

Making Our Community **LESS**  
**VULNERABLE**



SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY





## LEADERSHIP MESSAGE

### MEETING VULNERABILITY WITH ESSENTIAL SAFETY NET SERVICES

We are proud to share our 2019/2020 community report with you.

At Saginaw County Community Mental Health Authority (SCCMHA), our mission has always been about providing a safety net for Saginaw County’s most vulnerable citizens. The COVID-19 public health crisis has brought our mission into sharper focus, as we have met the challenges of providing essential safety net services to those we serve.



Sandra M. Lindsey



Tracey Raquepaw

SCCMHA’s primary purpose is serving as the public manager of supports and services for individuals — youth, adults and their families — with mental illness, intellectual/developmental disabilities and chemical dependency. We believe in the ability of our consumers to achieve their full potential, their right to dream, and their opportunity to achieve — even in a period of great upheaval and uncertainty. In this report, you will see how we are addressing that mission in the time of COVID-19.

You will also learn about our efforts to serve our community with innovative services that affect numerous vulnerable populations: mothers and infants; the uninsured; those with mental illness and disabilities; caregivers; and those with special needs. And, of course, we continue to navigate a vast, rapidly changing health care landscape as it evolves into an “integrated care” model — affecting everything from services provided, methods of delivery, measurement of effectiveness, and reimbursement.

One of our points of pride is the completely transparent delivery of services. To that end, you will find our dashboard of metrics highlighting demographics of consumers served, along with sources of revenue and expenses.

We thank all of our colleagues, contracted providers, community stakeholder partners and community friends for their tireless dedication and support. It is through your commitment, talent and enthusiasm that we are providing a safety net of services that so many vulnerable populations need access to.

Sincerely,

**Sandra M. Lindsey**  
Chief Executive Officer

**Tracey Raquepaw**  
Board of Directors Chairwoman

INTRODUCTION

# Lifting Up Our **SAFETY NET**

The COVID-19 crisis has brought to the forefront two concepts that have long been familiar to Community Mental Health. Creating a safety net for vulnerable populations has been our mission for over 50 years.





“Vulnerable population” is a term that has been in the news frequently since the beginning of the pandemic. Around the world, we have learned that susceptibility to COVID-19 is not the same for all people. In breaking news, we have heard “most vulnerable” used to describe the groups of people most likely at risk. Older adults and those with chronic health conditions have shown greater physical susceptibility. People living in high-density urban areas and people living in high-density institutions, college dorms, nursing homes and prisons are demographically more vulnerable. Individuals who work in close proximity to their co-workers such as in meat packing plants or on board naval ships share the same demographic vulnerability. And as we have come to learn in the weeks and months following the economic shut down, people who live and work on the economic margins are more vulnerable in all categories, they are more susceptible to getting the virus, and they are the least able to cope with the economic impact on their lives. Children are vulnerable as well. Their home life and their school life have been disrupted and the impact of their stress may not be seen for years to come.

“Safety net” is another term we have come to appreciate during this pandemic. Stories of how our communities, our state and the nation have responded to the pandemic demonstrate the many ways in which we have created a safety net for the most vulnerable; whether sewing masks for frontline health workers or mastering

virtual healthcare, church, school and family gatherings; whether caring for the elderly or simply being there for each other through social media when we can’t be together to share a hug. The most inspiring safety net stories are those of the individual sacrifice and leadership of first responders and health care providers. We have also learned who else contributes to the safety net, people that we would not before have appreciated — grocery store workers, truck drivers and many others — all became a part of the pandemic safety net.

Now, we want to ask you to think of these two terms in a different context as we share the stories of Community Mental Health. Think of other circumstances and other people who are vulnerable and need special supports in everyday life. The strength of the Saginaw community is newsworthy. It explains how Saginaw was ready to bring out the safety net to meet the needs of others during the pandemic. Our local leaders knew each other well and were ready to work as a team, and our spirit of community inspired everyone to care and contribute.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, observed this essential principle of community resilience in his virtual meeting with mayors in May 2020: The success of how we respond as a nation to this outbreak is in the hands of the locals — the mayors, the city leaders and the community leaders.

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# Addressing the Needs of Our Most **VULNERABLE**

Community Mental Health has known of the special needs of mothers and infants for over 50 years. Mothers and infants who are at risk of developmental disabilities and emotional disturbance in childhood are exposed to many vulnerabilities during pregnancy and in the first months and years of life. President Kennedy knew decades ago that prevention begins with early identification and the Community Mental Health Centers Act emphasized that prevention is an essential part of community health.

