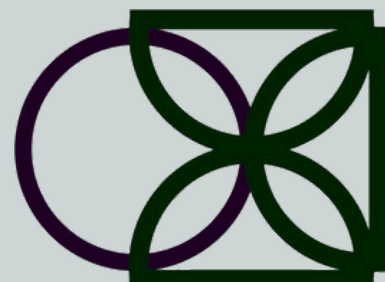


# SCCMHA PROVIDER NEWS

March 2025



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## A Message from the CEO, Sandra Lindsey

Greetings to the staff of the SCCMHA Network. The official start of spring is just around the corner, and I for one am ready for a change of season and warmer temperatures.



Since early January, with the start of President Trump's return to the White House, there have been a large number of Executive Orders (EOs), and litigation filed in response to many of these EOs. EO 14173, which involves ending all Diversity, Equity, and Inclusion (DEI) initiatives inside the federal government, contending DEI and merit-based job opportunities were at odds, and calling for an end to "illegal" DEI practices is one of these. This EO has had implications too for federally funded grant programs and lacks clear definitions and downstream direction to audiences in states and their federally funded programs, resulting in lots of confusion. The nefarious claims of this EO do not line up with how we have crafted SCCMHA's DEI initiatives. Celebrating the diversity of our staff and learning to understand each other and the people we serve of all races, ethnicities, and gender identities, is not illegal and we have always

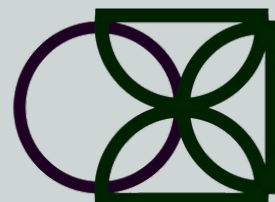
been inclusive of all staff members in all of our activities and training. Lastly, no new SCCMHA hire has been of an unqualified candidate related to any of our DEI work.

However, we will likely need to make language changes to some of our agency documents that have existed historically since back to the Lyndon Johnson presidency, which first advanced through one of his EOs, the establishment of the Equal Economic Opportunity Commission (EEOC). This introduced new language into the lexicon of US employers receiving revenue from government funding and was adopted by others in the private sector.

As to our DEI Work at SCCMHA in the context of these EOs, we will stay the course, while collaborating with corporation council on what language changes may need to be made in SCCMHA documents and on our website. We will look first to MDHHS and the State of Michigan for guidance on these topics. At this time, there

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**SUICIDE PREVENTION LIFELINE CALL OR TEXT: 988**



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has been no such guidance issued, at least not yet. Further, with so much related litigation going on regarding President Trump's EOs we will make adjustments when there are final court rulings and expectation clarity by federal courts.

Next, I want you to know there are much bigger challenges to the Michigan Public Mental Health System that have recently been revealed in the last couple of weeks.

### **\$800 Billion in federal Medicaid Cuts**

The U.S. House of Representatives has passed a large budget bill that is moving on to the U.S. Senate with \$800 Billion in federal cuts to the Medicaid Program over a nine-year period thru 2034. Depending on the activity in the U.S. Senate, a reduction in federal funding of this size will impact not just who remains Medicaid-eligible but also poses a historic revenue threat to all providers comprising healthcare service delivery, in Saginaw, the region, our state, and across the country. Attached to this issue of our Provider Newsletter is an "Action Alert" from our trade association, the Community Mental Health Association of Michigan. I encourage you all to participate in the Action Alert to reach out to your federal congressional officials to protest the cuts to the federal portion of the Medicaid Program. If you are not sure who your U.S. House member is, the Action Alert will electronically connect you to them from your zip code. The Action Alert has already fashioned the message of protest to these Medicaid cuts for you, and if you want to customize your message you can do that too.

### **MDHHS Announces Plans to Procure/Re-bid the Specialty Behavioral Health PIHP System**

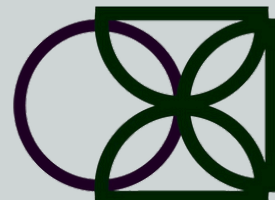
The second major concern came in the form of a broadly issued press release from MDHHS on Feb. 28, 2025. The press release issued with no real warning to the system, describes a new procurement process to re-bid the 10 regional Pre-paid Inpatient Health Plan (PIHPs) contracts with MDHHS, which have been in place since 2014.

