“The whole is greater than the sum of its parts.”
A framework of skin and bones, enclosing a complex network of living systems.

A control center, where memory, sensory experiences, emotional reactions and intellectual power join into something called consciousness.

An indescribable, immeasurable and individual energy that defines us and gives our lives purpose.


That person, every person, is far greater than the sum of those parts. And when a person faces a challenge, has an illness or is struggling, all three of those parts are affected.

For centuries, we separated the disciplines of mental health, physical health and spiritual health — treated them separately, independently and, sometimes, conflictingly.

We cannot do this anymore.

Today, Saginaw County Community Mental Health Authority (SCCMHA) is leading the way to change our approach to providing care for people with mental illness, developmental and intellectual disabilities, emotional challenges and substance abuse disorders. And we’re doing it by looking at the whole.

Not just in the person seeking help, but in the system that provides it.

That system includes dozens of “parts”: hospitals and other healthcare providers, the criminal justice system, courts, government and non-government social service agencies, educators, housing authorities, the faith-based community and many others. Each providing a service that helps “part” of the person.

This report looks at some of the ways we are turning more and more of those service “parts” into a holistic approach to caring for people ... into assisting in the recovery of all three parts of people to help them become whole.

Each of us, as a whole, is far greater than the sum of our parts. The way we care for people must be, as well.
Last year Saginaw County Community Mental Health Authority served 5,200 people. And each one of those people has many sides, or many parts, if you will. One part might be husband, another part father, another part employee … while another part is managing bipolar disorder.

The same is true for anyone who has a mental health issue, developmental or intellectual disability or, really, an illness of any kind. We can’t successfully help a person with their recovery or disease management if we only look at that one disorder, disease or injury.

But for decades, our mental health, healthcare, criminal justice and social service systems — because of issues related to funding, turf, to regulations and bureaucracy, to simply being too busy to change — were each dealing only with those parts. And efforts to work together resulted in, at best, only looking at the sum of the parts. Not at the person as a whole.
That’s changing, and we’re excited about being part of that change. It’s a shift in our world view to one that isn’t just anchored in behavioral health. How do we address and provide treatment to people who have experienced trauma? How do we better help people with the emotional effects of physical diseases? How can we change the fact that mental health consumers die, on average, 25 years earlier than other people?

How do we refocus to take better care of the whole person?

This shift puts us in the center of a wide-ranging network. It includes governmental agencies such as the Michigan Department of Human Services, the Saginaw County courts, the Saginaw County Department of Public Health, the Saginaw County Sheriff, the City of Saginaw Police Department and the Michigan Department of Corrections. It includes healthcare organizations such as Covenant HealthCare, St. Mary’s of Michigan, HealthSource Saginaw, Health Delivery, Inc., and individual medical practices. It includes nonprofits and alliances such as the Michigan Health Information Alliance, the Saginaw YMCA and the Saginaw Community Foundation. Not to mention our already extensive network of service providers.

It’s a change that has pushed us beyond our statutory role as a community mental health services program.

Saginaw MAX System of Care is one excellent example, in which we worked with the juvenile court system, foster care and child protective services, schools, law enforcement and several other partners to build a stronger, more comprehensive system to help children with complex emotional and behavioral challenges.

We’re also leading the way in developing new methods to work with people who have experienced trauma. In the last few years we’ve begun to completely understand how traumatic events affect people — physically and emotionally. In a place with high rates of violent crime, unemployment and broken family structures, there is a great deal of trauma, particularly among children. SCCMHA is working with hospitals, law enforcement and other organizations to better help people who have had traumatic experiences.

Saginaw Pathways to Better Health is yet another example. It helps increase positive outcomes in healthcare services for people with chronic illness by assigning them a community health worker. That worker is able to identify barriers that keep them from getting the care they need — whether they’re not able to get health insurance, find a doctor, manage their medications or don’t have reliable transportation to get to doctor’s appointments. Even though it’s not directly a “mental health” service, SCCMHA is in the perfect position to leverage our administrative infrastructure to serve as the fiduciary and the “community care hub” for this program.

