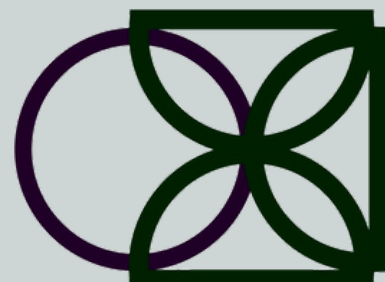


SCCMHA PROVIDER NEWS

September 2022



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A Message from the CEO, Sandra Lindsey

Greetings SCCMHA Network Providers. On behalf of the SCCMHA Board of Directors, SCCMHA Administration and myself, thank you for all you have done to provide treatment and supports to consumers, their families, and the greater Saginaw community in these unprecedented times. FY 2022 has certainly seen its share of challenges. There has clearly been vast improvement in the rates of COVID-19 infections and reductions in the severity of related illness as the result of vaccination. However, make no mistake, COVID -19 transmission is still occurring, especially for those not vaccinated and those with pre-existing physical health vulnerabilities.

However, unlike the earlier time periods of the pandemic, we have all learned how to be cautious, protect ourselves and those we care about. As a result, the ability to live our lives mostly unmasked, to gather with others, and resume normal activity, has provided much needed

psychosocial relief. That said, the need for behavioral health services here in Saginaw and across our state and the whole country really, is overwhelming service resources. The behavioral health crisis is really the next wave of the COVID-19 pandemic. Audiences that pre-pandemic probably never thought much about behavioral health are doing so now whether they be educators, employers, first responders, primary care providers or those in the media. The good news is that several new behavioral health initiatives and collaborations are taking shape in Saginaw and SCCMHA is involved in them all.

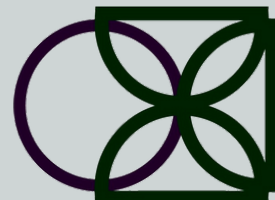
The *BeWell* initiative at the Saginaw Department of Public Health includes a behavioral health and anti-stigma campaign component, and they are leading another on *Health Disparities* for persons of color. The Saginaw Community Foundation has a project called *Building Bridges* that is concerned with behavioral health treatment access and health care navigation. Later in this article you will find information about the work this past year by Woman of Colors funded by the Michigan Health Endowment Fund (MHEF), to investigate health care disparities, access challenges and experience of care issues specifically for African Americans. They have just made a new 2023 application to the MHEF for implementation funding called the *Community Resilience Project* that we helped to inform.

Regulatory, Policy and Administrative Changes for 2023:

The ability to respond to service demand with adequate resources is the result of workforce shortages and additional concerns for the expanding regulatory and administrative burden in 2023. New MDHHS requirements that are coming, are tied to two decision points. The first is a re-start of planned administrative changes postponed during

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SUICIDE PREVENTION LIFELINE CALL OR TEXT: 988



the pandemic including Electronic Event Verification (EVV) and a new Medicaid 1915i Waiver called ISPA. More information on both of these new initiatives will be forthcoming in the new fiscal year.

Secondly, additional changes we know are coming next fiscal year involve the official end of the federal COVID-19 Public Health Emergency (PHE), which will require a rewind of many of the accommodations and policy changes in response to the pandemic. Allowable telephonic and telemedicine service code flexibilities that aided in the response to the safety concerns for service delivery put in place in response to COVID-19, will be changing to some extent in 2023 for both the Medicaid and Medicare programs and will likely also follow from commercial insurers.

The annual Medicaid Eligibility Redetermination Process, suspended during the pandemic, where no beneficiary lost coverage, will also be starting up again. The return to this annual process means that some beneficiaries will once again begin to lose coverage. The return to what we call the "eligibility churn" is important for two reasons. The first is that some number of yet to be determined consumer/ beneficiaries, will lose the Medicaid insurance coverage that pays the cost for their SCCMHA network behavioral health services as well as for their physical health care needs. The second concern is that when Saginaw beneficiaries lose coverage, SCCMHA will experience reductions in revenue because we are funded with monthly capitation payments based upon the number of active Medicaid beneficiaries living in Saginaw County.

Clinical Teams at SCCMHA and in the contracted network can be of great service to the consumers they work with and to the system by talking now to consumers and families about whether the information on file with MDHHS is correct. Have they moved over the years of the pandemic? Has their household income or household size changed significantly? Remember too, that the re-start of these redeterminations is likely to also trigger eligibility reconsiderations in other entitlement programs like Food Assistance Programs and Spend Down calculations (Medicaid Deductibles).

MDHHS has indicated that they have developed communication strategies to inform beneficiaries about the re-start of the Medicaid Eligibility Redetermination Process after the end of the federal Public Health Emergency, but it is not too early to speak to consumers and their families about the re-start that is coming.

SCCMHA like the rest of the public mental health system across the state will be watching carefully for the communications from the Centers for Medicare and Medicaid Services at the federal level and the MDHHS interpretation of federal guidance, to understand what will be changing and when. In the meantime, SCCMHA, like all of you, will be doing our best to continue to provide services to consumers in the best ways possible in this ever-changing environment and for this we thank you.