All the current 10 regional PIHPs were established by their member CMHSPs and codified under the Urban Cooperation Act by county boards of commissioners from the related jurisdictions. The original purpose for the creation of the 10 PIHPs was to hold and manage the Medicaid Specialty Behavioral Health Contract with MDHHS on behalf of the region's beneficiaries and their CMHSP partners and their networks.

SCCMHA was a founding member among 12 partner CMHSPs collectively serving a 21-county regional jurisdiction that created the PIHP for Region 5, known as the Mid-State Health Network (MSHN). Our affiliation has been without question of great benefit to SCCMHA, the Medicaid beneficiaries in this region and their families, it has been our collective honor and privilege to serve.

Embedded in the press release attached to this newsletter, is a link to an MDHHS Survey to inform the planning for the PIHP procurement process. The survey is intended for multiple audiences including staff at both PIHPs and CMHSPs, contracted system providers, people served and their families and consumer advocates and other community partners.

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Rather than comment any further, I would ask you to see the related documents and urge your outreach participation. Please, also feel free to share the Action Alert on proposed federal Medicaid cuts and the MDHHS Press Release on the PIHP Procurement with other interested people and groups.

In closing, I want to thank you all for the great work you do in front-facing treatment and support service delivery as well as those that work behind the scenes to make the work possible. These are challenging times to be sure and I know the work seems unending.

On behalf of SCCMHA Administration, our Board of Directors, those our system serves, their families and the greater Saginaw community, as well as myself, please know that all of you are so very much appreciated.

Regards,  
Sandra M. Lindsey, CEO

## Central Access and Intake makes progress in FY24

*Written by Mental Health Supervisor (CAI) Monique Taylor-Whitson*

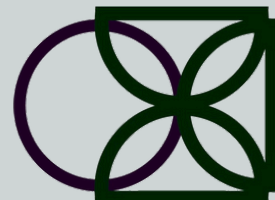
The Central Access and Intake (CAI) department has achieved significant milestones in streamlining and improving the efficiency of person served intake processes, ensuring that persons served receive timely services that align with the level of care individuals are seeking.

For Fiscal Year 2024, the CAI department was challenged with an increased volume of persons served coming through the front door seeking outpatient treatment for both mental illness and substance use services. Nonetheless, we were able to meet timely standards for three quarters of the fiscal year. The CAI department reviewed procedures to ensure a seamless referral process was in place when coordinating care with community partners such as Michigan Department of Health and Human Services (MDHHS) and primary care physicians within Saginaw County. During this process, improvements to the referral process were made to enhance the coordination of care.

The CAI supervisor, along with Contracted Provider Colleen Sproul and Clinical Director Michelle Colton of the Great Lakes Bay Health Center (GLBHC) – which is the Federal Qualified Health Center (FQHC) in Saginaw County – collectively worked on an initiative that originated from the Community Health Improvement Plan (CHIP), in alignment with the BWell Health Improvement Plan, to address health disparities and social determinants within Saginaw County.

This workgroup collaborated on ways to address improving access and engagement for persons seeking services and through this work, a BWell Health Community Directory was published and will be located on the BWell website.

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Improving our outreach efforts and follow-up processes was another factor to consider this fiscal year, due to the increase of persons seeking services. CAI collaborated with our internal Mobile Response and Stabilization Services (MRSS) crisis program to ensure persons served were connected to crisis-trained clinicians within the community to eliminate service delivery gaps in the outpatient treatment process.