These and similar initiatives have one thing in common: a number of collaborative partners. Each of these partners can also be seen as a “part.” In the past, those “parts” were working separately, the treatments and support for people ended up being a not-always-effective sum of those parts.

Today, we’re reaching a point at which treatment and support are offered as an integrated whole — to a person as a whole. SCCMHA is pleased to be a part of that shift, which will leave the community — as a whole — a much better place.

Philip Grimaldi
Chair, SCCMHA Board of Directors

Sandra M. Lindsey
CEO, SCCMHA

Philip Grimaldi
Chair, SCCMHA Board of Directors
Just as a person’s whole body is greater than the sum of its parts, it’s important that our approach to managing health and wellness has the same regard for the “whole.” The years have taught us that a singular approach to health issues isn’t nearly as effective as treatment of the whole — that we must look past illness at all the points where a person’s life intersects with the illness.

Saginaw County Community Mental Health Authority is fully committed to changing the approach with which we care for people with mental illness, intellectual and developmental disabilities, emotional challenges and substance abuse disorders — not only in Saginaw County, but throughout the region.

“There are many support structures for the people we serve,” says Sandra M. Lindsey, SCCMHA CEO, “but they have traditionally operated within their own little silos, and we made the consumers negotiate the travel between those silos.”

That’s a particular challenge, Lindsey says, when dealing with people with serious and complex needs at the greatest risk. “We understand that in order to reach those people and help them, we need to have services and supports available where they are. And if it’s going to be effective, support needs to be convenient, culturally relevant and available as early as possible.

“We can’t offer that support by ourselves; it’s critical that we work together. In a sense, the care system not only has to treat the person as a whole person, but it must itself work as a ‘whole’ system — rather than a collection of parts.”

That’s why SCCMHA is leading the way in creating partnerships and collaborations throughout the community — collaborations that build integrated systems which promote a holistic “system.”
That system must work well for people from early childhood through their elderly years. SCCMHA’s partners offer services and support to people at all stages of life – starting with the very youngest.

The foundation for children to have a successful life, says Saginaw County Great Start Collaborative Director Julie Kozan, is built on social and emotional wellness. “At Great Start, our goal is that all children arrive at kindergarten safe, healthy and ready to succeed,” she says, “and we couldn’t reach that goal without the help and support of Saginaw County Community Mental Health.”

SCCMHA has made it a priority to create a safe, productive environment in which children can grow and learn. We are achieving this through participation on the Great Start Collaborative Board of Directors to help make a positive impact early in children’s lives. We are also planning service expansion into schools, providing training for educators and many other activities to help children once they enter the education system.

“Our schools are working with the same young population that the staff at Saginaw County Community Mental Health serves,” says Carlton Jenkins, Ph.D., Saginaw Public School District superintendent. “So making sure services and supports are available where these children and their families are is imperative. With the creation of the Mobile Urgent Treatment Team (MUTT), overseen by the Saginaw County Community Mental Health Authority, we will be able to respond to and meet the needs of youth much more effectively.”

MUTT — a collaborative that includes SCCMHA, Saginaw Juvenile Detention Center and the Michigan Department of Human Services (DHS) — provides intervention services by responding to a crisis where it occurs. The team also provides wellness checks on the community’s referred youth and families who are considered high-risk.
SCCMHA’s community partnerships, though, can be seen and felt far beyond the walls of the classroom. Between collaborating with other agencies, businesses, organizations, courts, community initiatives and much more, we are working diligently to make quality mental health service and support availability a top priority.

Rita Truss, director of the Saginaw office of DHS, sees the partnership as more than collaboration. “It’s a relationship built on trust and integrity,” she says. “We have been able to pool our resources and are working toward a more seamless service delivery system. We are striving for the common goal of a healthier community, ensuring the best possible outcomes for all we touch.”

Brenda Coughlin, M.D., president and CEO of Health Delivery, Inc., is encouraged by the healthy strides being taken in the community — both physical and emotional. “The behavioral health needs in our community are substantial,” she says. “On average, people with persistent mental health needs have a 25-percent shorter life span than those without. We need to address this sobering statistic with better care, and I believe our partnership with Saginaw County Community Mental Health is a very large step in that direction.”

