Genesee Health System Accessibility Report / Plan FY 2019

Accessibility Report FY 2019

Overall statement: GHS reviews and responds to a variety of agency and community resources to determine the agency’s accessibility by the community, consumers, and staff. Many departments are involved with the evaluation and implementation of barrier removal and of building ways that stakeholders and the community can more easily access and receive services. Meetings and discussions happen frequently by email and through other meetings; but the accessibility group meets as a whole once a year to compile the year’s accomplishments and areas for improvement. This report is then sent to Executive Management for their input and avenues for implementation.

Areas of review:

Architecture:

Although the building is old, it is well maintained, doors have handicap access, doors are wide, ramps are installed and other ways to ensure that the building is accessible are evaluated and updated.

Challenges during the past year include the fact that the agency has been growing, offering new programming and the physical plant is nearing, if not already reached, capacity. Many programs have been moved within the building including recently the Customer Services and Intake Departments – both “front doors” for individuals coming into services. Signage was updated and the greeter at the front door asks individuals entering the building which department they are looking for to ensure that they find the departments that they need. The Autism Center has expanded the age of the children that they see, and the numbers for those in this service continue to grow and with that expansion, additional clinic space has been added to the existing clinic. The Flint Water Crisis required that another department and series of services were offered, and a new department and staff were developed. Another challenge is that the whole of the business department, which used to be located in a separate building, has been moved to the main campus accommodate the growth and expansion of our new health center (Genesee County Health Center). Parking has been stretched, and many employees park in several locations. The housing department is offsite, and while placed in a building in an area known to be in a homeless area, it is off from the main campus by several blocks. Our Child and Family Services building has relocated to the Mott Children’s Health Center located at 806 Turri Pl, Flint. Our Water outreach team is currently relocating to our 1102 Mackin building, leaving our 421 Building temporarily vacant.

Maintenance performs regular checks on the physical plant, fire extinguishers and provides regular maintenance on the buildings, HVAC, paint and upgrades. During the Flint water crisis they’ve also checked water quality, and changed water filters on a regular and as-needed basis. A website was developed to be able to request updates/repairs as needed.

The agency continues to review and look at alternative options for buildings and upgrades to ensure that business is provided as usual.

Environment

The growth in the agency has elicited adaptation. Some of it is space, but also where new programs fit in with existing programs. For example, water outreach works closely with the Marketing Department as so much of the outreach overlaps with other marketing efforts. This necessitated, and continues to
necessitate, regular meetings to go over events, coverage, brochures, equipment, and other marketing items. Working and re-working service delivery flow from the initiation of the request to service delivery points has had to be carefully planned and examined as Flint Water Crisis behavioral health services have been added.

GHS’ main campus sits in an impoverished area in a city where poverty has been a concern for many years. The benefit is that we are where people who often need our services are also located. The area is also known for its crime rate and walking in the area requires vigilance and concerns about safety. Due to those safety concerns, GHS has contracted with the county sheriff’s department for a full-time deputy to be onsite during business hours.

With the expansion of our Access Center, GHS lost a large meeting room. While we do have some conference rooms that hold approximately 30; any meeting larger than that requires that it be held offsite. A list of community resources has been developed and is updated as necessary.

The lobby is welcoming and Customer Services ensures that brochures, community information, and assistance are available. Two computers are set up to help with insurance registration, and a staff is available to help them. Another computer is placed in the Customer Service waiting room internet accessibility. Staff are available to assist as needed.

The Customer Service Department understands their place as the agency front door and works to ensure that all people entering the system are welcomed and helped to find what they need. A Little Free Library is well stocked in the lobby and is a popular service. Books are usually taken by many people who come through the agency, and staff are welcome to participate as well. Customer Services also take a lead role in training the rest of the agency on how to be welcoming.

The CEO sees the agency as a vital part of the community and works to ensure that the agency is represented in the community on boards, committees and work groups.

Flint has been strongly affected by the Water Crisis, and GHS was front and center in working with other agencies to provide resilience and recovery efforts. We continue to provide information, outreach, and be a leader in providing support for Flint residents. The mobile unit is now well known around town and often requested at events and HELP centers.

**Attitudes**

The Customer Service statewide meetings continue to focus on anti-stigma efforts with a plan to address internal/staffing/environmental stigma.

Genesee Health System’s Customer Services Department uses the FISH philosophy and understands that the customer is our business. They work well with concerns, complaints, information requests and helping people navigate the GHS Health Care system. They train new employees on the concept and provide mystery shopping to ensure that protocols are followed.