Much of the work occurring in the CAI department has always been mandated by MDHHS regulations, however many new staff entering into the SCCMHA workforce are not aware of the process and procedures that occur to get persons acclimated into their outpatient treatment program. Therefore, the CAI supervisor worked with the Clinical Leaders of SCCMHA to create workflow charts on all Medicaid Waivers, ISPA, ASD, and SUD services to provide a framework for staff to follow to ensure we are operating within the appropriate parameters for each Medicaid service we provide.

The CAI department also worked with TBD Solutions to implement an upgraded data management system, allowing for more accurate tracking of timeliness standards when working with persons served, allowing the department to review annual analysis reports to make informed decisions on service improvements.

Training and development were also factors that impacted the CAI team as well. CAI is a cross-trained team that was recently charged with becoming trained in the new State of Michigan assessment tool. The MichiCANs assessment tool, was a screener built to assess person seeking services in the Severe and Emotional Disturbance (SED) and Intellectual Development Disability (IDD) population for persons 0-20 years of age.

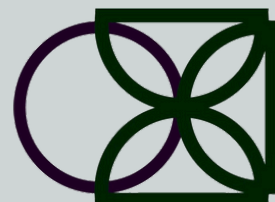


By incorporating this assessment tool in the intake process, CAI is now trained in MCHAT, SCQ, DECA, PECAS, CAFAS, and LOCUS, as these tools are used to guide the person-centered planning process.

These areas are just a few of the encounters that impacted the CAI department over the past fiscal year, which have challenged the CAI department to enhance our operational efficiency, improve person served experience, and ensure equitable access to all persons seeking services in Saginaw County.

The CAI staff are an extraordinary team that have overcome many obstacles this year and continuously show up each day due to their dedication for our Saginaw community.





## SCCMHA Board of Directors welcomes three new members

Three new members were sworn in to the Saginaw County Community Mental Health Authority (SCCMHA) Board of Directors on January 13, 2025. Jaime Huffman, Jacob Kern, and Susan McCauley join the Board, while Cherie Long, Deb Nagel, and Kathleen Schachman announce their departure.



Jaime Huffman joins the Board as a resident of Saginaw and a current professor of nursing at Saginaw Valley State University. Huffman hopes to serve the community in raising mental health awareness in the county and advocating for those in need of assistance.

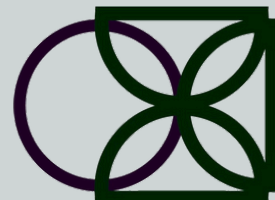
Jacob Kern is a Saginaw native, currently a Recovery Coach Supervisor with Tri-Cap. Kern plans to use his previous experience working with substance use and mental health services to help enact change in Saginaw County.



Susan McCauley was born and raised in Saginaw, working currently as the Health Unit Manager of the Saginaw Correctional Facility. McCauley hopes to use her previous experience working with a population of individuals with mental health issues to move mental healthcare in the community forward.

Huffman, Kern and McCauley join the 12-person Board, governing SCCMHA and its mission to provide mental healthcare to Saginaw County and its residents, as directed by the Michigan Mental Health Code.

The SCCMHA Board of Directors holds monthly meetings which can be attended by the public. A list of meeting dates can be found at [www.sccmha.org](http://www.sccmha.org).



## SCCMHA Training Updates

*Written by Continuing Education Supervisor Alecia Schabel*

### **All Providers:**

- DEI training – There is no longer a need to send SCCMHA the certificate/completion notice. SCCMHA CEU has access to a training report in which training completion will be uploaded directly to your training record.
- Zero Suicide – Those who are required to complete *Intervention and/or Screening and Assessment*, training is found here:
  - [Zero Suicide Initiative Trainings Overview and Expectations | SCCMHA](#)
    - Both of these are SCCMHA videos and credit is automatically given for (1) Using the PHQ-9 to Screen for Depressive Dx &/or (2) Assessing Suicide Risk Using the C-SSRS, when you follow the directions at the end of the training video.