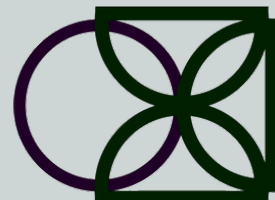
FY 2023 SCCMHA Budget:

The funding of the public mental health system remains stable as we get ready for the next fiscal year commencing on October 1, 2022. Our Medicaid funding from MDHHS through our regional PIHP, Mid-State Health Network, is in place and our preliminary 2023 Budget has been prepared and will be finalized at the SCCMHA Board meeting on September 12. The Annual Public Hearing on the budget for next year as required by the Michigan Mental Health Code and the report of our strategic priorities will be held the evening of October 6th.

The SCCMHA 2023 Preliminary Budget Revenue is \$95,712,738 with \$94,777,057 in Expense.

Our contracts with both MSHN and MDHHS are in process for next year as are the MDHHS/federal Mental Health Block Grants moving forward into FY2023.

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2023 Direct Care/Support Professional Wage Increase & Provider Stabilization Programs:

Contracted providers that have been assisted by both the legislatively appropriated direct care/support professional wage (DCW) increase and related SCCMHA supports to this workforce should know, that this funding will continue in all of FY 2023. Continuation of the MSHN/SCCMHA Provider Stabilization programs will also remain in place for next year to support both SCCMHA direct operated programs as well as all contracted provider service delivery. SCCMHA administration very much appreciates the timely 2022 submissions of related expense reporting as we end this fiscal year. Communications about the continuation of Provider Stabilization Programs for 2023 will follow once related year-end contractor reporting is finalized.

SCCMHA a Certified Community Behavioral Health Clinic (CCBHC) Demo Site to MDHHS:

SCCMHA is one of 13 Michigan sites operating as a CCBHC under the MDHHS Demonstration to the Substance Abuse and Mental Health Service Administration (SAMHSA). MDHHS is recognized by SAMHSA as an expansion state for a demonstration that was originally planned for a two-year period that included FY 2022 and 2023. However, in recent months additional federal funding has expanded the demonstration period through 2027.

There are 435 CCBHCs sites across the country in 42 states, that meet a high-quality set of service standards and operations, specific to adults and children/youth with mental health and substance use disorders at various stages of certification. Persons with Intellectual and developmental disabilities with secondary psychiatric disorders may also be included in the CCBHC scope of service. The federal CCBHC program originated in 2014 with the passage of the bi-partisan Excellence in Mental Health Act sponsored by our own U.S. Senator Debbie Stabenow (D) and Senator Roy Blunt of Missouri (R). Note you will find an article about Senator Stabenow's visit to SCCMHA last month elsewhere in this newsletter.

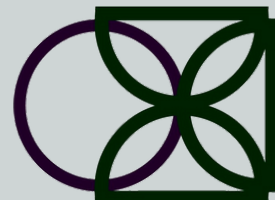
The appeal of CCBHC status in the Michigan Demonstration is really two-fold. The first is to join in the development of a standard of excellence with sites across the country providing behavioral health services. The second, is that as a CCBHC there is a "Prospective Payment (PPS)" made to the CCBHC on top of Medicaid, that is provided for any day when a select set of allowable services are rendered to an enrolled CCBHC consumer. This additional payment may then be used to cover the cost of service to persons not currently clinically eligible for the Medicaid Specialty Benefit (those with mild-moderate conditions) and to those who are uninsured, under insured or commercially insured where, the reimbursement for services does not cover the real cost. This additional PPS funding will allow SCCMHA to open the door at intake to more persons beyond the current clinical eligibility criteria of the specialty benefit we have managed for decades.

In addition to the 13 sites specifically named by MDHHS in the CCBHC Demonstration, there are a couple of dozen other Michigan sites building CCBHC capacity with grants directly funded by SAMHSA. Direct CCBHC grants through SAMHSA continue to be funded federally and so still other Michigan CMHSPs will be making 2023 applications to build their own capacity. There is clearly a robust CCBHC development movement in our state, and we are proud to be a part of it.

SCCMHA was fully certified as a CCBHC by MDHHS last April. The work we have been doing as a CCBHC has focused first on services directly provided by SCCMHA with planned network expansion through what are called Designated Community Organization (DCO) Agreements to additional behavioral health organizations to bring them into the SCCMHA CCBHC program.

To date, the first DCO agreement has been extended to Training and Treatment Innovations for their ACT, Bayside Lodge and Friends for Recovery programs. Next will be a DCO agreement with our telehealth provider Array

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Behavioral Care, for virtual therapy for those with mild/moderate conditions, targeted for start-up in the first quarter of 2023. Still additional DCO Agreements will be initiated in the first quarter of 2023 to substance use disorder providers and our network contracted clinical teams.

Reduction in State Facility Capacity and Admission Criteria Changes:

George Mellos, MD, MDHHS Director of State Hospitals and Facilities, at 2 recent meetings with CMHSPs, reported the significant staffing shortages at all state inpatient facilities. Subsequently there will be a planned reduction of 110 beds across Walter Reuther, Kalamazoo, and Hawthorn State Hospitals. Reducing capacity will impact CMHSP consumers placed at state facilities in two ways.

1. Discharges of select CMHSP consumers from State Facilities is imminent.
2. Prohibition of admission for adults and children with primary Intellectual and Developmental Disabilities including those with ASD whose needs are behavioral in nature and do not have primary psychiatric diagnosis.