**THE SAFETY NET:** The safety net for moms and babies is on the surface very simple. In the Netherlands, an expectant family places a stork in the window of their home. In the U.S., we see bumper stickers that say “Baby on Board.” We are, as a society, conditioned to protect and nurture infants and their mothers. In spite of this, we know that the world is not a forgiving place; babies are exposed to illness, to deprivation and, sometimes, to early death. The things that make a difference are sometimes more complicated than we can capture in a baby shower gift list. Four programs in Saginaw County have demonstrated our community collaboration work in the field of prevention, and each speaks to SCCMHA’s understanding of what it means to be a part of the “village” that raises a child.

**MOTHER INFANT HEALTH AND EQUALITY IMPROVEMENT PROGRAM:** In 2019, SCCMHA had the opportunity to work with local and regional partners in the Regional Perinatal Quality Initiative for Prosperity Region 5. Partnering with the Michigan Health Improvement Alliance, SCCMHA provided fiduciary and organizational support to this state initiative to improve health outcomes for mothers and babies.

**NEONATAL ABSTINENCE SYNDROME (NAS) COMMUNITY COLLABORATIVE:** Opioid dependence is a devastating health problem for anyone, but even more so for women who are pregnant and their unborn babies. In 2019, SCCMHA worked with Saginaw health partners to develop and present a clinical workflow that would engage opioid-dependent expectant mothers in Medically Assisted Treatment (MAT) during pregnancy. The goal of the project was to establish consensus in the community on best practices and to improve access to Medically Assisted Treatment for expectant women, helping them get to the best possible health before delivery so that their babies could expect a healthier start in life.

**INFANT MENTAL HEALTH SERVICES:** Infants show signs of emotional distress from their earliest days of life. Emotional health can be seen in how a baby responds to and bonds with their mother and caregivers. If this connection is impaired, the baby will fail to thrive and, quite quickly, fall behind in their normal development. The goal of an infant mental health therapist is to help mothers overcome barriers to a healthy attachment. Circumstances such as drug



addiction, depression, grief and complex health situations are often found to be the cause of attachment problems. During the time of limited home visiting because of the COVID-19, the infant mental health prevention therapists, who normally use the personal interaction and observation involved in play therapy, have been working virtually with families and their babies. Creative families have prepared for a session with play set up so that the therapist can observe and join virtually. Months in the life of an infant make a difference, and the safety net ensures that progress is not lost.

**SAGINAW COUNTY CHILD DEATH REVIEW TEAM:**

SCCMHA has a role in the community review of the death of infants and children. The loss of a child is sobering and felt across the community. The question the team asks is this: “Could this child’s death have been prevented?” Unless we understand where we have failed, we cannot improve. The ability of a community to prevent the death of infants and children is a measure of the strength of the safety net, to save the lives of the most vulnerable.

## THE UNINSURED

# Lack of Health Coverage Leaves **MANY VULNERABLE**

**P**ublic debate over the best approach to financing health care has dominated our political agenda for decades. One thing that we all have been able to agree on is that people who are uninsured are more vulnerable than those who are insured. Bearing the burden of catastrophic, chronic or pre-existing health conditions without health insurance is devastating. The cost of health care is prohibitive for those at the economic margins, whether the expense is for basic preventative care or for extended treatments to address chronic health conditions. Too many people are simply resigned to do without.

**THE SAFETY NET:** SCCMHA has been charged with keeping the public informed about mental illness in adults, emotional disturbance in children, and intellectual and developmental disabilities. Part of this obligation is to ensure that the community knows when, where and how to access mental health treatment and support services. This public health objective reaches to the uninsured, as well as the insured, and includes the expectation that we assist people with obtaining health insurance wherever possible. CMH is a part of the safety net for the uninsured. Our efforts are diverse but share one goal – a healthy community.

**SAGINAW COUNTY COMMUNITY HEALTH ASSESSMENT – THE ROADMAP TO HEALTH:** The Saginaw County Health Department is charged with assessing the health needs of Saginaw County residents, as well as the county's capacity to meet those needs. This charge is similar to the one placed on Community Mental Health and local hospitals as well. Both are required to describe to the legislature how they will address public health needs in a local health care system. This collaborative work is a good example of the local leadership described by Dr. Anthony Fauci. The Saginaw Community Foundation and the Michigan Health Information Alliance have provided us with local and regional opportunities to create the working relationships needed to assess needs and develop a plan. You can find the Roadmap to Health on the SCCMHA website at [sccmha.org](http://sccmha.org).

**PUBLIC EDUCATION AND INFORMATION – HEALTH FAIRS:** In these times of information overload, it is hard to imagine that anyone could be uninformed. But we know that it often takes a personal face-to-face encounter to break through to those who have “tuned out” the information noise and missed learning about symptoms and services that might save their lives. Health fairs are a great strategy to reach specific groups and are an excellent way to make the personal connection necessary to inform and respond. SCCMHA has appreciated these well-organized opportunities to share information about mental health in 2019: Kappa Alpha Psi Men's





Health Fair; Parents of Carrolton Elementary Health Fair; St. Paul's Baptist Church Health Fair; St. Mary of the Assumption Cathedral Festival; Black Nurses Association Community Connection Health Fair; Miles for Memory Walk; Bay City Pride Day; and the Central Michigan University street medicine outreach to the Saginaw City Rescue Mission.