### **Licensed Residential/CLS/Respite/Autism Providers:**

- SCCMHA has added a Home Manager Q&A reference tool to the Home Manager Training section of the SCCMHA webpage found at this link: [Home Manager Training | SCCMHA](#)

Many training quizzes and training registration requests are coming through without notification for new staff.

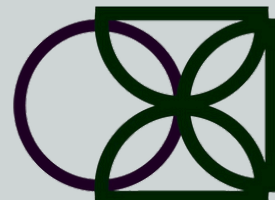
SCCMHA CEU is not able to add quiz completion or register anyone from training until they have been added to the training database.

Please review this timeline:

1. Add staff request for new hire, found on the SCCMHA website [Direct Care Provider Training | SCCMHA](#)
  - Allow 24 business hours for processing
2. Instruct staff to complete online orientation and training quizzes
  - Allow 24 – 48 business hours for processing
3. Registration for in-person SCCMHA trainings
  - Can be submitted once the above has been completed and processed
  - Please allow up to 72 business hours from the time you submitted the Add Staff Request to submit registration requests

SCCMHA CEU is not able to process any training quiz completions and/or registrations without verification of the above.

*These requests will be removed from the system and not processed.*



## SCCMHA hires new Veteran and Military Families Navigator

The Veteran and Military Family Navigator Program, created in 2016 by the State of Michigan, assists over 440,000 veterans living in the state, as well as their family members.

SCCMHA collaborated with the Walking with Warriors program to provide comprehensive navigation, peer-to-peer support, and advocacy for veterans, military members, and their families. The focus is to connect veterans and their families to behavioral health and substance use disorder treatment and support, as well as other community resources.

The program can additionally connect veterans to physical healthcare, housing, VA benefits, education assistance, family and caregiver support, employment, transportation, transitioning back into home and civilian life, and state assistance programs.



As of 2025, the program is directed by Ashton Hero, a four-year veteran of the United States Marine Corps.

He is a graduate of Ferris State University and previously worked at the Midland County Juvenile Justice Center but has had much outreach with veterans in his life, working to hear their stories and concerns and helping where he can.

"There's a huge need for veterans in mental health," Hero said. "The biggest thing is listening; some people just need to talk and help with knowing where to go to get the assistance they're looking for."

Hero plans to meet veterans in the community and build relationships with partners in the area, informing them of the services SCCMHA provides, as well as helping to guide them through the system.

"We lose 22 veterans a day to suicide nationally" Hero said. "If they knew the resources that are in place, we could work to help reduce that number."

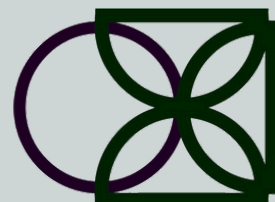
As a veteran himself, Hero believes that having that lived experience is vital for other veterans to reach out to him for assistance.

"It's easier for veterans to open up about what they're going through when they talk to other veterans," Hero said. "Hopefully I'm able to be that person they can connect with to make a difference for them."

The Walking with Warriors program office is located at the Saginaw County Community Mental Health Authority, 500 Hancock St., Saginaw, MI 48602, and oversees three counties: Saginaw, Bay, and Midland. Dedicated office hours will also be available at Midland County locations each month.

For more information on the Veteran and Military Navigator Program, visit the Saginaw County Community Mental Health Authority website at [www.sccmha.org](http://www.sccmha.org) and the Walking with Warriors State of Michigan website at [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs).

Ashton can be reached via email [ashton.hero@sccmha.org](mailto:ashton.hero@sccmha.org) or phone at (989) 272-7375 or (989) 988-9602.