GHS provides training on Cultural Competency, Recipient Rights, Customer Service, the FISH philosophy, Crisis Prevention, Trauma Informed Care, Recovery and Relapse Prevention, Self Determination, Person Centered Planning and Mental Health First Aid to work to decrease stigma and ensure that we treat those who come for assistance with dignity and respect.
There is a display case in the lobby at the main building that is dedicated to anti-stigma efforts. Studies have shown that sometimes the most stigma comes from health care workers. The display case and a regular article in the weekly News and Notes employee newsletter reminds people how often stigma enters the attitudes and vernacular of workers and the community. Our goal is to eliminate this stigma from society altogether.

GHS is active in the community through participation on boards and committees (community benefit), and through advertising, speakers bureau and health/resource fairs. The goal is to ensure that mental health is a valued community conversation and breaking down barriers and stigma is the ultimate goal. GHS participates in many community events, either as a speaker, a resource table, or providing experts to help guide activities and understanding.

Realizing that we are all ambassadors of service provision in the most mature way, an added benefit to GHS is that we have a full time position dedicated to Community Engagement.

Finances

Health care financing is always in flux, especially in the public sector, at both the national, state, and local levels. GHS continues to be financially stable.

Locally, after becoming an authority, there was a disagreement over a large amount of money believed owed from the county. In the end, a portion of what was expected was paid.

On a state basis, the legislature debated what is called Act 298. In the end, the legislature decided to include both physical and mental health in a series of pilot programs that will begin in several counties where private insurance companies would manage public mental health dollars. This begins in the next fiscal year and will be evaluated for future expansion. Also on a state level, Healthy Michigan was Michigan’s Medicaid Expansion during the Affordable Care Act. With the Affordable Care Act being evaluated and re-evaluated, and with continued discussion on its future, Healthy Michigan is also at risk and may leave many without health care insurance.

Locally, GHS began the Client Activity Fund a number of years ago to meet needs of persons in service at GHS for things that neither General Fund nor Medicaid could/can cover. This funds social events such as the picnic and the dance, and it also funds things such as camp scholarships and a holiday gift event. GHS employees often fund this through parking spot auctions, items sold by the Morale Committee, funds through the annual Golf Outing and through adopting consumers for the holiday gift program.

Employment

GHS ensures that open positions are posted and advertised in many ways. For internet and online advertising, job openings are listed on the GHS website, Indeed, Mlive, Career Builder, MI Talent Bank, and college websites. In addition, we advertise on specialty websites for positions that target specific positions and field of study that are difficult to recruit. GHS also employs a social media expert who ensures that job listings and recruitment are posted on our social media sites – Facebook, Twitter, LinkedIn and YouTube.

Advertisements are also placed in print in the following newspaper locals: Flint, Saginaw, Lansing, Grand Rapids, Kalamazoo and Detroit newspapers depending on the type of position and the difficulty in
recruiting. GHS attends career/job/internship fairs at colleges and universities throughout Michigan to generate interest in GHS. GHS offers a Grow the Field Summer internship program, and also takes many interns throughout the year to generate interest in GHS. This has proven successful.

GHS continues strive to hire enough qualified staff for all our programs. This is not only a GHS goal, but for many social service agencies in the area. Flint is not seen as a desirable location overall, and so during the water crisis, the government offered tuition reimbursement for mental health professionals working at GHS. It is hoped that this makes relocation or employment in the area more desirable.

GHS worked with our local media group for a three-month trial of new methods – direct email, SEO, and online advertising. Initial results were promising and the agency will be looking to do more in this venue.

GHS solicits feedback from staff on a regular basis, through surveys, a regular employee advisory committee, and the CEO has an open door policy.

Communication

GHS puts out two newsletters – one for staff on a weekly basis, and one for consumers available every other month. Websites are updated as needed; but with the amount of change (Flint’s Water Crisis, departmental moving, and staff changes) in the past year, this can be a struggle.

GHS continues to reach out to the community through various means, even with diminishing funds for such. During the water crisis, GHS worked with an advertising agency to reach out to the Flint community. A CASPER Survey showed that the community continued to get their water crisis information from the media, specifically TV; therefore a TV ad was developed as well as several radio ads, billboards, and paper information. Traditional advertising through the yellow pages and local newspapers continues, although this has increasingly become more digital. This makes it easier to determine ROI as a click-through and phone calls can be more easily tracked. While more difficult to show efficacy, billboards and radio continue to be utilized. While the Access Center asks individuals at their screenings what brought them to GHS, it is felt that the “friend or family member” option is over utilized and many could be traced to more traditional advertising means.

GHS surveys the community regularly. One continuing theme is that the community knows that we provide mental health care; but they don’t understand exactly what is provided and for whom. This is difficult to explain during traditional advertising and outreach; but the agency will continue to work to educate the community on what we do.