**HISPANIC OUTREACH:** SCCMHA reaches out to provide the Hispanic community with information about mental health and support for access to services with several partner organizations as a part of the Saginaw Community Health Action Plan. The issue of racial disparity in health access is well defined in the Saginaw County Health Assessment and the plan includes goals to improve access to mental health, as well as physical health, through information and enrollment. SCCMHA received grant funds to provide a bi-lingual mental health therapist who, during this COVID-19 pandemic, has been able to continue services by phone and through use of a virtual service chosen by the SCCMHA Information Systems department called Doxy.Me.

**SCCMHA WEBSITE — SCCMHA.ORG:** In this digital age, the first source of information for most people is the internet. The SCCMHA website is a rich source of information about the signs and symptoms of mental illness and the nature of services available and how to access them. It also serves as an anchor point for activities and the news of the day for our collaborative safety net partners and consumers.

**WELLNESS ON THE WATERFRONT:** In June 2019, Saginaw Valley Rehabilitation Center made creative use of its unique new space in downtown Saginaw at the Farmer's Market Pavilion. The first annual Wellness on the Waterfront health fair was held there and it was as much fun as it was educational. The event focused on wellness and was a collaborative effort. SCCMHA was able to contribute grant funds to support the event, which included wellness education with a walk along the riverfront and interactive education provided by local businesses. Vendors engaged participants on topics such as fitness, recreation, healthy living, finance and other dimensions of wellness.

Major Chords for Minors performed live along with the Bayside Lodge Clubhouse who led the crowd in line dancing. The energy and heart of the safety net is in the members of the community it serves.

**WALK A MILE:** In May 2019, and upcoming in September 2020, the SCCMHA Customer Services team supported a group of consumers who want to make their voices heard at the Michigan Capital. This annual advocacy forum for people with mental illness and intellectual and developmental disabilities is very popular. Advocacy is an important way of informing the legislators about the need for public policy to support the safety net services for their constituents who are not readily visible. In 2019, a bus with 23 consumers traveled to Lansing for the annual event.

**mySTRENGTH — THE HEALTH CLUB FOR YOUR MIND:** SCCMHA is able to provide the myStrength mobile app free to the community, ensuring that all people — those who are engaged in treatment and those who have not previously sought care — are able to get help with depression, anxiety, stress, substance used disorders, chronic pain and sleep challenges. At the onset of the COVID-19 pandemic, SCCMHA used grant funds to make the myStrength app available to the community at large. Several hundred new users have since subscribed and we have encouraged SCCMHA staff and other health professionals and first responders to use the app for their own wellness.

**MENTAL HEALTH FIRST AID:** SCCMHA has provided Mental Health First Aid training since 2014. The course is very popular in Saginaw with more than 2,000 people, adults and youth, now trained, and 302 joining classes in 2019. Participants have included teachers, first responders, veterans, neighbors, friends, families and people in recovery. The course offers any interested person knowledge about how to respond to a mental health crisis by taking away the fear and hesitation about starting a conversation about mental health. The safety net begins there with asking and listening and conquering the isolation that places people at greatest risk.

## MOTHERS & INFANTS

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## THE UNINSURED

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# VULNERABLE POPULATION





## SPECIAL NEEDS POPULATION

This pandemic is the “perfect storm” of vulnerabilities. As SCCMHA prepares this annual report, we do so from our extraordinary present-day circumstances. Imagine our concern with over 7,725 residents in the community who rely on the support services of this organization – some for total care in group homes, others for intensive support in their own homes – all now needing the safety net in order to meet the test of the Stay Home Stay Safe orders to control the spread of the virus. As we write this report, it seems timely to note just how Community Mental Health is present throughout the community, being the safety net to those we serve, as well at the community at large.



# RABLE populations

## THOSE WITH MENTAL ILLNESS AND DISABILITIES

Community Mental Health is deeply aware of the needs of those with mental illness, emotional disturbance, intellectual and developmental disabilities, and substance used disorders. We have been “shoulder to shoulder” with them and their families since before the time when Michigan transitioned from institutional to community-based care. During the pandemic, there has been an even greater need to use the resources and safety relationships at hand to ensure their ability to remain safe in the community.



## CAREGIVERS

The unpaid caregivers, who most often are the families of those in need of care, are a vulnerable and often silent population. Their days and lives are confined by the myriad demands of work life, home life, family life and care giving. They strive to ensure that their loved ones live a life as close to normal as possible, often to the neglect of their own health. We see them in the community and, not uncommonly, it is ourselves that we see filling this role. Sometimes the duty is short term, but more likely it is for life. The pandemic has brought intimate pictures of caregivers who are confined to home while being the safety net for their loved ones.