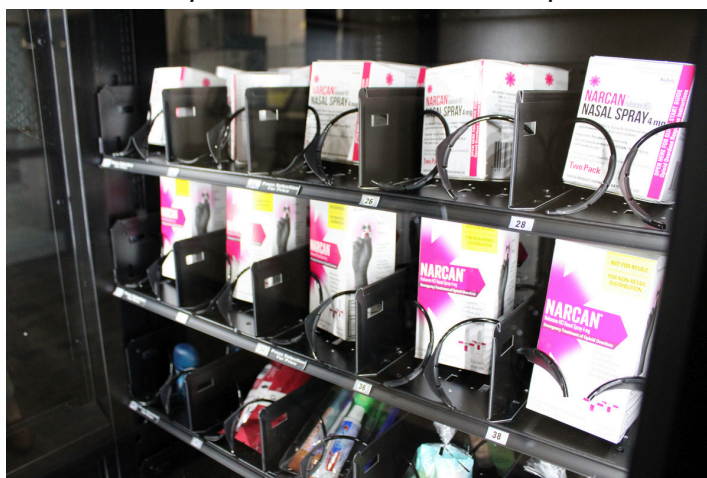
## Opioid overdoses and how to properly use Narcan

*Written by Security Coordinator Kyle Lipp*

Drug overdoses, especially from opioids like heroin, morphine, oxycodone, fentanyl, hydrocodone, and codeine, are a leading cause of injury-related death in the U.S. Many of these deaths can be prevented with the timely use of Narcan, a medication that temporarily reverses the symptoms of an opioid overdose.

### **Signs of an Opioid Overdose:**

- Slow or stopped breathing (which can cause brain damage or death)
- Small, constricted pupils
- Limp body
- Choking or gurgling sounds
- Loss of consciousness or deep sleep



If you suspect someone is overdosing, it's safe to administer Narcan, even if you're unsure it's an opioid overdose. In some cases, a second dose may be needed.

### **How to Use Narcan:**

1. Call 9-1-1 for immediate emergency help.
2. Open the Narcan box and remove the first dose.
3. Place the tip of the plunger tightly into one of the person's nostrils.
4. Press the plunger to release the dose into their nostril.
5. Wait for results: If the person doesn't respond within 2-3 minutes, prepare a second dose.
6. Administer the second dose in the other nostril if necessary.

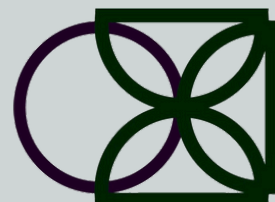


Narcan is easy to use, and even if the overdose isn't caused by opioids, it's safe to administer. Quick action with Narcan can save lives, and you can repeat the process if needed.

For more information on Narcan and where to get your box for free please visit <https://www.michigan.gov/opioids/find-help/Naloxone-Page>.







## Looking ahead to Spring from Enhanced Health Services (EHS) and OBRA departments

*Written by EHS/OBRA Supervisor Michelle Vance*

We wanted to share information regarding the group classes that have been provided at SVRC for those we serve. At SVRC, people served have had the opportunity to attend group classes called "Eat Healthy, Be Active," led by dietitians from SCCMHA.

One of the highlights of the class is exploring nutrition through hands-on experiences, like trying new foods. Participants learn about MyPlate, healthy meal and snack options, better beverage choices, portion control, and how to make physical activity and healthy eating a part of a sustainable lifestyle.

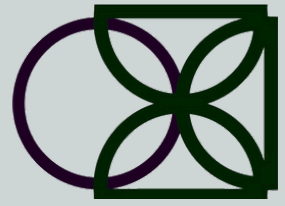


Also, during the month of December, the EHS and OBRA departments collected food and personal hygiene items that were donated to the Saginaw City Rescue Mission and a couple of the local food pantries. We'd like to express our gratitude to everyone who donated and made this possible.

Reflecting on Fiscal Year 2024, the OBRA team completed 90 Full Level II Evaluations with the State of Michigan, providing 82 determination letters for persons served in skilled nursing homes. As a friendly reminder, OBRA stands for the Omnibus Budget Reconciliation Act, also known as the Nursing Home Reform Act of 1987, in which SCCMHA receives funding from the State of Michigan to provide mental health services in skilled nursing facilities.

