

Letter to the Community

Dear Citizens of Northeast Michigan,

It is my privilege, on behalf of the Board of Directors and the staff of Northeast Michigan Community Mental Health Authority (NeMCMHA), to present our Annual Report for Fiscal Year 2021.

Albert Einstein said, “in the middle of a difficulty lies opportunity.” Needless to say, the pandemic has made life difficult for many people who struggle with mental health concerns. This has also provided NeMCMHA numerous opportunities to become even more involved in the communities we serve. We have collaborated with other service providers during this time to better meet the needs of the citizens we serve. We made a decision early on in the pandemic that people would need behavioral health services more than ever, and we kept our doors always open and provided face-to-face services in a safe environment. We also pivoted so we could “see” people virtually who were in quarantine or who were immunocompromised and were unable to have a face-to-face visit.

NeMCMHA staff looked for opportunities to support other organizations and they volunteered to help the communities they serve in a variety of ways. Staff worked the Pop-Up Food Pantry in Alpena and supported Suicide Prevention Walks in Alpena and Presque Isle counties. Upon learning blood supplies in Northern Michigan were running low in the middle of the pandemic, staff held a blood drive to donate “the gift of life.” In addition, they also collected food for the holidays for the Vietnam Veterans Chapter 583, and items for “Back to School.” They also donated to the Alpena Baby Pantry, winter coats for the Salvation Army, and brought in household and personal items to give to Hope Shores Alliance. They have participated in Trunk or Treat for the community. NeMCMHA purchased and distributed Carter Kits for first responders to assist with emergencies involving a person with Autism Spectrum Disorder (ASD). We partnered with the Alpena Senior Center and local law enforcement to work the Take Back Events.

We reached out to the schools and were told by one representative of the district, “every child was given a Chromebook, but they could use thumb drives and ear buds.” NeMCMHA provided every school-age child in public or parochial schools in our four counties with a thumb drive and ear buds. These items have our crisis phone number

and website address printed on them so the families of school-age children would know how to get emergency services, if needed.

NeMCMHA has always been the “safety net” in the counties we serve, and we have never taken this belief more seriously than we have these last couple of years. The increase in mental health concerns during the pandemic and the long periods of isolation for many has been on our priority list for many months. We have crisis workers available 24-hours a day, 7 days a week, 365 days a year. We respond to anyone needing crisis services at any time.

In 2021, we served 2,348 unduplicated individuals in our region. Of those, 1,374 were assisted in our crisis program. We provided 146 individuals with Adult Foster Care (AFC) residential services. Our employment services worked with 138 individuals, supporting many of them in a competitive employment program. Together, our Psychiatrists, Physician’s Assistant, and Doctor of Nursing Practice assisted 1,420 individuals in our medication and Behavioral Health Home (BHH) programs.

We have provided these services, some of which involve 24-hour care, in the midst of a pandemic which forced quarantine periods for staff while simultaneously facing a national workforce shortage. We kept services going for those we serve and continued to manage the difficulties we faced, and just like Einstein said, we also found many opportunities to support the people and communities we serve this last year. Our staff have made it a priority to help out in many areas outside of our organization and have committed themselves to giving back to others who are in need.

The Board and staff of NeMCMHA look forward to serving the citizens of Alcona, Alpena, Montmorency, and Presque Isle Counties in the coming year.

Sincerely,


Eric Lawson, Chairman


Nena Sork, Executive Director





Larry Patterson, NeMCMHA Accounting Officer, delivers ear buds and thumb drives to Stephanie Hitchcock, Besser Elementary School Principal.