Dr. Coughlin and her staff understand, as we at SCCMHA do, that a healthy, fulfilling life depends on both physical and mental well-being. By establishing an integrative care collaboration, patients and consumers get all-encompassing health care that works to ensure the highest quality of life.

Beyond the classroom

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The Saginaw Housing Commission, overseen by Executive Director Lesley Foxx Sims, is also committed to working alongside SCCMHA to improve the quality of life for Saginaw County residents. An independent authority much like SCCMHA, the Commission provides “permanent subsidized public housing to citizens with income challenges including seniors and those with disabilities,” Sims says. “Affordable housing allows people with disabilities to live independently while they receive supportive services from Saginaw County Community Mental Health.”
However, it’s important to recognize that not all effective collaborations happen in offices, but on the streets and in the neighborhoods where we live, work and play. The law enforcement officials in our community are on those streets and in those neighborhoods every day, doing their best to create a safe environment for all. They frequently interact with people who have mental illness, intellectual or developmental disabilities, emotional challenges and substance abuse disorders, which means it is critical that they have an understanding of mental health needs and how to address them. SCCMHA has created a partnership with the Saginaw Police Department and Saginaw County Sheriff’s Department that aims to do just that.

“The Crisis Intervention Services staff at Saginaw County Community Mental Health have been attending roll calls with our officers,” says Saginaw Police Department Lt. David Kendziorski. “They discuss methods of interacting with mental health consumers, tactics for approaching and handling situations, national trends, anything that they think would be helpful to us performing our duties effectively. Our officers are more aware of resources in the community and are always seeking alternative methods of resolution aside from the historically traditional incarceration.”

On the other end of the law enforcement system, the judicial system has been eager to collaborate and create better solutions for those experiencing mental and behavioral challenges as well. Judge Pat McGraw with the Saginaw County Probate Court proudly addresses the open door policy that has been developed between his court and SCCMHA. “We are on call to each other 24/7,” he says. “If I have a case in front of me that involves mental health and I need help on it, I know I can pick up the phone and get some guidance. And the staff at Saginaw County Community Mental Health knows they can do the same with me.”

Judge A.T. Frank of the 70th District Court in Saginaw County, who also oversees Saginaw’s new mental health court, shares Judge McGraw’s enthusiasm. “We are working to break the old stereotype of retribution with a more holistic approach to treating an individual,” he says. Both McGraw and Frank agree that jail is not a proper solution for many of the mental health cases they encounter — but might not have any other options without the additional resources and support they can turn to. “Not only are we saving taxpayer dollars by reducing the number of unnecessary jail sentences and hospital stays,” says Frank, “but we are serving the people in our community who need it the most.”

Judge Faye Harrison of the 10th Circuit Court, Family Division also sees the value of the SCCMHA relationship. “We have a long-running partnership with Saginaw County Community Mental Health,” she says. “We have initiated MAYSII (Massachusetts Youth Screening Instrument) screening for everyone who comes through our doors to help screen for mental health needs. We have a community mental health staff member on site, we work on the Family Dependency Treatment Court together, we work to reduce foster care placements in child protection cases with a permanency team, we participate heavily in the Disproportionate Minority Contact initiative, we have attended cultural and linguistic competency training hosted by Saginaw MAX System of Care, and we’re participating in a truancy initiative among other things. It’s so important that we give youth a fighting chance at leading productive, healthy lives and we know that collaborations like what we have with Saginaw County Community Mental Health are going to make that possible for many of them.”
Apart from SCCMHA’s growing partnerships with individual agencies and organizations, we know that lasting change in the community comes from strong initiatives that pull knowledge and experience from a wide variety of people and disciplines. We are proud to be a part of projects that are creating an exciting future for Saginaw County.