These changes are of great concern as the community-based services in CMHSP networks are also significantly understaffed and lacking adequate resources to meet the supervisory and complex behavioral treatment needs of these consumers. Dr. Mellos further indicated that persons in county jails awaiting competency evaluation and those with a primary psychiatric diagnosis already in the forensic process remain admission priorities. CMHSP directors state-wide believe that Dr. Mellos and MDHHS seem to lack the understanding of real conditions on the ground in local CMHSP communities to serve these consumers and the negative impact of premature discharges of such patients.

In evaluating the list of SCCMHA consumers now placed in state hospitals, most all have a primary psychiatric diagnosis and a majority have forensic involvement. It is our hope, therefore, that the consumers we have placed in state facilities will not be priorities for discharge.

The primary concern for SCCMHA considering these changes remains the lack of access to new admissions to state facilities, particularly at Hawthorn for state wards, consistently being brought into the Covenant Emergency Care Center by local Child Caring Institutions, which most always are the responsibility of out of county jurisdictions making discharges and transfers very complex. These wards are in fact the responsibility of MDHHS and in our opinion need to be priorities for admission when this level of care is needed.

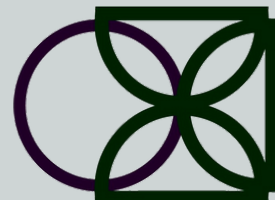
Woman of Color, Michigan Health Endowment Grant Funded Project on Behavioral Health Disparities for African Americans, Seeking SCCMHA Partnership:

Senior members of SCCMHA and myself, met with Evelyn McGovern of Women of Colors (WOC) on July 28th about the completion of their planning year for a project to investigate and remedy the disparities of access, treatment experience and post hospital follow-up care for African Americans.

Kristie Wolbert, Tim Ninemire, and Colleen Sproul, all senior staff at SCCMHA, participated in the project's first year of planning meetings as their time permitted. The Michigan Health Endowment Fund has invited WOC to apply for a second year of implementation funding for FY2023 and the application was submitted by the September 1st deadline.

The meeting last month was to learn about the first-year discovery process and planning, and the recommendations for activities to address disparities experienced by African Americans in Saginaw in service access navigation and experience of care. SCCMHA was asked to review the first-year recommendations and respond to ways we might become involved with their next implementation funding application which we did and additionally offered a letter for support for their application.

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SCCMHA Diversity Equity and Inclusion Initiative Update:

SCCMHA through a cross functional team of SCCMHA staff have been helping our consultant Paul Elam, PhD, and myself, guide multidimensional efforts all year to assess the SCCMHA climate for racial and cultural Diversity, Equity, and Inclusion. The work has used staff surveys, focus groups, and an all-staff DEI Summit and solicited feedback from the SCCMHA Board of Directors and other groups to inform the development of a three-year DEI Implementation Plan which is just about complete.

A more comprehensive communication will be shared with staff later this month or very early in October. In the meanwhile, a baseline DEI training will be held for the SCCMHA Leadership Team on October 13th and planning is underway for similar DEI trainings for all SCCMHA staff members over several dates in November.

My thanks to the members of the DEI Team for their efforts this year and their willingness to continue to serve in 2023.

Governor Whitmer Appointment to Another Term on the Michigan Committee on Juvenile Justice:

I received word last month from the Governor's Appointment Office that I have been appointed to a third term on the Governor's Committee on Juvenile Justice.

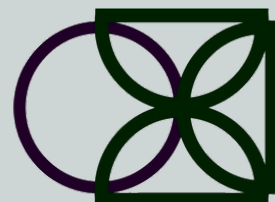
The committee mission and purpose are defined in the Juvenile Justice Reform Act of 2018. The federal charge to the committee is to 1.) Address Racial and Ethnic disparities in arrests and detention, 2.) Address sight and sound separation of juvenile from adult offenders in all spaces where they are detained, 3.) Deinstitutionalize status offenders and 4.) Grant making for projects to improve service and proceedings for juvenile offenders through the Title II funding that supports the mission. The mental health of juvenile offenders is a top priority of the committee. A special project of the committee is a special bi-directional learning conference this month for CMHSP and Family Court/Juvenile Justice staff leadership. Joining me to represent Saginaw County at the event and representing SCCMHA will be Erin Nostrandt, Director of Children's Services and Carey Moffett, Supervisor of Mobile Response and Stabilization Services. Todd Borders, Saginaw Deputy Family Court Administrator and Christine Stockmeyer of the Saginaw Juvenile Detention Center leadership, will be joining us to jointly represent our Saginaw County partnership.

In closing, I thank you for all that you do to provide treatment and support services or administrative functions behind the scenes to the consumers and families of Saginaw County served by our system, particularly in the face of workforce shortages everywhere. If you are a newer member of our staff or a new staff member at one of our many contract agencies, welcome to the SCCMHA Specialty Network and the Michigan public mental health system. Ours is a service delivery system that has for over five decades served those with the most serious and complex disorders and disabilities, through a specialty benefit that is the envy of 49 other states and U.S. Territories. Our work together is some of the most challenging in the behavioral health care space, but also wonderfully rewarding.

Please take good care of yourselves and each other, including your own mental health. Stay safe and well.

Warmest regards,

Sandra M. Lindsey, CEO



September is...