One Success Story

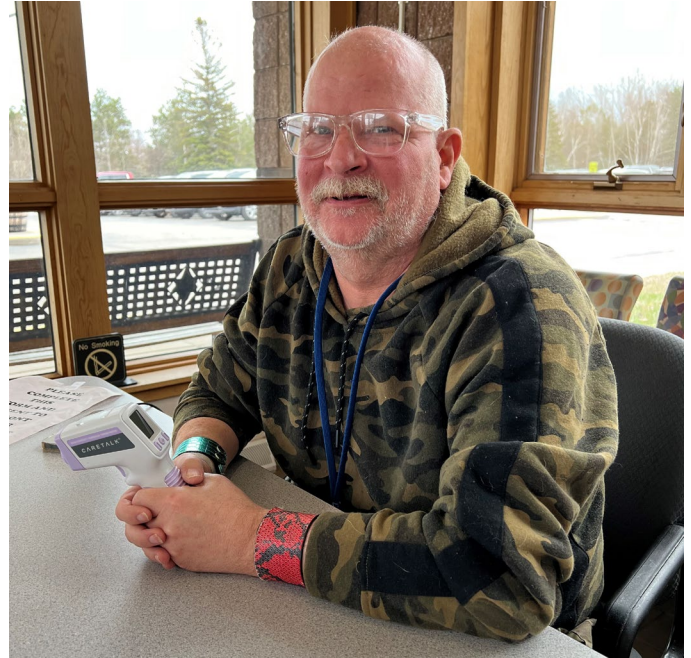
My name is Scott. Eight years ago, my friend encouraged me to move with her to Alpena from the Traverse City area. I had visited Alpena twice, but I did not know the area well and feel I am still figuring out where everything is. I signed up for NeMCMHA services when I moved. I have had four case managers in the last eight years. I also participate with Physician Services and Bay View Center.

I found Bay View to be a great fit for me. I enjoy going there to play Bingo, play pool, make arts and crafts, and enjoy going to dinners there on Wednesday nights. I like going to Bay View so much I encouraged my friend to go with me, and now she enjoys going as much as I do. I have also made friends and met people with similar interests as I have by going to Bay View.

The first six years living in the area I struggled with paying my mortgage and making my truck payment. I started working at NeMCMHA at the start of the COVID pandemic. I have learned many skills working here. I am currently working as a door greeter. A typical day starts at 5:00 a.m. I get up and take care of our six animals – our dogs Tracy and Moonlight and our cats Sweet Pea, Tiger, Pooh and Pebbles. I joke with my friend that I am going to take my dogs to work with me someday. She laughs and tells me

dogs are not allowed. I take my medications and insulin then off to work I go.

I arrive every day at 7:00 a.m. I like to have everything up and running before anyone arrives to work. I make coffee, get copies, do my time sheet and greet people as they arrive for their services. I make sure people properly fill out their COVID screen, and I take their temperature. I usually leave work, go home, have lunch and take a nap. I watch some TV to relax. I take my dogs out, have a snack and go to bed around 10:00 p.m. to be fully rested for the next day.



I feel like I am wanted here. I like being able to take extra shifts when offered. I feel like my dedication is appreciated. I think the hardest part of working here is remembering which people work here as they come through the door. I struggle with change, being nervous in new situations, and maintaining my mental health during certain months of the year. My hardest months to get through are September, December and April. I take one-step at a time when dealing with changes. I have found it helps to take things in stride and look at the positive side to get through it. My friend's encouragement also helps me. I take time when needed to be alone to work through my thoughts.

My faith also helps me to stay encouraged to face challenges. This year on Easter, I was baptized. There were many people attending Easter Vigil that I had to get up in front of, but I worked my way through the butterflies in my stomach.

I like to joke around with and be friendly to others. I like to cook, and my favorite dish to cook is crab and noodle casserole. My ultimate dream is to own a convenience store one day. I think I would enjoy running something of my very own. I would like being my own boss along with being someone else's boss. For now, I am living in Alpena, finding new experiences every day, and trying new things as I go. I thank you for reading my story. I hope you found this encouraging. *[As told to Scott's case manager.]*

MAY IS MENTAL HEALTH MONTH 2022



Mental health is becoming more common in mainstream conversations and it can be an overwhelming topic if you're just starting to explore it.

We can help.

LEARN MORE AT MHANATIONAL.ORG/MAY

2022 NeMCMHA Board

Mission Statement:

To provide comprehensive services and supports that enable people to live and work independently.

Alcona County

Bonnie Cornelius (Secretary)
Terry Small

Alpena County

Robert Adrian
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Community Education

In May 2021, NeMCMHA was accredited as an Approved Continuing Education Provider (ACE) through the Association of Social Work Boards (ASWB) for social work continuing education credits.

The ASWB ACE program approval demonstrates NeMCMHA has been rigorously reviewed and found to offer quality continuing education according to best practices. This certification allows NeMCMHA to provide advanced training opportunities to all staff throughout the agency and the local community.

Since last May, trainings have been offered in Dialectal Behavior Treatment, Dual Diagnosis, DSM-5 diagnosis, Human Trafficking, and Pain/Ethics. Future trainings scheduled include: LGBTQ+, Motivational Interviewing, and Implicit Bias.