One such project is Saginaw Pathways to Better Health which was developed with the support of a Centers for Medicare & Medicaid Services Innovation Grant awarded to the Michigan Public Health Institute (MPHI). Saginaw was one of three sites chosen in the state in 2012 to create and launch a Pathways Community HUB which serves as a single point of entry and enrolls clients. Key community stakeholders provide leadership to the project including Alignment Saginaw and the Michigan Health Information Alliance (MiHIA) which serve as co-conveners of the project. Other partners include Care Coordination Agencies (CCAs) that deploy and supervise Community Health Workers: Covenant HealthCare/Visiting Nurse Special Services (VNSS), Health Delivery, Inc., the Saginaw County Department of Public Health and St. Mary’s Center of HOPE.

“Through Saginaw Pathways to Better Health, Community Health Workers connect people with resources that they might not have known about,” says Larry Daly, director of planning and business development at Covenant HealthCare. “Anything from helping people find proper medical care to transportation, food and clothing resources, financial assistance and employment opportunities, these Community Health Workers can help with it all.

“This is an amazing program in our community and Saginaw County Community Mental Health not only serves as the Community Care HUB and lead agency/ fiduciary, but it was instrumental in the planning process,” says Daly.

Reneé Johnston, president and CEO of the Saginaw Community Foundation and chair of Alignment Saginaw, agrees that SCCMHA’s continued involvement and support has been a catalyst for change in the Saginaw community. “Not only is the entire Saginaw County Community Mental Health organization a wealth of knowledge, but they are proactive and progressive in their thinking,” she explains. “I think Saginaw County Community Mental Health Authority’s involvement in Alignment Saginaw shows the community that it doesn’t necessarily take two like organizations to make positive change. We identify similar needs between each other and work together to move the community forward.”

SCCMHA’s commitment to improving the quality of care and life for those with mental illness, intellectual and developmental disabilities and substance use disorders reaches far beyond Saginaw County lines. When the Michigan Department of Community Health put forth a plan to restructure and reduce the number of Specialty Prepaid Inpatient Health Plans (PIHPs), Saginaw County joined forces with 11 other CMH organizations representing Arenac, Bay, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Shiawassee and Tuscola counties to create the Mid-State Health Network.

“This new regional entity is intended to improve public behavioral health access, reduce redundancies and increase efficiency,” said Nancy Miller, chief executive officer of the Mid-State Health Network. “Our goal is more consistency in access, care and service to those in need across our region.”

Miller was quick to note that the expertise SCCMHA brought to the table was invaluable. “Saginaw County Community Mental Health is a leader in utilization analysis, clinical expertise, integrated health leadership and so much more,” she said. “Their knowledge will help us grow into a network that provides the highest quality of treatment and care across the board.”

There are many “parts” that make up the sum of SCCMHA’s mission and goals — many individual pieces that have created progressive steps toward improving the quality of care and life for those in Saginaw County and the state. When all those parts are added together, the sum of their efforts is by far much greater. It is a sum that is continually looking for ways to improve and make life just a little bit better for all it touches. It is a sum that believes everything we do is in service to those who deserve the opportunity to achieve their goals. It is a sum that is proud to be a part of the Saginaw community, celebrates these partnerships and will always embrace the potential and contributions of all individuals with disabilities and health challenges.
A belief in potential.
A right to dream.
An opportunity to achieve.
FY 2013 Financial Information

Revenue Summary

- Medicaid: $47,067,839
- General Fund: $8,216,077
- Grants: $3,350,822
- Local: $1,385,752
- Other: $3,071,796

Total: $63,092,286

Expenses Summary

- Adults with Mental Illness: $24,887,253
- Adults with Intellectual and Developmental Disabilities: $25,297,680
- Children with Serious Emotional Disturbance: $6,641,899
- Children with Intellectual and Developmental Disabilities: $859,310
- Other Programs: $2,515,269
- HRA/PA530/ Provider Tax: $1,895,136

Total: $62,096,547
FY 2013 Service Information

The Consumers We Serve

Race
- White: 55%
- Black or African American: 31%
- Unknown: 10%
- Other: 4%

Gender
- Male: 51%
- Female: 49%

Ethnicity
- Not Hispanic or Latino: 73%
- Hispanic or Latino: 7%
- Unknown: 20%

Age
- 0-17: 20%
- 18-39: 38%
- 40-64: 34%
- 65+: 4%
Number of Consumers Served (2013) Unduplicated