Articles written by Tom Caylor

National Hispanic Heritage Month



National Hispanic Heritage Month is annually celebrated from September 15 to October 15 in the United States for recognizing the contributions and influence of Hispanic Americans to the nation's history, culture, and achievements. The observation began in 1968 as Hispanic Heritage Week under President Lyndon Johnson and was expanded by President Ronald Reagan in 1988 to cover a 30-day period. It was enacted into law on August 17, 1988.

Since then, the month has been celebrated nationwide through festivals, art shows, conferences, community gatherings and much more. The month also celebrates the independence days of several Latin American countries, including Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua on September 15, Mexico on September 16, and Chile on September 18. They also include holidays that recognize Hispanic contributions such as Virgin Islands–Puerto Rico Friendship Day that is celebrated in the U.S. Virgin Islands.

September 15 was chosen as the starting point for the commemoration because it is the anniversary of the Cry of Dolores, which marked the start of the Mexican War of Independence, resulting in independence for the New Spain Colony, now Mexico, Guatemala, El Salvador, Costa Rica, Honduras, and Nicaragua.

National Hispanic Heritage Month is also a time for the US Military to honor both fallen and active-duty Hispanic Americans who served in the armed forces. Sixty-one people of Hispanic heritage have been awarded the Medal of Honor, two were presented to members of the US Navy, 13 to members of the US Marine Corps, and 46 to members of the US Army.

For more information, visit <https://www.hispanicheritagemonth.gov>

Suicide Prevention Awareness Month

Suicidal thoughts, much like mental health conditions, can affect anyone regardless of age, gender or background. In fact, suicide is often the result of an untreated mental health condition. Suicidal thoughts, although common, should not be considered normal and often indicate more serious issues.



September is Suicide Prevention Awareness Month, a time to raise awareness on this stigmatized, and often taboo, topic. In addition to shifting public perception, the month spreads hope and vital information to people affected by suicide. The goal is to ensure that individuals, friends and families have access to the resources they need to discuss suicide prevention and to seek help.

World Suicide Prevention Day (WSPD) is an awareness day observed on September 10 every year in order to provide worldwide commitment and action to prevent suicides, with various activities around the world since 2003.

More than 800,000 people per year worldwide die by suicide or about one person in 10,000 (1.4% of all deaths), or "a death every 40 seconds or about 3,000 every day." On average, three male suicides are reported for every female one, consistently across different age groups and in almost every country in the world.

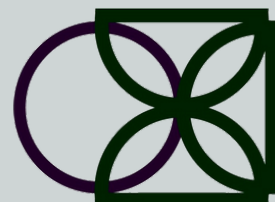
For more information, visit:

<https://en.wikipedia.org/wiki/world-suicide-prevention-day>

<https://suicidepreventionlifeline.org/promote-national-suicide-prevention-month/>

<https://www.nami.org/Get-Involved/Awareness-Events/Suicide-Prevention-Awareness-Month>

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National Recovery Month

National Recovery Month or Recovery Month is a national observance held every September to educate Americans that substance use treatment and mental health services can enable those with a mental and/or substance use disorder to live a healthy and rewarding life.

Recovery Month celebrates the gains made by those in recovery, just as people celebrate health improvements made by those who are managing other health conditions such as hypertension, diabetes, asthma, and heart disease. This observance reinforces the positive message that behavioral health is essential to overall health, prevention works, treatment is effective, and people can and do recover.

There are millions of Americans whose lives have been transformed through recovery. Since these successes often go unnoticed by the broader population, Recovery Month provides a vehicle for everyone to celebrate these accomplishments. It's an opportunity to speak about strides made by those in recovery and share their success stories with their neighbors, friends, and colleagues. In doing so, everyone helps to increase awareness and foster a greater understanding about mental and substance use disorders.

For more information, visit:

<https://www.naadac.org/national-recovery-month>

<https://rm.facesandvoicesofrecovery.org/>



Visit from the Senator

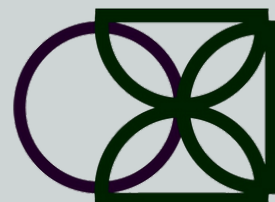
Written by Tom Caylor

Michigan's U.S. Senator Debbie Stabenow visited the offices of Saginaw County Community Mental Health Authority (SCCMHA) on Wednesday, August 10 to learn more about SCCMHA's experiences, accomplishments, and challenges with Certified Community Behavior Health Clinics (CCBHC).

SCCMHA is one of 13 sites in the Michigan Department of Health and Human Services' CCBHC Demonstration. The CCBHC model is designed to ensure access to coordinated comprehensive behavioral health care, and CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age – Including developmentally appropriate care for children and youth. Senator Stabenow is one of the architects of the Excellence in Mental Health and Addiction Treatment Act, federal legislation from 2014 that funds CCBHCs across the country.

Senator Stabenow met with Chief Executive Officer Sandra M. Lindsey, SCCMHA Board Chair Tracey Raquepaw, members of the management team and several other employees. She said she had a "wonderful" visit at SCCMHA. "Great team and a top-notch facility," she added. "When we talk about comprehensive mental health and addiction services, this is what it's all about!"





Meet the New SCCMHA Board Members

Cynthia Winiecke



Cynthia Winiecke was appointed to the Saginaw County Community Mental Health Authority (SCCMHA) Board of Directors by the Saginaw County Board of Commissioners, where she has represented District 1 since April 2021. Born and raised in Saginaw, she previously lived in Zilwaukee and has resided in Freeland for more than 30 years.