## THOSE WITH MENTAL ILLNESS AND DISABILITIES

# An Even Greater Need for **ENHANCED SERVICES**

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**THE SAFETY NET:** The set of stories that follow focus on some of the unique ways that SCCMHA works collaboratively with community agencies to ensure that this vulnerable population, which is so often at the margin of society, is able to live in the community. Memories of life in institutional care are not that remote for some and much has been accomplished to create the safety net essential for their community life. In spite of this safety net, life in the community is complicated and there are daily challenges. These stories describe some of the ways that the safety net is carefully woven to serve those with complex care needs.

**THE SAGINAW HOARDING TASK FORCE:** At the website [HoardingTaskForceSaginaw.org](http://HoardingTaskForceSaginaw.org), you will see a very unique safety net — one that strives to address the dire living situations of those with profound hoarding problems. The website describes the ongoing work among Saginaw’s first responders to address individual situations, working as a team guided by best practice interventions. The task force is supported with resources of the Saginaw Community Foundation and SCCMHA. There were 17 referrals to the task force in 2019 and four individuals were engaged in active clinical treatment as a result.

**STATE FACILITY LIAISON:** There are several state institutions that remain open in Michigan — Caro Regional Center, Hawthorne Center for children, Kalamazoo State Psychiatric Hospital, Walter Reuther Psychiatric Hospital and The Center for Forensic Psychiatry. Saginaw County residents are served in all of these locations. Many of the residents are also involved with the criminal justice system and include those deemed by the courts as “not guilty by reason of insanity.” The tie of state facilities to the home county of the resident dates back to the beginning of Michigan’s public mental health system. Our liaison works to be sure that the connections and communication with the home county are sustained and participates in the development of a plan to meet the best results for continuity of care. In 2019, more than 20 individuals from Saginaw County were served in state facilities.

**LAW ENFORCEMENT TRAINING:** Every other month, SCCMHA is at each roll call for the Saginaw City Police Department. We provide training for officers in a wide variety of topics related to mental health but, most importantly, we believe these sessions help us to keep our relationships strong and communication open. Every success



begins with professionals reaching out to each other to solve problems. This is the essence of an effective safety net. Chief Bob Ruth extends an open invitation to officers from other jurisdictions, including Michigan State Police, to take advantage of these sessions.

#### **JAIL DIVERSION SERVICES — BEFORE AND AFTER**

**ARREST:** We might not think of people who are arrested and charged with a crime as “vulnerable,” but those who are in that circumstance because of or with a serious mental illness are truly vulnerable. They struggle to advocate for themselves as much as the correctional system is challenged to accommodate them. In Saginaw County, the strong partnerships with mental health and law enforcement, the courts and the prosecutor allow us to create that safety net that helps people get back on track and stay on the right side of the law.

**PROBATE COURT PARTNERSHIP:** There isn't a day that goes by when SCCMHA and the Saginaw County Probate Court aren't working together to address the needs of people with mental illness,

their families and the community. There is no set of rules for how this relationship should work so every county finds their own solutions. In Saginaw County, we are blessed with the long-term friendship of the Honorable Patrick McGraw, and have built a safety net that is at work 24/7.

#### **BEHAVIORAL HEALTH CONSULTATION FOR JAIL**

**INMATES:** As we go to press with this report, the Saginaw County Sheriff is in the midst of opening a new jail. The challenges are immense. For over 30 years, SCCMHA has been a part of the safety net that helps the Sheriff with the special needs of inmates with mental illness when they cannot be released to participate in services in the community. We have continued to be there for them during the limitations of COVID-19.

**MENTAL HEALTH COURT:** Another pair of court friends to SCCMHA is the Honorable Elian Fichtner and her predecessor, the Honorable A.T. Frank. Judge Frank responded to the opportunity from the Michigan State Court Administrators Office several years ago to form a specialty court for people with serious mental illness. At the time of this report, there are 12 individuals who have been adjudicated and are being monitored and provided services under the specialty court program. This enables them to continue living safely in the community and not in the correctional system. The SCCMHA Mental Health Court program coordinator reports some special ways that the Mental Health Court is serving as a safety net during the pandemic. One consumer shared her success with a mobile app called Pocket Rehab. Using the app, people can reach a sponsor, participate in virtual meetings, and demonstrate that they are meeting the requirements of their court orders. Finding a way to success for the most vulnerable, the most challenged and the most challenging is what a safety net must do.