The type and frequency of services are determined by the person served diagnosis and level of care need. The decision to receive services is made by the person served and/or their guardian, and their local CMH is one possible provider of mental health services. Other agencies, the facility staff, or private practitioners may also provide mental health services in the skilled nursing homes. Most importantly, mental health treatment is intended to enhance and compliment services being provided by the skilled nursing facility, aiding in the person's recovery.





## Best practices of Care Coordination

*Written by Provider Network Auditing Supervisor Melynda Schaefer*

Care Coordination is a key element of managing person-centered care and involves an intentional "team" approach to be truly effective for the people we serve. Each support person that encounters our persons served is a valuable part of that team. Our policy guidelines indicate we must identify, address and seek to reduce or eliminate barriers and risks for persons served. Therefore, we each share a role and responsibility in the care and service we provide to improve outcomes.

Here are a few best practices regarding Care Coordination to keep in mind:

1. Communication, Communication, Communication
  - Integration and collaboration of the entire support team is vital. Sharing important information, changes, current and ongoing needs in the Individual Plan of Service (IPOS) throughout the entire support team ensures comprehensive treatment and the likelihood of needs being met.
2. Consider the "Whole Person" centered approach
  - As a team, the whole person's health (emotional, behavioral, and physical) must be considered and developed. This requires listening and understanding individual needs, preferences, and goals to help custom tailor an individual's IPOS.
3. Use of technology and documentation
  - The use of various tools, such as Sentri, email, communication logs, phone calls etc., is the cornerstone of care coordination. Our persons served often see multiple providers and persons involved in their care plans. Utilizing these tools ensures that services are not fragmented and eliminates gaps in the coordination of care.



To ensure the best service and quality outcomes, Care Coordination is a critical process that streamlines care, organizes important information, and manages appropriate treatment of our persons served. Focusing on each of our own roles on the team, assisting with individual needs and goals, and utilizing effective communication with documentation not only reduces the risk of gaps in care, but it enhances overall well-being and health recovery of the individual.

If you have any questions related to Care Coordination, please reach out to the SCCMHA Auditing Team.



We need your help. Right now, Congress is considering devastating cuts to Medicaid funding that would put access to mental health care at risk for millions of Americans. Congress is about to vote on a House budget resolution bill that will start the process to cut \$800 billion from Medicaid over the next decade.

Medicaid is a public health insurance program that covers more than 72 million people (over 2 million people in Michigan alone), including many people with mental health or substance use conditions, as well as pregnant women, children, people with disabilities, working families, and veterans. Medicaid plays a vital role in the lives of people with mental health conditions, providing access to important services such as psychotherapy, inpatient treatment, peer support, crisis care, and medication, when needed.

Unfortunately, these cuts to Medicaid could mean people lose their coverage or have fewer services available to them, making many of these services inaccessible to the people who need them most. Big cuts to federal funding for Medicaid would just delay or stop people from getting necessary mental healthcare shifting the costs to our local communities and hurting people who rely on Medicaid.

Congressional offices need to hear directly from you RIGHT NOW about why Medicaid is so important for people with mental health conditions. Will you join thousands of mental health advocates across the country during today's day of action to urge Congress to protect Medicaid?

*\*\*Please feel free to customize your response as you see fit\*\**

We also need you to **ask that the members of your Board of Directors, your staff, and your community partners make those same contacts – SIMPLY FORWARD THIS EMAIL TO THEM.**

Thank you in advance for your support and advocacy on this important topic.