Cynthia retired as Deputy Treasurer for Tittabawassee Township and she currently serves on the Saginaw County Community Corrections Advisory Board, Saginaw Local Emergency Planning Committee, Rules Committee, and the Advisory Board of Saginaw-Tuscola Medical Control Authority.

She and her husband, Roy, are the parents of three children – Josh, Chris, and Erin – and have six grandchildren. Cynthia enjoys scrapbooking, crafting, her dogs, gardening, and reading. She has served on the SCCMHA Board's Ends Committee and she currently serves on the Board's Recipient Rights and Executive Limitations Committees.

Although she was appointed by the Board of Commissioners to serve on the SCCMHA Board, she said she has a passion for mental health and substance abuse issues of Saginaw County. "I believe that communication between SCCMHA and the Saginaw County Board of Commissioners is an important role," she added.

Lisa Coney

Lisa Coney joined the Saginaw County Community Mental Health Authority (SCCMHA) Board of Directors in April 2022. Originally from Montgomery, Alabama, she has lived in Saginaw for almost 40 years and works as a school social worker and mental health practitioner for the Saginaw Intermediate School District.

Lisa earned her master's degree in social work and has also worked as a project manager of Safe Schools Health Students and a school social worker for Saginaw Public Schools. She is the mother of two daughters, Andrea Wilkins and Imani Coney, and has one grandson, Jameson Williams.

She enjoys spending time with her family, reading and shopping, and she serves on the Jury Board, Saginaw Housing Commission, and the Saginaw Valley State University Alumni Board of Directors. She has received numerous recognitions, including the YWCA Great Lakes Bay Region Woman of Achievement Award, Member of the Year of the Alpha Kappa Alpha Sorority Inc. Eta Upsilon Omega Chapter, and a Community Service Award from Omega Psi Phi Inc. Chi Xi.



Lisa is glad to serve on the SCCMHA Board of Directors for the "opportunity to ensure SCCMHA is meeting the mental health needs of the community," she said. "I'm excited to have been selected to serve on the board."

Steve Fresorger



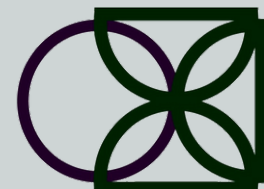
Steve Fresorger has served on the Saginaw County Community Mental Health Authority (SCCMHA) Board of Directors for about 15 years and is currently in his second term as Board Secretary. Having lived in Saginaw County his entire life, he is the owner and operator of Auto Spa Detailing and he also worked in law enforcement for 18 years.

Steve attended Delta College, Grand Valley State University and Saginaw Valley State University. He is married to Melissa Riselay and, together, they have four children – Mikaela, Hunter, Zachary and Brady. They also have one grandchild, Colton.

He enjoys sports, camping, and traveling and serves on the Saginaw Township Soccer Association Board of Directors. He has also coached travel soccer for the past six years for ages nine through 16 years.

"When I worked in law enforcement," Steve said, "I was approached by a county commissioner about joining the SCCMHA Board. The commissioner said that the board would like to have some input from the law enforcement side in ways the two could help each other find solutions, in order to help the consumers of this county. That's why I joined."

Profiles written by Tom Caylor



A Message from the Manager of Pharmacy Operations at Genoa Healthcare, Mariam Sraj, PharmD, RPh, MS

It's an honor and a privilege to be part of an organization that deeply cares about mental health. As Senator Debbie Stabenow said in her last visit to SCCMHA: "When we talk about comprehensive mental health and addiction services, this is what it is all about!"

As Manager of Pharmacy Operations at Genoa Healthcare located at this top-notch facility, I am honored to be part of this hardworking team. The work environment is challenging but exciting, collaborative, positive, and feels like family. The team assembled here is great and the leadership and the Medical Director is the strongest I have ever been associated with.

Our on-site location at SCCMHA and strong partnerships with providers help us support and develop interventions that fill gaps in needed services for people with mental health. Genoa Healthcare, in collaboration with SCCMHA, will continue to respond to current and emerging health needs in communities and improve access to life-saving pharmacy services for more people.

As we near the fall and winter months, much of our focus turns to preparing to administer flu immunizations to our communities. This year, I am also excited to announce that we will provide free flu shots to those who are uninsured. This initiative is an important step in advancing health equity in our communities this year.

Everyone knows someone that has been negatively impacted by the flu. Let's be all in as we prepare to keep our communities safe this flu season. Genoa Healthcare will be setting up flu shot clinics every Wednesday in September, October, and November at Genoa pharmacy inside SCCMHA. Walk-ins are welcome. We are also ready to hold outside clinics at any location with historically low vaccination rates to bring vaccines to people who may not otherwise have access. Together, we plan to pursue the steadfast commitment to positively impact the community and develop outreach strategies to serve more and more individuals who are struggling in silence with mental health.

Get your flu shot

at the Genoa Healthcare® flu clinic!



Who: All Patients, Staff, Families, Friends
When: Flu Clinic every Wednesday
Walk ins are Welcome
Where: Genoa Pharmacy located at
Saginaw County Community
Mental Health Authority
Please bring: Your insurance card
Free with most insurances
No insurance, **we can help**, just ask us!

