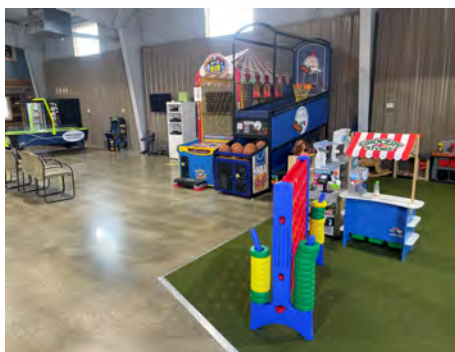
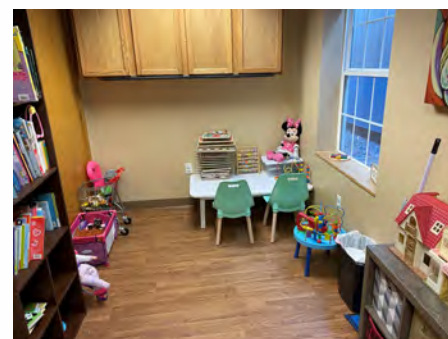
"Most parents are faced with major decisions when they learn their child has some form of developmental delay," Staszak added. "They ask, 'How do I get the help my child needs?' We are a one-stop shop for every therapeutic service."



With more than 100 employees, Game Changer Therapy Services provides occupational therapy, behavioral therapy, physical therapy and speech therapy to help consumers make functional gains. In addition, it creates therapy plans that mix well with total care plans, including autism-based services.

The company also offers free transportation services to families and integrates Applied Behavior Analysis (ABA) into its comprehensive plans. ABA is a therapy based on the science of learning and behavior.

"It's been such a great experience seeing something I am so passionate about help so many families in our community," said Staszak. "We make therapy fun so that our consumers will look forward to coming."





Leave of Absence

Written by: Melynda Schaefer

Leave of Absence (LOA) occurs when the resident leaves a specialized residential setting for an overnight absence that absolves the provider from the responsibility of providing services for the duration of the consumer's absence. This would be circumstances such as: a planned vacation, family visit, hospitalization, incarceration, etc. The provider remains responsible for the provision of service in circumstances such as elopement, working, day program, in the neighborhood, going to the store or movie, etc. even though the consumer is not in the facility or under the direct supervision of the provider.

For reimbursement and payment purposes, SCCMHA considers the start of the billable day as 12:00 AM midnight. A provider must be responsible for services to a consumer at the start of that day in order to bill for that day. Under this provision, if a consumer goes on a leave of absence, the provider would not be paid for the day the resident leaves but would be paid on the day the resident returns. In other words, the provider will be paid for date of admission but not date of discharge. Please remember that LOA forms are to be completed in their entirety.

Reminder for New Home Managers

We know that the auditing process can be stressful and we want to make sure all providers are set up for a smooth and successful auditing process. As a reminder, orientation for new home managers is available to review the overall auditing process and get familiar with the document types that will be requested. For more information or to schedule an orientation, contact Melynda Schaefer at 989-797-3491 or (mschaefer@sccmha.org).

Infection Control Nurse

Written by: Jennifer Keilitz

SCCMHA will no longer have an infection control nurse. As we continue to move toward full integration of consumers within their community, we feel the infection control nurse is no longer necessary and therefore we are going to re-vamp our infection control policy to reflect the changing times.

What does this mean for you or your program?

1. The phone number that you and your staff have been calling to report infections will no longer be in service. If you have posters at your homes indicating that staff should contact the infection control nurse, please remove.
2. Please educate your staff on what your new protocol will be in your facilities. Who to contact and what to do.
3. If you have adopted or adapted the SCCMHA policy previously you will need to make changes to your policy to reflect that you no longer need to contact the infection control nurse when there are infections in your home. The revision to your policy should include who staff should contact.
4. Many of you have your own corporate infection control policies and should be following those policies and protocols. It would be prudent to review these protocols with your staff.
5. All AFC homes should be contacting the Public Health Department for any COVID-19 positive test results in your homes.
6. For infections other than COVID-19 that should be reported, please also report these to the Public Health Department.
7. Please follow any guidance given by the consumer primary care physician and the Public Health Department.
8. If the consumer is contagious, please do not expose others by sending consumers to day services programs. Also, please obtain documentation from the consumer primary care physician for returns to day programming slips.
9. Make sure you have proper personal protective equipment for your staff to protect them from potential exposure and possible spread of the infection.
10. As always, you can reach out to Jenna Brown (jbrown@sccmha.org) or myself (jkeilitz@sccmha.org) if you have any questions or concerns.