Community members are invited to attend any of the trainings, which are posted on the NeMCMHA website at www.nemcmh.org and on the NeMCMHA Facebook page. For additional information, please contact Genny Domke at gdomke@nemcmh.org or Peggy Yachasz at pyachasz@nemcmh.org.

Visit the NeMCMHA website for descriptions of our services, resources, news and events, and career information: www.nemcmh.org.

Cultural Understanding and Advancement Committee (CUAC)

In January 2021, NeMCMHA applied to participate in a six-month statewide Cultural and Linguistic Competence Learning Community (CLC-LC). The CLC-LC was established to gain a common understanding of cultural and linguistic competence and related concepts. Additionally, this learning community served as an opportunity to assess organizational readiness and barriers to achieving cultural and linguistic competence while allowing for improvement opportunities.

Motivation for applying to the learning community was driven by identified needed improvement in cultural and linguistic competency. Our agency’s goal of participation was to increase cultural awareness, cultural sensitivity, and responsiveness to diverse populations, while enhancing staff training and knowledge to better support employees and individuals served.

In late February 2021, NeMCMHA was notified they were one of seven organizations chosen to participate in the learning community. Needless to say, the Agency was thrilled!

Throughout the learning community, team members participated in virtual trainings, discussion, and coaching calls. The Community Mental Health Association of Michigan’s Annual Fall Conference also hosted a session highlighting CLC-LC.

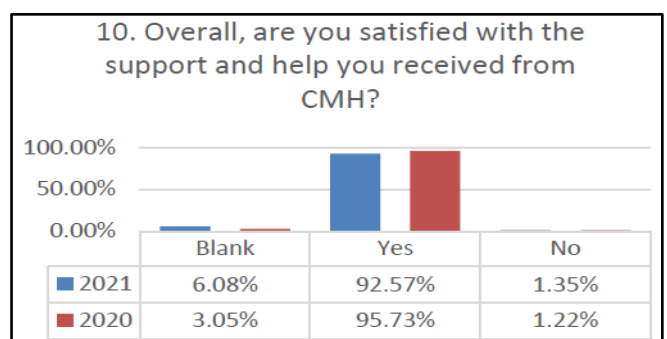
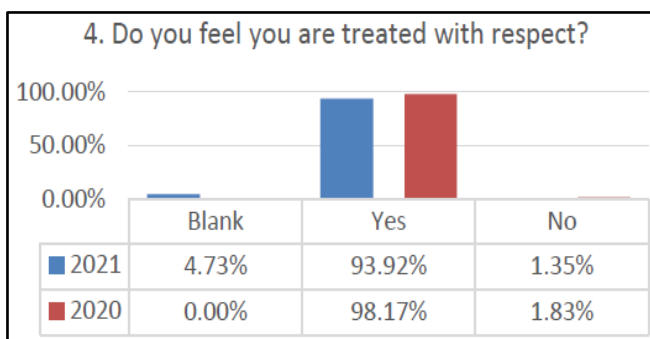
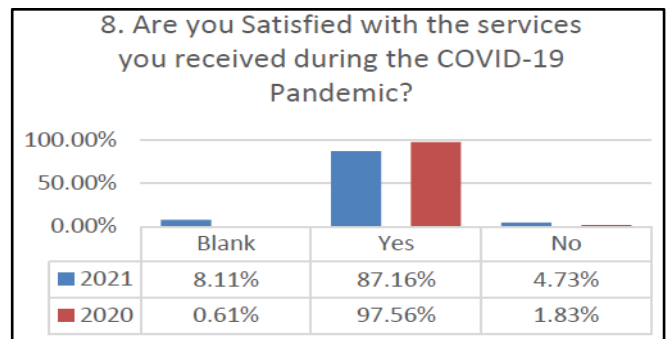
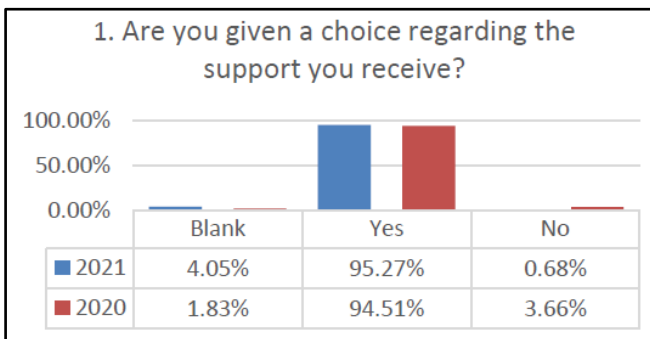
In an effort to continue this work and the goal of the Agency becoming culturally proficient, the Cultural Understanding and Advancement Committee (CUAC) was developed. Committee members representing various programs throughout the organization identified the following purpose, mission and vision of CUAC:

- **Purpose:** To promote diversity and inclusion within the agency.
- **Mission:** To provide education, resources, and tools to enhance cultural competency amongst staff while fostering a supportive environment for all.
- **Vision:** To be a culturally proficient agency.