## SPECIAL NEEDS POPULATION

# ADDITIONAL SUPPORT in a Public Health Crisis

This pandemic is the “perfect storm” of vulnerabilities. As SCCMHA prepares this annual report, we do so from our extraordinary present-day circumstances. Imagine our concern with over 7,725 residents in the community who rely on the support services of this organization — some for total care in group homes, others for intensive support in their own homes — all now needing the safety net in order to meet the test of the “Stay Home. Stay Safe.” orders to control the spread of the virus. As we write this report in 2020, it seems timely to note just how Community Mental Health is present throughout the community, being the safety net to those we serve, as well as the community at large.

**THE SAFETY NET:** The stories that follow describe the rapid response of SCCMHA to COVID-19. In times of pandemic, there is precious little time to think. SCCMHA anticipated a pandemic in 2014 when it wrote the first SCCMHA Pandemic Plan. That plan outlined how we would respond to sustain essential supports if a pandemic were to disrupt normal service delivery. The plan was a start, but we have learned that every day in crisis mode presents unexpected challenges. With the deployment of a workforce of over 1,000 through a network of 200-plus individual and agency providers serving over 7,725 consumers — simply meeting the obligations of social distancing is a challenge. Some of the following stories are worth reporting before we close the story of this publication.

**COVID EMERGENCY GRANT:** SCCMHA was awarded funding from the Michigan Department of Health and Human Services as a sub-grantee to the SAMHSA award given to Michigan to provide crisis intervention, mental health and substance used disorder treatment, and other recovery related supports for children and adults impacted by the epidemic. But as they said in the last economic recovery, SCCMHA was “shovel ready” and, as we have come to learn over the years, that is often how CMH is perceived. We are there in every community, ready to work in times of need because we are a part of the ongoing safety net fabric of the community.

**BAYSIDE LODGE CLUBHOUSE PREPARES AND DELIVERS MEALS:** A mental health clubhouse is a recovery

community. Members support each other in the daily operation of the clubhouse and the clubhouse is open for them through thick and thin. Back in the day of the power blackouts in New York City, the staff at Fountain House Clubhouse was awed by the members who came on foot to be where they felt safe and supported. In Michigan, during COVID-19, the Bayside members mobilized to use their kitchen to go out to their members and deliver meals. Those were the very meals that they would have shared together in normal times.

**CONSUMER TRANSPORTATION TO GROCERY STORES AND FOOD BANKS:** With the SCCMHA day program transportation services idled for the duration of the Stay at Home order, our SCCMHA Transportation supervisors partnered with the General Logistics and Utility supervisor to put our vehicles and their time to good use and get SCCMHA consumers out to the grocery store. With public transportation shut down, there was no other plan to meet the needs of those who depend on public transportation to get their groceries. It is this ability to think outside the box, to rapidly repurpose resources, and to pivot from normal that makes for a safety net success story.

**HEALTH HOME AND FRONT DOOR SCREENING:** In the months before the pandemic hit, SCCMHA was in full implementation of a vibrant Health Home, literally, at our front door. As guests entered the building, their access to both physical and mental health providers was evident. Doctors, nurses, pharmacy and lab services were all within

easy access. With the onset of COVID-19, the Customer Services staff and the Health Home staff transitioned to working in a limited-access building. They came to the front door to meet consumers and staff with temperature and symptom screening. To further reduce person-to-person virus exposure, a small enclosure was erected outside and adjacent to the front door. This temporary shelter has served as a comfortable location to provide critically needed medications and contact with consumers needing services. Additionally, consumers were quickly transitioned to audio appointments with their providers to ensure that psychiatric services were not interrupted.

**CRISIS AND ACCESS:** The Crisis and Access programs have been open without pause during the pandemic. The mental health therapists assess the needs of people who have requested help and provide the first service to those discharged from psychiatric inpatient care to ensure access to aftercare. In 2019, therapists evaluated 1,699 new requests for service, providing assessments and crisis stabilization supports. Staff provide the first voice someone hears when they reach out to SCCMHA for help, whether the problem is mental health related or any of a myriad of other problems. The CMH crisis therapist functions like the old-fashioned switchboard operator, getting people to solutions for the stressors of their lives. There is only one service that the Michigan Mental Health Code says must be provided without fail in a worse case funding scenario — crisis assessment and intervention. SCCMHA is accustomed to being a part of disaster safety net response team and that includes a fail-safe response to both serious mental illness, as well as the trauma of disaster.

**TELEHEALTH — A NEW NORMAL THAT MANY LIKE!** Let's face it, the practice of seeing a health care provider over a telephone call or even a video call is not everyone's idea of a satisfying health care experience. But this might be the future of health care and, at SCCMHA, the adoption rate is going up! Practitioners and consumers are able to work from a smart phone app that is easily activated. Stories of the creative ways in which practitioners found to stay in touch and how they helped consumers make the virtual connection are impressive. The SCCMHA Information Technology department was truly pressed into service with the pandemic challenges to essential



functions. Over 150 SCCMHA staff are now working remotely. Providing IT support to remote workers included the distribution and set up of hardware, managing the remote network access, and coping with the usual new user learning curve.