Monkeypox Update

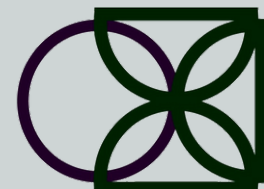
The Michigan Health Improvement Alliance formed a Monkeypox taskforce in response to the Public Health Emergency and has shared the following information on the risk factors of Monkeypox. Monkeypox is a rare disease that can spread to anyone through close, personal, often skin-to-skin contact including; Direct contact with Monkeypox rash, sores, or scabs from a person with Monkeypox; contact with objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with Monkeypox; and contact with respiratory secretions, through kissing and other face-to-face contact. Monkeypox is not considered a sexually-transmitted infection, but can spread during intimate physical contact between people. Symptoms of Monkeypox can include; Fever, headache, muscle aches and backache, swollen lymph nodes, chills, exhaustion, respiratory symptoms (e.g. sore throat, nasal congestion, or cough); A rash that can look like pimples or blisters that appears on the face, inside the mouth, and on other parts of the body, like the hands, feet, chest, genitals, or anus. The rash goes through different stages before healing completely. The illness typically lasts 2-4 weeks. Sometimes, people get a rash first, followed by other symptoms. Others only experience a rash. Symptoms usually appear one to two weeks after infection.

Health care providers should be alert for patients who have rash illnesses consistent with Monkeypox, regardless of the patients specific risk factors, gender, or sexual orientation.

According to the CDC, to prevent the spread to others, it is advised that anyone with Monkeypox stay home until the rash has healed and a new layer of skin has formed. If you have pets, be aware that Monkeypox can spread to animals, so isolate from them as well. It is recognized that not everyone may have the ability to stay home for the long recovery period. If you must leave your home when infected, make sure to wear a well fitting mask, cover the rash, maintain as much distance between yourself and others as possible, and disinfect surfaces that may be used by others.

As of September 19, 2022, there are 23,893 confirmed Monkeypox cases in the United States and 246 confirmed cases in Michigan. For more information and to stay up to date with the progression of this Public Health Emergency visit:

[2022 Outbreak Cases and Data](#) | [Monkeypox](#) | [Poxvirus](#) | [CDC](#)



Training Updates

- Effective 11/1/22 there will no longer be a 10-minute grace period for monthly direct care training. An email went out to all provider contacts 9/23/22. Students must arrive and be inside the training room door by 9:00am. There are no exceptions to this.
- Self-Directed Staff Training requirements have changed. Please visit: <https://www.sccmha.org/services/self-determination/self-determination-provider-training.html> for an updated list of minimum training requirements.
- Online Core Skill Training now available for Case Holders. Visit the SCCMHA intranet here: <https://www.sccmha.org/intranet/continuing-education/case-holder-core-skill-training/>



Training Reminders

- Completion of online training orientation is required of LR Direct Care, CLS, and Respite staff. Orientation to training must be completed online prior to being registered for training. New hire information can still be sent to registrations@sccmha.org prior to having staff complete their online Orientation quiz.
- You may give the following numbers to be contacted in the classroom in the event of an emergency and Continuing Education staff will contact the student. These numbers may also be called for assistance if you are having problems with your virtual attendance: (989) 797-3445 or (989) 797-3451.
- As stated in the Training Participant Guideline Manual, found here: <https://www.sccmha.org/userfiles/filemanager/35382/>, there is absolutely no phone use allowed while training is in session. This means: students are not allowed to "check" their phones or step out into the hallway and/or bathroom to use their phone.
 - PHONES ARE NOT ALLOWED TO BE SITTING ON THE TABLE OR IN SIGHT, THEY MUST BE PUT AWAY. You must turn your cell phone setting to silent or turn it off and put it away before class begins. Checking voice messages, texting, emailing, making calls and playing games are all considered cell phone use and is prohibited in the classroom and/or virtual training. You will be given breaks to use your phone. Students expecting "emergency calls" or texts are asked to refer to bullet #2 above.
 - Attendees will be asked to leave training if found violating this rule.
- The training facility is a professional business center. Students must dress and act respectfully.
 - Pajama's/loungewear and bonnets are not acceptable attire and will not be allowed.
 - We ask students are mindful of the language they are using while inside the training facility or by the entrance doors. Please refrain from explicit language.
 - Use of and/or smelling of Marijuana is prohibited at the SCCMHA Training Facility. Students will be asked to leave if it is determined there is marijuana smell identified. This is at the sole discretion of the trainers.



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 to anyone working or residing in Saginaw County. More information and upcoming training dates can be found here:

<https://www.sccmha.org/resources/mental-health-first-aid/>. See the next page for a flyer with more information on MHFA. This training will count towards the 16 training hours for Home Managers required annually.





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**):

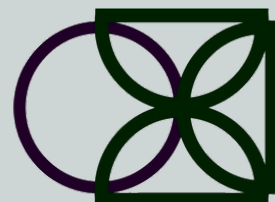
- A**ssess for risk of suicide or harm.
- L**isten nonjudgmentally.
- G**ive reassurance and information.
- E**ncourage appropriate professional help.
- E**ncourage self-help and other support strategies.

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>



Provider Spotlight

Supported Employment

If a SCCMHA consumer with a mental illness has a desire to work, a broad range of services are provided through the agency's Supported Employment (SE) program, an evidence-based practice. Located at 1901 Maple Road in Saginaw, a six-person team of employees focuses on helping consumers get competitive jobs in community settings with other people who don't necessarily have disabilities and provides the supports necessary to make sure they do well at work.