CUAC provides monthly cultural education and resources to all employees, assists with annual cultural competency training, celebrates cultural events agency wide and encourages a welcoming and supportive organizational culture. The committee is also focusing on piloting a peer system for new hires in an effort to provide additional support and to ensure employees receive a warm welcome to NeMCMHA.

Intellectual and Developmental Disabilities Survey

NeMCMHA’s intellectual and developmental disabilities (I/DD) services surveys its individuals served on an annual basis. This survey assists NeMCMHA in measuring how individuals feel about the services provided by informing NeMCMHA about what is going well and where improvement is needed. A small selection of the results are shown in the graphs below, comparing 2021’s results (in blue) with 2020’s results (in red). In 2021, 148 responses were received, and in 2020, 164 responses were received.



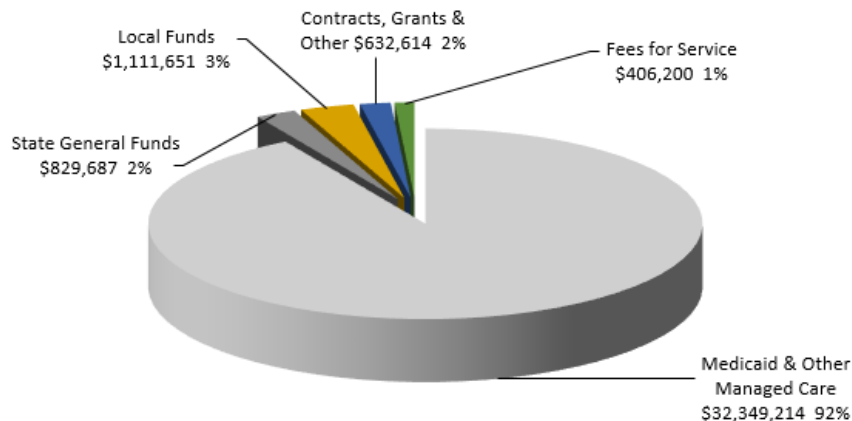
Northeast Michigan Community Mental Health Authority

October 1, 2020 – September 30, 2021

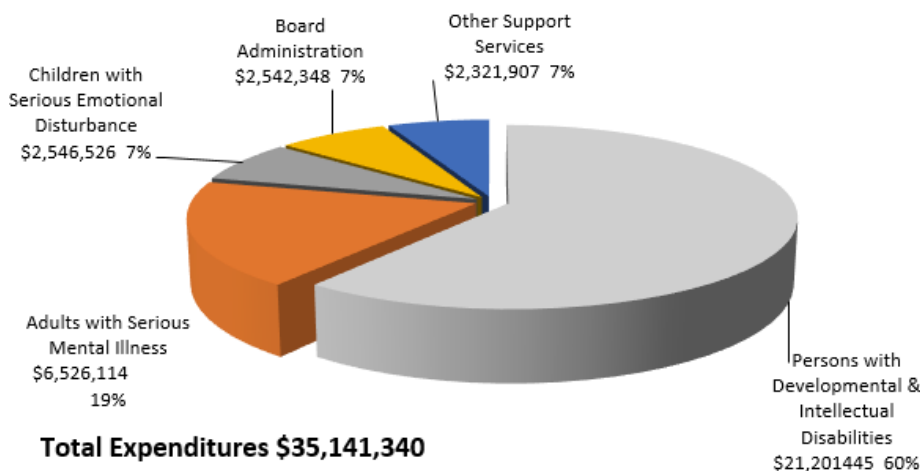
Sources and Uses of Funds

Total Revenue	\$35,329,366.00
Total Expenditures	\$35,141,340.00
Net Income/(Loss)	\$188,026.00