**SAFETY IN NUMBERS — GROUP HOMES REQUIRE DAILY**

**SUPPORT:** In working with people with intellectual and developmental disabilities who live in residential care, Support Coordinators are the first back up to the group home managers and direct care workers. Group homes in Michigan are licensed by the State but are operated as part of a local network of providers who work as a team to ensure the residents are able to live safely in the community. There are 37 homes in the SCCMHA network. Group homes in Michigan are smaller than those that have been in national headlines during the pandemic, but the care giving involved is the same. Social distancing is challenging at best, and sometimes impossible, in providing direct care for people who have intellectual disabilities. Direct care workers have held up the front line in a health care environment that few outsiders will ever see. Support Coordinators provide the link to the network, alerting SCCMHA to homes with infection outbreaks, arranging for quarantine supports and helping home managers find ways to adapt to the loss of outside support and activities for the home residents.

## CAREGIVERS

# CARING FOR OTHERS

## Creates Vulnerability for Providers

**T**he unpaid caregivers, who are most often the families of those in need of care, are a vulnerable and often silent population. Their days and lives are confined by the myriad demands of work life, home life, family life and care giving. They strive to ensure that their loved ones live a life as close to normal as possible, often to the neglect of their own health. We see them in the community and, not uncommonly, it is ourselves that we see filling this role. Sometimes the duty is short term, but more likely it is for life. The pandemic has brought intimate pictures of caregivers who are confined to home while being the safety net for their loved ones.

**THE SAFETY NET:** Caregivers can become vulnerable to risk simply due to their isolation and fatigue. Care giving challenges them in every way, from patience to resources, to sleep, to social life, to their own health care. Care giving takes a toll but, as many families will share, in the long run, care giving can also be deeply gratifying in that they were able to sustain a dignified life for their loved ones.

**RESPIRE FOR FAMILY CARE GIVERS:** SCCMHA has provided respite care for the families that we serve for many years. Respite is the short-term relief that allows a caregiver to get out of the house, to take a break, and to recharge. Whether it is a matter of hours, overnight or for a week while their loved one also gets a break at a Respite Camp, every hour of relief we can provide ensures that the safety net provided by families holds for another day.

**MOBILE URGENT TREATMENT TEAM (MUTT):** Many families with children with serious emotional disturbance who are a part of services at SCCMHA have said that just a little bit of daily help goes a long way. This might be a visit or a phone call, but it is a lifeline for families who are trying to keep it



all together with children or teens at home with serious behavior challenges. During the time of pandemic, we have heard that some families have taken to regular use of a mobile app visit from SCCMHA MUTT team. It's all a part of being there for them, being the safety net.



# Network Service Providers

## SPECIALIZED RESIDENTIAL SERVICES

Alternative Community Living, Inc. (New Passages)  
Angel's Place Corporation  
Bay Human Services  
Beacon Harbor Homes, Inc.  
Bethesda Lutheran Communities, Inc.  
Beacon Specialized Living Services, Inc.  
Bright Vision Services LLC  
Central State Community Services Inc.  
Flatrock Manor of Fenton, LLC  
Hope Network Behavioral Health Services  
Hope Network Southeast  
Hope Network West Michigan  
Independent Living Solutions, LLC  
Kneaded Angels AFC  
Krasinski AFC  
Pal's Place, LLC  
Pine Rest Christian Mental Health Service  
Resident Advancement Inc.  
ResCare Premier  
St. Louis Center  
Sunnyside Home  
The Prosperity House AFC  
Valley Residential Services, Inc.  
Wallace Street ALC

## COMMUNITY LIVING SUPPORT PER DIEM PROVIDERS

Beacon Harbor Homes, Inc.  
Bethesda Lutheran Communities, Inc.  
Bright Vision Services, LLC  
Flatrock Manor, Inc.  
Jubeju Co., Inc.

## COMMUNITY LIVING SUPPORT

Adams, Arizona  
APS Employment Services  
Bethesda Lutheran Communities, Inc.  
Klingenberg, Eric  
Miller, Matthew  
Modrall, Max  
Samaritas (Lutheran Social Services of Michigan)  
Schaffer, Erica  
Stalsberg, Jodi  
Steinhaus, Payton  
Visiting Nurse Association of Saginaw

## RESPIRE

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

## HEALTH SERVICES PROVIDERS

Game Changer Pediatric Services, LLC  
Mercy Plus Healthcare Services  
Paramount Rehabilitation Services  
Raphael, Ann  
Rhymer, Katrina, LP  
SCCMHA Enhanced Health Services  
SCCMHA Family Support Subsidy