- Adults with Mental Illness: 3,152 (60%)
- Children with Serious Emotional Disturbance: 809 (15%)
- Persons with Intellectual and Developmental Disability: 536 (10%)
- Persons with Mental Illness and Intellectual and Developmental Disability: 461 (9%)
- Persons with Substance Use Disorder: 333 (6%)

Types of Services Provided / Numbers of Persons Served

- Assertive Community Tx: 50
- Assessment: 3,044
- Case Coordination: 2,189
- Community Living Supports: 684
- Crisis: 2,378
- Enhanced Health Services: 374
- Family Training: 186
- Housing Assistance: 101
- Inpatient Hospitalization: 579
- Medication Management: 1,421
- Peer Support Services: 383
- Respite: 263
- Specialized Residential: 318
- Therapy: 1,194
- Vocational Supports: 508
- Wraparound: 72

Figures indicate number of consumers receiving that service.
Performance

Consumer Satisfaction Data

- **Access to Services**
  - Adult Services: 90%
  - Youth & Family Services: 95%

- **Quality/Appropriateness of Care**
  - Adult Services: 89%
  - Youth & Family Services: 93%

- **Participation in Treatment Planning**
  - Adult Services: 92%
  - Youth & Family Services: 97%

- **Outcomes**
  - Adult Services: 76%
  - Youth & Family Services: 86%

- **Social Connectedness**
  - Adult Services: 86%
  - Youth & Family Services: 95%

Key Performance Indicators

<table>
<thead>
<tr>
<th>Metric</th>
<th>Target</th>
<th>Annual Performance</th>
<th>Met or Exceeded Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours</td>
<td>&gt;=95%</td>
<td>99.87%</td>
<td>✓</td>
</tr>
<tr>
<td>% of persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergent request for service</td>
<td>&gt;=95%</td>
<td>97.91%</td>
<td>✓</td>
</tr>
<tr>
<td>% of new persons starting any needed on-going services within 14 days of a non-emergent assessment with a professional</td>
<td>&gt;=95%</td>
<td>97.54%</td>
<td>✓</td>
</tr>
<tr>
<td>% of persons discharged from a psychiatric inpatient unit that were seen for follow-up care within 7 days</td>
<td>&gt;=95%</td>
<td>96.06%</td>
<td>✓</td>
</tr>
<tr>
<td>% of persons readmitted to an inpatient psychiatric unit within 30 days of discharge</td>
<td>&lt;=15%</td>
<td>11.87%</td>
<td>✓</td>
</tr>
</tbody>
</table>
Board Meeting and Committee Schedules

Full Board Meeting, second Monday, 5:15 p.m.
Ends Committee, second Tuesday, 5:00 p.m.
Recipient Rights Advisory Committee, third Wednesday, 5:00 p.m., bi-monthly
Executive Limitations Committee, fourth Wednesday, 5:00 p.m.
Governance Committee, meetings quarterly, to be determined by established calendar

Recipient Rights Office & Customer Services
(989) 797-3452
Crisis Center: Crisis Receptionist (8 a.m. – 5 p.m.)
(989) 797-3476
Crisis Center (24 hours/after hours)
(989) 792-9732
Toll Free (24 hours/after hours)
(800) 233-0022

Other Locations
Albert & Woods Professional Development & Business Center
1 Germania Platz
Saginaw, MI 48602
(989) 797-3400

Community Ties North
3830 Lamson St.
Saginaw, MI 48601
(989) 272-7208

Community Ties South
17940 Lincoln
New Lothrop, MI 48460
(989) 845-7336

Towerline Supports Coordination
1040 Towerline Rd.
Saginaw, MI 48601
(989) 754-2288

Contact Information
SCCMHA Main Location
500 Hancock St.
Saginaw, MI 48602
(989) 797-3400

SCCMHA General Information/Switchboard
(989) 797-3400

Service Authorization and Access
(800) 258-8678

Office of the CEO
(989) 797-3501

TDD (Hearing Impaired)
(989) 797-3460