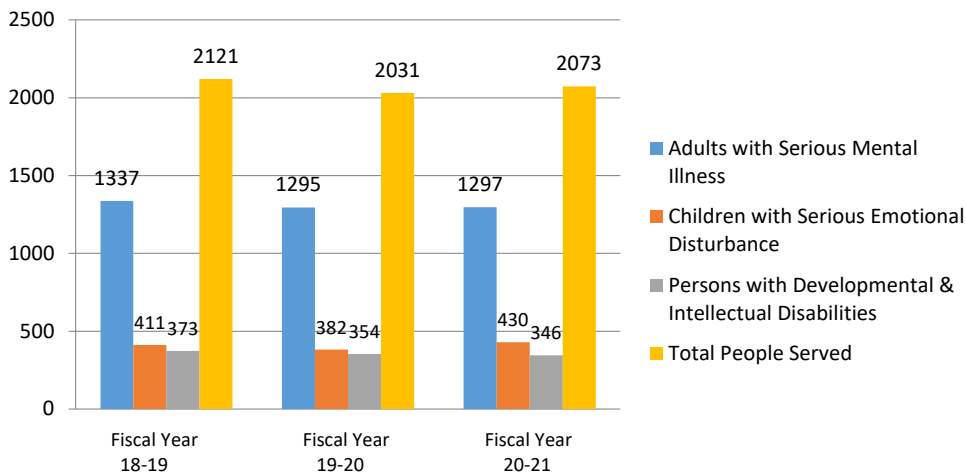
*[Post-retirement benefits are not offered at NeMCMHA.
Employee Pensions are 401 Plans, which are fully funded.]*



Total Revenues \$35,329,366



Total Expenditures \$35,141,340



of People Served

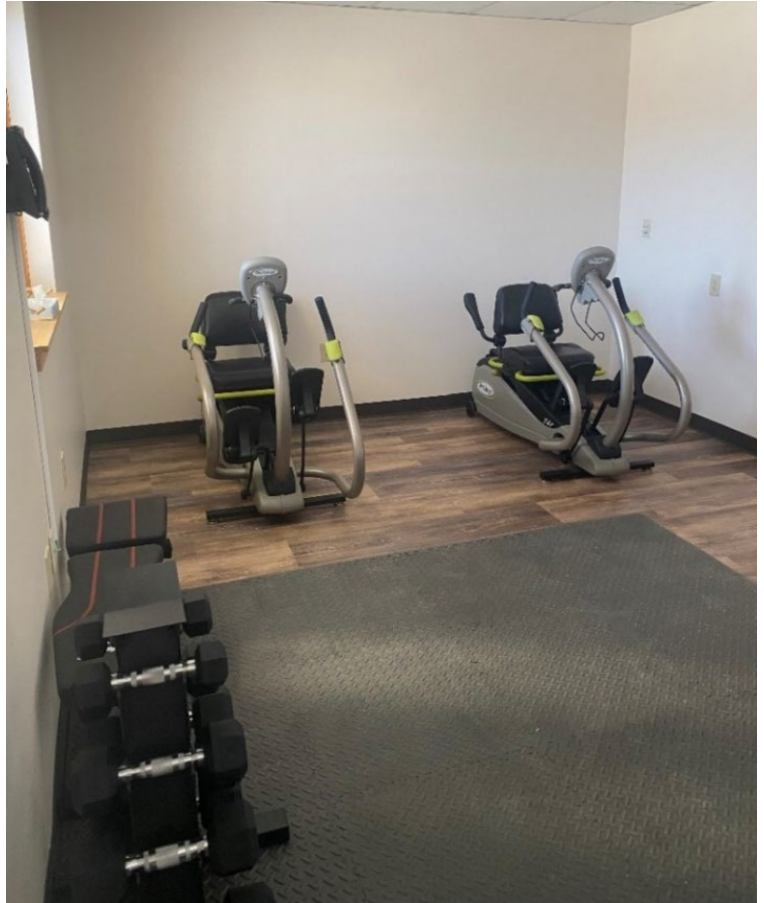
Agency Exercise Room

As the cost of gym memberships or home exercise equipment can be a barrier in achieving and maintaining physical health goals, the Agency committed to offering individuals served and employees a no cost opportunity to focus on health and wellness.

In April 2021, our maintenance crew began construction of a long-awaited exercise room by combining two offices. This space was equipped with two treadmills, two recumbent bikes, a rowing machine, dumbbells and an exercise mat.

Upon completion of the exercise room, a gym waiver was developed for staff interested in using the space. The exercise room became available to employees on November 19, 2021, and is accessible 24/7 on their personal time. Soon after, an internal process was developed to extend gym waivers to individuals served. Individuals served are able to access the exercise room at no cost with presence of support staff.