GHS has an active Community Benefit process where individuals from the agency attend, on agency time, boards, committees and work groups to ensure that mental health continues to be a part of the conversation and planning, and to help community agencies understand what GHS does. The plan for the upcoming year is to utilize this group more fully.

Due to the Flint water crisis, GHS' Water services and outreach team have been active in getting out the message regarding treatment for trauma and stress, the effects of lead, and services available. The water team planned and executed two family fun events called FACES, and worked with the HELP centers (community partner run locations in Flint to provide health care, water and food) to plan three outreach events for the services provided at the HELP centers and the community partners involved. The team continues to provide outreach at many community events and the mobile unit is now requested
regularly at community events. GHS also worked with community partners on a helpful video to bring awareness to the community regarding services, mindfulness, exercise, and taking control of health and other water related issues.

GHS participates in social media – a Facebook page, LinkedIn page, and Twitter account are all active. Also, GHS has been working with our local newspaper for stories highlighting programs and individuals to help overcome stigma and promote education. Those pages are then used as advertising on the newspaper’s email headlines, and on our social media sites.

GHS has had an active Speaker Bureau and Health/Resource Fair participation. GHS provides speakers on a number of topics and provides staff and information at most resource fairs in the area.

GHS has large LED signage on the front of the building as well as a large lighted logo sign prominently on the corner.

GHS is a part of Region 10 PIHP along with Lapeer, Sanilac and St. Clair CMHs. There are many committees and work groups within the counties who work to coordinate access, services and communication between the region and the counties and between counties.

GHS is a member of the Michigan Association of Community Mental Health Boards, where information about state-wide initiatives, outreach and communication is shared. Two large events that came out of the Public Relations Committee was the Walk A Mile in My Shoes Rally (now in its 14th year) on the Capitol lawn as an outreach to legislators, and the traveling art and poetry show, showcasing the talents of individuals in service.

**Technology**

GHS’ IT Department is well-known and well-respected. Extra steps are always taken for consumer and employee online and email safety and use, offering training, software and assistance whenever needed. They are a vital part of website development, assisting with event registration, new options for communication, and HIPAA enforcement. They will be setting up a charging station for consumer use soon.

GHS staff have new tablets for working with clients, files, and keeping in touch with the agency.

Computers are available to consumers – two are in the lobby and another in the Customer Service waiting area. The Autism Center is setting up a computer lab to assist parents navigating the new online only method of applying for mileage reimbursement.

A computer lab is available to clients at the CIC program and is a source of pride for the IT department as well as the CIC staff.

In addition, GHS has responded to community technology needs and growth offering two online services ([www.MyStrength.com](http://www.MyStrength.com) and [www.MyFlintStrong.com](http://www.MyFlintStrong.com)) to deal with mental health, substance use, and physical health through MyStrength, and working through stress related issues with the Flint Water Crisis through MyFlintStrong.

GHS also contracted with The Crisis Text line to provide a way for individuals who prefer texting to phone calls to text FLINT to 741741 so that crisis needs can be addressed in multiple ways.

GHS also offers tele psychiatry to meet increased psychiatry demand/shortage; and various video conferencing options, for improved coordination with the region and the other CMHs/community partners, as well as efficient use of staff resources.

**Transportation**

The local bus/transportation agency offers many services, but it is still a struggle to ensure that all GHS clients get to the agency on time, and have a ride home after meetings and events. GHS works closely with the MTA (Metro Transit Authority) working on grants, focus groups, and navigators. MTA also leases storage/parking space for both GHS and GCHC’s mobile units – which are large units on a bus chassis.

The Autism Center assists parents to obtain transportation through both “Your Ride” and the Medicaid benefit contractors. Adult Case Managers work with consumers on accessing mandated mental health provider resources for travel to medical appointments. Some MHPs offer transportation for GHS services, although this is not a required service for them.

GHS strives to meet people where they are. Several locations throughout the community through our water outreach team and through CIRT (GHS’ Crisis Intervention and Recovery Team, contracted through Common Ground. This service is also available to anyone regardless of insurance.)

**Community Integration**

The Access Center offers walk-in and telephonic screening options to reduce barriers and to increase accessibility for the community. GHS manages a centralized intake department to serve all consumers in the network with a comprehensive assessment and consistent orientation process in a welcoming environment, with same-day and next-day assessments available for urgent needs.

GHS offers several modes to reach us in case of crisis. Our crisis line is advertised prominently on all media and brochures. It is available for local calling, a TTY, and an 800#. In addition, GHS contracts with Common Ground to provide a Crisis Response and Intervention Team that is available to the community regardless of insurance. They often follow individuals for several visits until they are settled in treatment plans. Finally GHS works with the Texting Crisis Line for local residents to reach a trained counselor by text, rather than the traditional phone.