## AUTISM SERVICES

ABA Pathways  
Acorn Health, LLC (Autism Centers of Michigan)  
Autism Systems, LLC  
Bay Human Services, Inc.  
Centria Healthcare  
Children's Therapy Corner  
Game Changer Pediatric Services, LLC  
Mercy Plus Healthcare Services  
Saginaw Psychological Services, Inc.  
SCCMHA Autism Services  
Spectrum Autism Center  
Westlund Guidance Clinic

## INPATIENT

Cedar Creek Hospital  
HealthSource Saginaw  
McLaren/Bay Regional  
Memorial Healthcare  
MidMichigan Medical Center—Midland  
Pine Rest Christian Mental Health Services  
StoneCrest Center  
Trinity Health—Michigan (St. Mary's Health Care)

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

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

## CRISIS SERVICES

Alternative Community Living, Inc. d/b/a New Passages  
APS Employment Services  
SCCMHA Centralized Access Intake  
SCCMHA Crisis Intervention Services  
SCCMHA Mobile Urgent Treatment Team

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

Case Management of Michigan  
Disability Network  
Hope Network New Passages  
Saginaw Psychological Services, Inc.  
SCCMHA Community Supports Services  
SCCMHA Health Home  
SCCMHA OBRA/PASARR Unit  
SCCMHA Self Determination  
SCCMHA Support Coordination Services  
Training & Treatment Innovations  
Westlund Guidance Clinic

## ENHANCED ADULT OUTPATIENT

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

## FISCAL INTERMEDIARIES

Wilson, Stuart CPA, P.C.

## CLUBHOUSE/EMPLOYMENT/SKILL BUILDING SERVICES/DROP-IN CENTER

SCCMHA Community Ties North  
SCCMHA Community Ties South  
SCCMHA Housing Resource Center  
SCCMHA Supported Employment  
St. Mary's Guardian Angel Respite & Adult Day Services  
SVRC Industries, Inc.  
Training & Treatment Innovations  
TTI Friends for Recovery Center

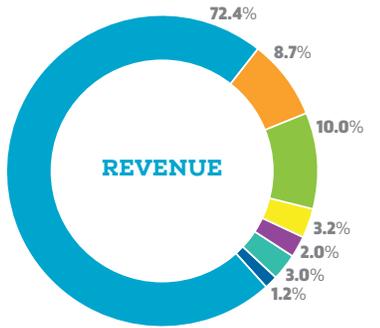
## PHARMACY

Genoa Healthcare, L.L.C.

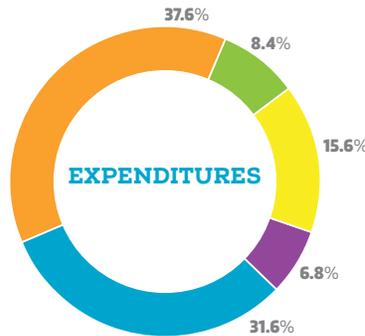
## LIMITED ENGLISH PROFICIENCY

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

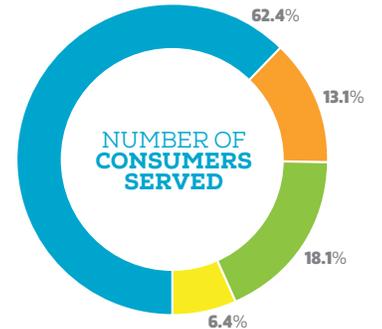
# Finance & Service Information



**Medicaid: \$61,529,670**  
**Healthy Michigan: \$6,965,908**  
**Autism: \$8,499,108**  
**General Fund: \$2,725,240**  
**Grants: \$1,686,605**  
**Local: \$2,486,845**  
**Other: \$1,045,117**

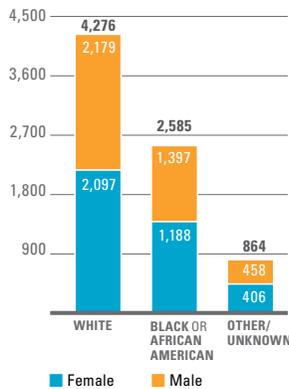


**Adults w/ Mental Illness: \$26,441,7270**  
**Children w/ Intellectual and Developmental Disabilities: \$13,032,639**  
**Adults w/ Intellectual and Developmental Disabilities: \$31,482,477**  
**Children w/ Serious Emotional Disturbances: \$7,104,341**  
**Other Programs: \$5,655,795**

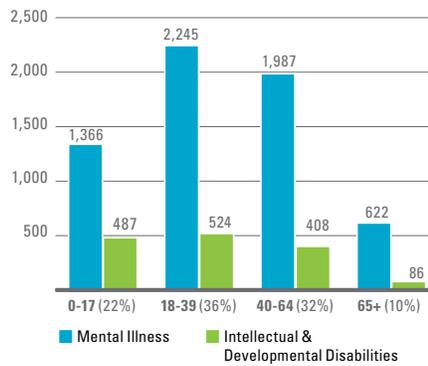


**Adults w/ Mental Illness**  
**Adults w/ Intellectual and Developmental Disabilities**  
**Children w/ Serious Emotional Disturbances**  
**Children w/ Intellectual and Developmental Disabilities**