This addition to the agency has been a hit! Employees and individuals served are regularly seen at varying hours enjoying the space. NeMCMHA is proud to offer this new health benefit and self-care opportunity.



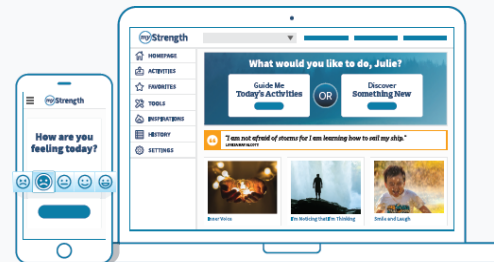
PERSONAL SUPPORT FOR YOU

We all have our struggles.

Finding support to focus on your emotional health is important.

Now you can use web and mobile tools to help you get better and stay mentally strong.

myStrength is safe and secure – just for you. It offers personalized resources to improve your mood. Learning to use myStrength's tools can help you overcome the challenges you face.



What myStrength users are saying:

"It's nice to have self-guided help that is so accessible."

"myStrength gives me back some of the light I had lost."

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1. Visit www.mystrength.com and click on "Sign Up."
2. Enter the **Access Code** marked below.
3. Complete the myStrength sign-up process and personal profile.

NeMCMHACommunity

myStrength
is presented by



Waiting List Information

CMHSP: Mental Health Authority

Contact name and phone Nena Sork 989-356-2161

As of (Date)

3/1/2022

Time period covered for Added/Removed 3/1/21 - 3/1/22

	MI Adult	DD	SED	Total
Targeted CSM/Supports Coordination				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Intensive Interventions/Intensive Community Services				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Clinic Services				
Specify HCPCS and CPT Codes included in this category	H0031,96116 HO,96121 HO,96130,96131			
Number on waiting list as of date above	0	1	0	1
Added during the time period covered	0	32	18	50
Removed during the time period covered- service provided	0	26	16	42
Removed during time period covered - all other reasons	0	5	2	7
Number left at the end of the time period covered	0	1	0	1
Supports for Residential Living				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Supports for Community Living				
Specify HCPCS and CPT Codes included in this category				
Number on waiting list as of date above	0	0	0	0
Added during the time period covered	0	0	0	0
Removed during the time period covered- service provided	0	0	0	0
Removed during time period covered - all other reasons	0	0	0	0
Number left at the end of the time period covered	0	0	0	0
Narrative:				
How do you assure that service needs are met at an individual level as well as from a program capacity level?				
NeMCMHA has a process which includes all persons placed on a waiting list be reviewed on a weekly basis to determine the need for services, the severity of symptoms, length of time placed on waiting list, and change in Medicaid status. Priority is given to those based on the highest need and severity. All on waiting list are encouraged to come into crisis walk-in if they are experiencing an increase in symptoms.				

Report on the Requests for Services and Disposition of Requests

CMHSP Point of Entry-Screening		DD All Ages	Adults with MI	Children with SED	Unknown and All Others	Total
1	Total # of people who telephoned or walked in	56	594	167	383	1200
2	Is Info on row 1 an unduplicated count? (yes/no)	Yes	Yes	Yes	Yes	
3	# referred out due to non MH needs (of row 1)	2	33	5	33	73
4	Total # who requested services the CMHSP provides (of row1)	52	524	157	333	1066
5	Of the # in Row 4 - How many people did not meet eligibility through phone or other screen	1	8	4	75	88
6	Of the # in Row 4 - How many people were scheduled for assessment	30	289	105	116	540
7	other--describe	2	37	5	17	61

CMHSP ASSESSMENT

8	Of the # in Row 6 - How many did not receive eligibility determination (dropped out, no show, etc.)	2	42	13	36	93
9	Of the # in Row 6 - how many were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan)	0	0	0	0	0
10	Of the # in Row 6 - how many were not served because they were MA HP enrolled and referred out to MA health plan	0	0	0	0	0
11	Of the # in Row 6 - how many otherwise did not meet cmhsp non-entitlement eligibility criteria	0	28	3	21	52
11a	Of the # in row 11 - How many were referred out to other mental health providers	0	11	0	1	12
11b	Of the # in row 11 - How many were not referred out to other mental health providers	0	17	3	20	40
12	Of the # in Row 6 - How many people met the cmhsp eligibility criteria	13	219	89	20	341
13	Of the # in Row 12 - How many met emergency/urgent conditions criteria	0	3	1	1	5
14	Of the # in Row 12 - How many met immediate admission criteria	13	214	87	19	333
15	Of the # in Row 12 - How many were put on a waiting list	0	2	1	0	3
15a	Of the # in row 15 - How many received some cmhsp services, but wait listed for other services	0	2	0	0	2
15b	Of the # in row 15 - How many were wait listed for all cmhsp services	0	0	1	0	1
16	Other - explain	15	0	0	39	54