**ACTION ALERT - PROTECT MEDICAID**

<https://www.votervoice.net/BroadcastLinks/RkO2RA1h8fPIlyAXohBX-A>



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

**FOR IMMEDIATE RELEASE**

Feb. 28, 2025

**CONTACT:** Lynn Sutfin  
517-241-2112  
[Sutfinl1@michigan.gov](mailto:Sutfinl1@michigan.gov)

## **MDHHS launches initiative to strengthen behavioral health care access, quality and choice for Michigan families**

***Online survey offered to identify opportunities and improvements to Medicaid behavioral health services prior to selecting Pre-Paid Inpatient Health Plans***

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) is launching an initiative designed to improve access to quality behavioral health care. As part of this effort, MDHHS is seeking public input through an online survey as the department moves to a competitive procurement process for the state's Pre-Paid Inpatient Health Plan (PIHP) contracts.

This initiative will help to increase consumer choice and access to services while preserving the Community Mental Health Services Programs (CMHSPs) many Medicaid beneficiaries go to for behavioral health care services today.

"Michigan Medicaid beneficiaries deserve access to behavioral health care services when and where they need them," said Elizabeth Hertel, MDHHS director. "This effort brings together the investment, creativity and commitment of the department and its partners – including community mental health, health care providers, individuals served and communities – to create a more accessible and person-centered system of care dedicated to ensuring Michigan residents a healthier future."

Michigan's specialty behavioral health system provides health care coverage to approximately 300,000 Michiganders, including adults with serious mental illness, children with serious emotional disturbance, individuals with substance use disorder and individuals with intellectual and developmental disabilities. MDHHS contracts with PIHPs as the regional Medicaid managed care entity.

PIHPs are charged with providing adequate supports and services to those in need of the specialty behavioral health benefit and are key to achieving the department's mission to improve the health, safety and prosperity of residents. PIHPs manage provider networks including CMHSPs and behavioral health providers.

"The specialty behavioral health system needs to be more accountable and responsive to the needs of people served. It's time for a change," said Sherri Boyd, executive director, The Arc Michigan.

Through an [online survey](#), MDHHS seeks input from people currently enrolled in Medicaid and their families, advocacy groups, community-based organizations, federally recognized tribal governments, providers of health care, behavioral health and other interested parties to identify opportunities for innovation and improvement in the services and supports provided through the PIHP system.

Survey questions seek feedback on priorities to help determine where the state should focus its efforts. Examples include strengthening person-centered care, conflict-free access and planning, increasing access to providers, beneficiary behavioral health plan choice, beneficiary provider choice, enhancing quality, strengthening outcomes and using data to drive quality.

Feedback received will help guide planning and decision-making in preparation for the implementation of new PIHP behavioral health plan contracts, as well as other MDHHS efforts to improve the health of residents served by the programs.

Survey responses must be submitted through the [online survey](#) no later than 5 p.m., Monday, March 31. The Arc Michigan, The Mental Health Association in Michigan and other advocacy organizations are working with MDHHS to include the voices of individuals served and their families who may not have internet access, have alternative communication needs or would prefer to work through an advocacy organization.

For more information, visit [Michigan.gov/BehavioralHealth](http://Michigan.gov/BehavioralHealth). Procurement-related questions can be sent to [MDHHS-BHSurvey@michigan.gov](mailto:MDHHS-BHSurvey@michigan.gov).

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# # #



SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY

# MAKE AN IMPACT!



## WE ARE SEEKING APPLICATIONS FOR NEW CITIZENS ADVISORY COMMITTEE (CAC) MEMBERS!

Interested individuals should download the application at:  
[www.sccmha.org/about/citizens-advisory-committee.html](http://www.sccmha.org/about/citizens-advisory-committee.html)

Meetings held 1st Thursday of most months at 6:00PM  
SCCMHA, 500 Hancock St, Saginaw, MI 48602

**\$30.00 Meeting Stipend**

TO RETURN FORM OR FOR MORE INFORMATION CONTACT:

Ryan Mulder, Executive Assistant to CEO

PHONE 989.797.3501 EMAIL [ryan.mulder@sccmha.org](mailto:ryan.mulder@sccmha.org)