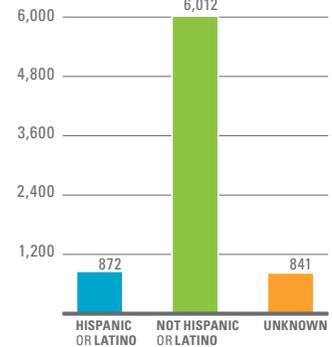
## GENDER & RACE



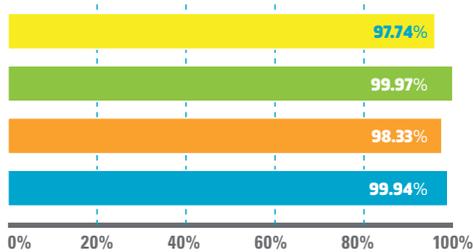
## AGE & PRIMARY DISABILITY DESIGNATION



## ETHNICITY

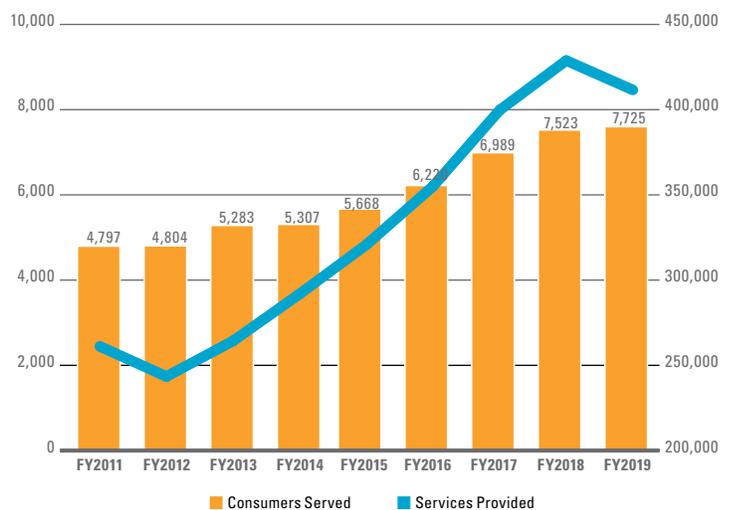


## ACCESS TIMELINESS PERFORMANCE TARGET = 95%



- Percent of persons discharged from a psychiatric inpatient unit that were seen for follow-up care within 7 days (n=397)
- Percent of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours (n=3,377)
- Percent of new persons starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional (n=958)
- Percent of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service (n=1,584)

## NUMBER OF CONSUMERS SERVED IN RELATION TO NUMBER OF SERVICES PROVIDED





## Board of Directors



**Tracey Raquepaw**  
Chairperson



**Jill Armentrout**



**Mike Cierzniewski**



**Steve Fresorger**



**Larry Jones**



**John Pugh**



**Andrea Schrems**



**Jane Sills**



**Chuck Stack**



**Leola Wilson**



**Jordan Wise**



**Robert Woods**

### MISSION STATEMENT

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

### OUR VISION

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

### OUR VALUES

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

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



**SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY**



SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY

500 Hancock Street • Saginaw, MI 48602

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**MAIN LOCATION**

500 Hancock Street • Saginaw, MI 48602

**ph:** 989.797.3400 **fx:** 989.797.3595

**24-Hour Crisis Hotline**

989.792.9732 or 800.233.0022

[sccmha.org](http://sccmha.org)



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**OTHER LOCATIONS**

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

1 Germania Platz  
Saginaw, MI 48602

**ph:** 989.797.3400 **fx:** 989.498.4219

**Child, Family & Youth Services**

3875 Bay Road, Suite 7N  
Saginaw, MI 48603

**ph:** 989.797.3400 **fx:** 989.797.3523

**Community Ties North**

3830 Lamson Street  
Saginaw, MI 48601

**ph:** 989.272.7208 **fx:** 989.754.2854

**Community Ties South**

17940 Lincoln Road  
New Lothrop, MI 48460

**ph:** 989.272.7204 **fx:** 989.845.4650

**Salter Place Housing Resource Center**

2723 State Street, Suite 3  
Saginaw, MI 48602

**ph:** 989.498.2263 **fx:** 989.790.2370

**Supported Employment**

1901 Maple Street  
Saginaw, MI 48602

**ph:** 989.797.3400 **fx:** 989.791.1464

**Towerline Supports Coordination**

1040 Towerline Road  
Saginaw, MI 48601

**ph:** 989.797.3400 **fx:** 989.754.7829