Community Needs Assessment													
Community Data Sets													
CMHSP name: Northeast Michigan Community Mental Health Authority													
Contact person/e-mail address: Nena Sork - nsork@nemcmh.org													
1	Population (Census)-- As of September -- by county	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
County 1	Alcona	10942	10787	10635	10578	10454	10349	10461	10263	10413	10362	10495	10540
County 2	Alpena	29598	29352	29234	29091	28988	28803	28929	28076	28730	28360	28447	28458
County 3	Montmorency	9765	9590	9476	9350	9300	9259	9317	9157	9290	9265	9434	9487
County 4	Presque Isle	13376	13198	13129	13062	13004	12841	12955	12685	12854	12738	12380	12274
County 5													
County 6													
	Total CMHSP Population		62927	62474	62081	61746	61252	61662	60181	61287	60725	60756	60759
	Change from Prior Year		62927	-453	-393	-335	-494	410	-1481	1106	-562	31	3
	% change from Prior Year		#DIV/0!	-0.72%	-0.63%	-0.54%	-0.80%	0.0066937	-0.024018	0.0183779	-0.00917	0.0005105	4.938E-05
	Cumulative Change since 2009		62927	62474	62081	61746	61252	61662	60181	61287	-2202	-1718	-1322
	% cumulative change since 2009		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-0.034993	-0.027499	-0.021295
	Source:	US Census Bureau from 2019 Estimates for 2020 information											
	This will provide you numbers for 2020	http://worldpopulationreview.com/us-counties/mi/											
	Use data from previous reports for years before 2019 or reference this website for previous years	https://datacenter.kidscount.org/data/tables/1698-total-population?loc=24&loc=5#detailed/5/3744-3826/false/1729.37,871.870,573.869,36.868,867.133/any/3603											
2	Medicaid Enrollment - Average Enrollment for September:	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
County 1	Alcona	1947	1906	1892	1921	2307	1624	1715	1792	1863	1784	2050	2257
County 2	Alpena	6869	6786	6628	6778	7626	5323	5660	6075	5969	5555	6149	6722
County 3	Montmorency	2395	2331	2215	2148	2536	1625	1616	1787	1779	1824	2049	2216
County 4	Presque Isle	2285	2397	2353	2387	2829	2038	2122	2201	2215	2118	2287	2472
County 5													
County 6													
	Total CMHSP Medicaid Enrollment	13496	13420	13088	13234	15298	10610	11113	11855	11826	11281	12535	13667
	Change from Prior Year		-76	-332	146	2064	-4688	503	742	-29	-545	1254	1132
	% change from Prior Year		-0.005631	-0.024739	0.0111553	0.1559619	-0.306445	0.0474081	0.0667686	-0.002446	-0.046085	0.1111604	0.0903071
	Cumulative Change since 2009		-76	-408	-262	1802	-2886	-2383	-1641	-1670	-2215	-885	579
	% cumulative change since 2009		-0.005631	-0.030231	-0.019413	0.133521	-0.213841	-0.176571	-0.121592	-0.12374	-0.164123	-0.065946	0.044239
	Source:	https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-15064--,00.html											
3	Number of Children in Foster Care	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	Children Ages 0-17 in Out of Home Care-Abuse or Neglect (Number)	63	75	73	80	93	102	75	68	103	88	92	90
	Children Ages 10-16 in Out of Home Care-Delinquency (DHS Placement)	12	9	15	n/a	n/a	n/a			NA	NA	NA	
	Children Ages 0-5 in Foster Care (Number)	30	35	44	n/a	n/a	63	42	41	56	NA	NA	NA
	Source:	http://datacenter.kidscount.org/data/bystate/Default.aspx?state=MI **Some information may not be available for every year.											
	Total CMHSP	105	119	132	80	93	165	117	109	159	88	92	90
	Change from Prior Year		14	13	-52	13	72	-48	-8	50	-71	4	-2
	% change from Prior Year		13.33%	10.92%	-39.39%	16.25%	77.42%	-0.290909	-0.068376	0.4587156	-0.446541	0.0454545	-0.021739
	Cumulative Change since 2009		14	27	-25	-12	60	12	4	54	-31	-40	10
	% cumulative change since 2009		13.33%	25.71%	-23.81%	-11.43%	57.14%	0.1142857	0.0380952	0.5142857	-0.260504	-0.30303	0.125
4	Number of Licensed Foster Care Beds in Catchment Area	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
	Adults - Enter the Total Number of Bed Capacity							346	416	456	442		
	Source	http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27717-82231--,00.html											
	Kids - Enter the Total Number of Licensed Facilities								68	210	2		
	Source	http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27719-82293--,00.html *This data is also provided by MDHHS on the website under "Provided Information".											
5	Prevalence Proxy Data	1990	2008	Change	*or most recent projection								
5-A	Adults with Serious Mental Illness (Kessler Methodology)	Trend - Kessler Prevalence Data *Provided by MDHHS in 2012											
		2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
5-B	Children at risk for Serious Emotional Disturbance 100% below poverty		2622					1299	1299	1284	1951	1937	NA
	Source	https://data.census.gov/cedsci/?intcmp=aff_cedsci_banner											
5-C	Persons with Developmental Disabilities: Formula Populated	314.635	314.635	312.37	310.405	308.73	306.26	308.31	300.905	306.435	303.625	303.78	303.795