FAX 989.799.0206

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

*Form on next page...*



# SCCMHA CITIZENS ADVISORY COMMITTEE

## RECOMMENDATION FOR MEMBERSHIP

\*\*\*\* RETURN BY EMAIL TO RYAN.MULDER@SCCMHA.ORG OR FAX TO 989-799-0206 \*\*\*\*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Firm, Corporation or Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Title or Position: \_\_\_\_\_

Description of responsibilities: \_\_\_\_\_

Nature of business or profession: \_\_\_\_\_

Length of time in position: \_\_\_\_\_

Club or organization affiliations (Including leadership positions held):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Sponsor: \_\_\_\_\_

To be completed by the Advisory Committee

Is the proposed member eligible for membership? YES \_\_\_\_\_ NO \_\_\_\_\_

Is vacancy currently \_\_\_\_\_ FILLED \_\_\_\_\_ OPEN?

Approved by: \_\_\_\_\_  
Signature of chairman, SCCMHA Citizens Advisory Committee

Approved by SCCMHA Board \_\_\_\_\_ Dated \_\_\_\_\_

Rejected by SCCMHA Board \_\_\_\_\_ Dated \_\_\_\_\_

Reason for rejection: \_\_\_\_\_



# NON-EMERGENCY MEDICAL TRANSPORTATION

If you have Medicaid insurance and are enrolled in one of the Medicaid Health Plans below, and need a ride to your SCCMHA appointment or to your physical health care doctor's appointment you can schedule a taxi ride at no cost.

## How to Schedule a Ride:

- 1 Contact your Medicaid Health Plan
- 2 Have your Medicaid and appointment info ready
- 3 Schedule at least 24-48 hours in advance



Visit Our Website:



More Details Here!





SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY

# *Learning Links*

Tuesday, April 22 – 10 a.m.  
Andersen Enrichment Center  
120 Ezra Rust Dr., Saginaw, Michigan 48601



April Showers  
with Tammy Johnson

Plant seeds and prep for the spring season! Tammy will lead you through how and where to plant flowers and beautify your garden!

For questions, contact Lauri Brown at (989) 272-7701.

SCCMHA Staff can use Better Together hours to attend.

\*By entering a Learning Links event, you consent to being photographed, granting SCCMHA the right to use your image in any media for any purpose in perpetuity\*





SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY

# *Learning Links*

Tuesday, May 27 – 10 a.m.  
Andersen Enrichment Center  
120 Ezra Rust Dr., Saginaw, Michigan 48601



## Mental Health History with Steve Gonzales

Join Steve as he walks through a history of mental health care from the state of Michigan all the way to SCCMHA and how things have improved over the years.

For questions, contact Lauri Brown at (989) 272-7701.

SCCMHA Staff can use Better Together hours to attend.

\*By entering a Learning Links event, you consent to being photographed, granting SCCMHA the right to use your image in any media for any purpose in perpetuity\*

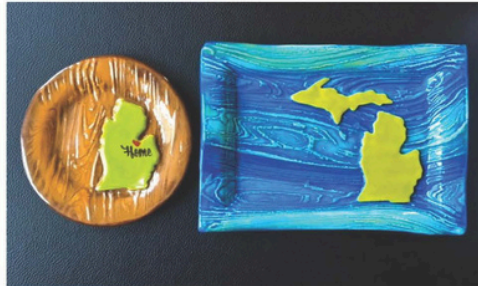




SAGINAW COUNTY  
COMMUNITY MENTAL  
HEALTH AUTHORITY

# *Learning Links*

Tuesday, June 24– 10 a.m.  
Andersen Enrichment Center  
120 Ezra Rust Dr., Saginaw, Michigan 48601



## Ceramic Art with Painterly Pottery

Paint some ceramic works of art with Faith Nesbitt and Jeff Ward of Painterly Pottery and create your own masterpiece!

For questions, contact Lauri Brown at (989) 272–7701.

SCCMHA Staff can use Better Together hours to attend.

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