Rollin "Rocky" Archangeli has supervised the program since September 2020, and he has worked at SCCMHA from 1993 to 2003 and 2005 to the present. He oversees a team of four Specialists and a Benefit to Work Coach who currently serve about 70 clients.

"We don't turn anyone down," Archangeli said. "There is no waiting list. We're dedicated to helping our clients reach their potential. If you're willing to put in the work, you'll definitely get the rewards. We truly believe that every person with a disability can work competitively in the community if the right job fit and work setting are found."

Once a consumer is referred to SE, the individual participates in an orientation, receiving information on what to expect in the process, and is assigned a specialist who completes a vocational assessment. The specialist asks questions to determine what type of jobs the individual is interested in, and assistance may be provided in developing a resume, working on interview skills, setting up email addresses and online accounts, and anything else needed to prepare the job candidate. All opportunities for employment are pursued, and SE provides unlimited follow-up to make sure the consumer is successful in the job.

The program also provides help in creating microenterprises, which are self-employment opportunities for those consumers who may have difficulties with finding traditional employment in the community. Examples of microenterprises include jewelry making, fishing/tackle shops, lawn services and maintaining vending machines.

For more information on Supported Employment, contact SCCMHA at 800-258-8678.



Community Ties

Community Ties, a voluntary SCCMHA program designed for developmentally disabled individuals, works to increase a person's ability to manage everyday life activities in the community. The program has two locations – Community Ties North (CTN) is in the City of Saginaw, while Community Ties South (CTS) is in New Lothrop.

Currently serving more than 80 consumers and staffed by more than 20 full- and part-time SCCMHA employees, the centers – both housed in former schools – focus on supporting individuals as they fully experience life by providing opportunities for meaningful activities, exercising choice, and building relationships and partnerships within their community.

CTN is supervised by Jennifer Rieck-Martin, while CTS's supervisor is Julie Bitterman. Both supervisors report to Charlotte Fondren, Director of Persons with Intellectual Disabilities.

"Our staff at CTN and CTS find community connections that go with the interests of our consumers," Fondren said, "and those connections really improve the program. That's extremely important to make the program successful. Everything is very consumer driven."

Examples of activities are arts and crafts, a coffee club, movie days, bingo, card and board games, cooking classes, and community outings. Those outings have included spending time with residents of the Maple Grove Senior Center in New Lothrop, visits to public parks, shopping trips, walking at local malls, parties at the Knights of Columbus, serving meals at local rescue missions, assisting with cleaning at various buildings, helping at local homeless shelters, fishing excursions, and time at local libraries.

Besides community integration and socialization, CTN and CTS provide health and wellness awareness, job readiness activities and "one on one" time with staff.

Fondren added that employees who work at the centers look forward to their time with consumers, and those consumers become part of their family. "When you walk through that door and interact with the consumers," she said, "there's nothing else like it. They make me feel good about my job and the work that I do. And I know we make a difference in their lives."

Spotlights written by Tom Caylor



Home Manager Training

If Home Managers have not yet completed Home Manager Renewal Training, the next day for Home Manager Renewal training is 10/6/22. Please reach out to registrations@sccmha.org.

Home Managers, if you would like a staff in-service on completing incident reports, please contact Ashley Wilcox, Quality Projects & Reporting Specialist at 989-272-7234 or Ashley.Wilcox@sccmha.org and she will coordinate an appropriate time.

Updated Pre-Audit Checklist

Please review the newly revised Licensed Residential pre-audit checklist below and continued on the following pages:

POLICY REQUEST LIST

The policies below are requested prior to the audit in order to decrease the onsite time of the audit visit. This will also help to answer areas of the audit checklist prior to the site visit and gives the Provider the opportunity to obtain information from a home office if information is not housed at the Provider's location.

****Please send in copies of the following policies prior to the audit.****

1. **Health and Safety/Emergency Procedures Policy** - This policy should include procedures for emergencies like gas leaks, fires, tornados, bomb threats, power outages, missing persons/elopement, medical emergencies, water shortages, how to deal with a threat from a consumer, etc. Policy may also include other health and safety expectations for maintenance inspections, proper hand washing, or alarm systems. For residential providers, there is provision for evacuation and alternate housing if needed for a few hours, along with a written agreement with hotel/motel for overnight or longer stays.
2. **Advance Directives Policy** - Details on actions the Provider will or will not take during a medical emergency, and whether or not Hospice involvement changes steps the Provider will take. Policy should also include how consumers with an Advance Directive will be identified in the home. Please include a list of consumers with Advance Directives in the home, remembering to send consumer PHI through confidential channels (fax).
3. **Code of Conduct Policy** - Expectations for staff behavior, possible criteria for termination.
4. **Orientation Policy** - Should include information about training expectations for staff and Home Managers, including timelines for completion. It is preferred to have a blank copy of the orientation tool attached to the policy or sent for review prior to the audit.
5. **Performance Monitoring** - This policy should include expectations for staff and Home Managers and how on-going performance will be evaluated, and how often.
6. **Human Resource Policy** - Staff qualifications/credentials, including education requirements, hiring & firing process, required staff trainings, and anything else related to provider and employee relations, such as personal time-off, holiday pay, family medical leave, etc.
7. **Infection Control Policy** - Should include a protocol for contacting designated individual(s) when an infection control issue arises. Should also include a list of communicable illnesses, needle stick protocol if staff give injections, and a protocol for COVID-19.
8. **Medication Disposal policy** - A procedure for disposal of any discontinued, unused, expired, refused, or contaminated medications. Should include the use of a documented witness who signs along with staff who is disposing of the medications.
9. **Accommodations Policy** - How Provider will assess for needed consumer accommodations, and how Provider will accommodate and train staff for specific needs.