Priority Needs and Planned Actions

CMHSP: Northeast Michigan Community Mental Health Authority

Based on feedback received from stakeholder groups and data collected from this process, the CMHSP must identify at least 5 priority needs. Of these, the CMHSP must identify the areas where it intends to address and what action is being planned in that area. The table below provides a format for identifying the top issues.

Priority Issue: Please give a brief explanation of the issue, in order of priority, with 1 being highest.

Reasons for Priority: Identify what makes this a priority issue. For example: the issue was identified by multiple stakeholder groups; or the size of the issue; or consistency with other community efforts, etc.

CMHSP Plan: Give a brief overview of what steps the CMHSP intends to take to address the identified issue. Please include basic time frames and milestones.

Priority Issue	Reasons For Priority	CMHSP Plan
1. Community Education	Community education will help to reduce stigma, provide support, and connect individuals with available resources and services in their communities.	Host education/training sessions on Mental Health relevant topics. Will offer open forum presentations and Q&A with mental health professional panel that will be available for discussions with community members. Topics will include but are not limited to depression, anxiety, bipolar, schizophrenia, substance use, social media and its impact on mental health, and suicide prevention. In addition, we will offer trainings for SafeTALK, Youth Mental Health First Aid, and Mental Health First Aid. We will partner with community agencies to host trainings in a variety of settings.
2. Expand Behavioral Health Home (BHH)	Increase patient-centered care, enhance care coordination between physical and behavioral health services, and improve transition of care to assist individuals in stabilization and recovery.	Increase BHH staffing to allow for increased face-to-face BHH contacts and follow up. Focus on enrollment of minors and maintain enrollments for individuals no longer open to NeMCMHA behavioral health services. Enhancements to EHR system will be made to allow enrollment for mild to moderate populations.

Priority Issue	Reasons For Priority	CMHSP Plan
3. Increase transportation assistance	Increased requests for transportation assistance and more frequent appointment cancelations/reschedules due to lack of transportation.	Ensure staff are up to date on local transportation resources, including transportation options available via health insurance plans. Budget for additional public transportation vouchers, taxi vouchers, and gas cards should other resources be exhausted. Develop a partnership with local transportation providers to develop a process for community members to access transportation to CMH when utilizing crisis services without prior approval for transportation. Transportation assistance will be approved based on medical necessity.
4. Strengthen relationships with local law enforcement.	Law enforcement has limited staffing and limited ability to manage behavioral health symptoms in jail settings or when responding to welfare checks.	Increase outreach to law enforcement to offer behavioral health training and remain flexible in training dates/times to accommodate law enforcement staff availability. Meet annually with County law enforcement to address areas of need and challenges in managing behavioral health symptoms in the jails.
5. Expand Peer Support Services	This evidenced based service has been well received by individuals served and has assisted with individuals in working towards recovery. Currently, staffing ratio does not support an influx of referrals.	Increase Peer Support Services budget to allow for hiring and training additional certified peer support specialists. Offer additional peer run group experiences that focus on behavioral and physical health needs. Will increase peer support referrals and services that are provided.