10. **Pre-hire Screening Policy** - Details the screens to be completed prior to hire, and prior to staff beginning their training in the home. The policy should include the following expectations:
 - a. **I-Chat Background Check** - At hire, and every other year after
 - b. **Driving Record Check** - At hire for all staff, annually after for staff who transport consumers
 - c. **Recipient Rights Check** - At hire only, should cover all counties of employment
 - d. **Fingerprinting** - At hire only
 - e. **TB Testing** - At hire, every three years after
 - f. **Reference Checks** - At hire, applicants will provide sufficient references to be contacted directly by the Provider to verify character, work experience, and vocational related abilities
 - g. **OIG/LEIE/SAM/MI Sanction** - Upon hire, monthly after
11. **Record Retention Policy** - Details timelines and methods for document storage and destruction.
12. **Vehicle Accident and Breakdown Policy** - Policies will include information about vehicle breakdown and vehicle accident procedure that is reviewed with staff at least annually. Should include procedures staff will follow in the event either of these emergencies occurred, like assuring consumer safety, calling 911, and contacting a supervisor.

DATA REQUEST LIST

*Most of the information below is requested **prior to the audit** in order to decrease the on-site time of the audit visit. This will also help to answer areas of the audit checklist prior to the site visit and gives the Provider the opportunity to obtain information from a home office if information is not housed at the Provider's location.*

****Please send in the following documentation prior to the visit.****

1. **Current Staff Listing** - A list of any staff providing care in the home, including substitute or fill in staff.
2. **Current Consumer Listing** - Only consumers in the home who are served by SCCMHA (must be faxed or sent via Sentri message, cannot send consumer names or other PHI through email unless encrypted)

ALL DOCUMENTATION REQUESTED BELOW WILL COVER THE TIME FRAMES FOR SERVICES PROVIDED DURING THE LAST 12 MONTHS PRIOR FROM DATE OF SCHEDULED AUDIT.

****Documentation below can be sent in prior to the audit, or be available during the visit****

- | | |
|--|---|
| 1. Quality Improvement Goals | 12. Emergency Procedures Annual Review |
| 2. Quality Improvement Program Evaluation | 13. Water and Appliance temperature logs |
| 3. Resident Care Agreements | 14. Consumer Inventories including disposed items |
| 4. Life Choices form | 15. Organizational Chart |
| 5. Staff Meeting Minutes | 16. Periodic Review of Incident Reports |
| 6. Consumer Meeting Minutes | 17. Staff Cleaning Schedules |
| 7. Vehicle Maintenance logs | 18. Adaptive Equipment logs |
| 8. Site Maintenance logs | 19. Staff Training or In-Service logs |
| 9. Summary of Resident Rights: Discharge & Complaint Process | 20. Medication Certification records |
| 10. Fire Drills | 21. Consumer Satisfaction Surveys |
| 11. Tornado Drills | 22. COVID premium pay – check stubs |

****Documentation below will be reviewed during the visit****

- | | |
|--------------------------------------|---|
| 1. Personal Care Logs | 7. Consumer Fund Sheets |
| 2. Medication Administration Records | 8. Staff Communication/Shift Logs |
| 3. Progress Notes | 9. Staff Schedules |
| 4. Healthcare Appraisals | 10. Staff file items: pre-hire checks, signed job descriptions, orientations, and evaluations |
| 5. Guardianship Papers | 11. Incident Reports |
| 6. Leave of Absence (LOA) forms | |

ON-SITE REVIEW

This section covers the items the auditor will address during the on-site portion of the review. Provider to review this section so auditor can address any questions prior to the on-site visit.

****Site Specific Walkthrough****

- | | |
|--|--|
| 1. Consumer Bedrooms | 11. Staff List/Organizational chart posted |
| 2. Bathrooms (all) | 12. Medication storage |
| 3. Kitchen/living room/laundry | 13. Medication pass |
| 4. Agency Vehicle (should be on-site) | 14. Emergency food storage and bag |
| 5. Adaptive Equipment | 15. Emergency Numbers posted |
| 6. Storage of Documentation | 16. Recipient Rights posting and booklets |
| 7. Disposal of PHI | 17. License posted |
| 8. Carbon Monoxide Detectors | 18. Staff Cleaning Schedules/Menu posted |
| 9. Fire/Smoke Detectors and Fire Extinguishers | 19. Consumer Funds – counted for auditor |
| 10. Activity and Exercise calendar(s) | 20. Consumer and Home Manager Interview |

Please inform the auditor if you do not have a copy machine available, as copies of some items may be requested on the day of the audit.
Also, some reviews will remain virtual while the Emergency Order is in place due to the COVID-19 pandemic. If you have any questions regarding whether your audit will be in-person or virtual, please contact Melynda Schaefer or your assigned auditor.