GHS offers two different online assistance programs. GHS contracted with My Strength to help the entire community with health-related concerns through an online and mobile service. GHS also worked to bring myflintstrong.com to Flint residents to assist with the water crisis.

GHS participates in the annual Walk a Mile in My Shoes Rally that brings together consumers from all counties to bring awareness to mental illness and intellectual/developmental disabilities and to bring more awareness to lawmakers. GHS sends a bus and several vans every year, taking between 40 and 100 persons every year to the Capitol lawn for the event.

In the past, GHS has sponsored busses to recovery events and NAMI awareness events. Community members as well as consumers took advantage of the offer.
GHS puts together an annual calendar of recovery; a yearly calendar showcasing the stories of people in recovery, winning artwork from our annual art contest, stories about events and agency activities.

GHS has several staff who participate in Community Benefit – offering their time, services and knowledge to community boards, workgroups, and committees. This keeps GHS in the look of the community as well as ensuring that mental health is part of the planning and education.

During the Flint Water Crisis, GHS took a leadership role in the recovery process as well as leading the resilience planning. When deciding where to canvass, GHS identified areas that were impacted the most, established relations with partnering organizations, and were creative in outreach efforts as we assessed the best way to provide, support, and assist the mental health needs of our community. This continues, and GHS is still seen as a leading partner. GHS’ Mobile Unit was plugged directly into the community throughout the week offering on-site service linkage and coordination provided by Emergency Case Management staff. They offer the ability to travel to specific areas within the community identified as having an urgent need to help resolve acute stress/crisis and provides the opportunity to offer a secure and safe space to conduct group activities.

The water team also offers outreach to inform Flint city residents of resources and services through door to door canvassing efforts, maintaining a stable presence throughout the week at three Help Centers, and attending community events within the city at local schools, senior centers, job fairs, PODS (water distribution sites), resource fairs, community centers, etc. in conjunction with Customer Services. Finally, the water outreach team engages with Flint city residents affected by the Flint Water Crisis and provide immediate referral to an onsite Emergency Case Manager to assist with managing stress or linkage to resources. They also placed Parent Support Partners at Access, Intake, and the Autism Center to assist with services and integration.

GHS’ Autism Center helps parents advocate for themselves to receive appropriate services through the schools. Developing contracts with a home-based provider network increases accessibility to the Autism Benefit by bringing the service directly to the consumer in their natural environment. Behavior Analysts consult with the parents on developing strategies to increase compliance with attendance which thus increases their access to services.

GHS’ Customer Services offers classes on Independent Living which includes overcoming challenges in the community. In addition they changed the name of the “Self-Esteem” class to “Building Your Confidence” to increase enrollment. They created a new brochure for the groups with a description of the classes. In addition they created a book mark to give out with books at the Little Free Library that lists the classes that Customer Services offers to increase awareness. Independent Living classes were expanded to incorporate the Entitlement and Employment groups together in a week. Health and safety components were added to the class series. Finally in one of the Coffee and Conversation topics, the onsite sheriff’s deputy was utilized to provide a health and safety component and discussion is underway to provide this again.

GHS has an active outreach effort for the faith community, hiring a staff to be a liaison, training a member to instruct Mental Health First Aid, offering the training to the houses of worship, and offering an annual Faith Luncheon.
Any other barrier identified

A lack of knowledge of GHS’ services was identified through the last community survey. We continue to look for ways to address this. We have increased our efforts of marketing through our GHS website.

There is general confusion in the community with other similarly named agencies – GHS is Genesee Health System. Also in the community is the Genesee Health Plan (an insurance plan) and Genesys Health System (a local hospital). Confusion amongst the three is evident in social media posts and comments in the news.

GHS’ physical location can be an issue. Flint has both a 5th Avenue and a 5th Street. To add to the confusion, GHS has a satellite office on the corner of 5th Street and Grand Traverse Blvd, while the main building is at 5th Avenue and Grand Traverse. GPS devices often send travelers to the wrong location. Staff are used to giving directions back and forth.
Accessibility Plan 2019

1. Continue to look for both more physical space and parking for existing and growing programs.
   a. Lead person(s): Brian Swieciicki and Dennis Osmon
   b. Timeline: September 2020

2. Look at setting up a regular review of staff involved in community benefit. Review areas that need GHS’ expertise and/or involvement, and areas that are overstaffed. Look at recruitment of promising individuals in the agency to participate.
   a. Lead person(s): Lauren Tompkins, Renee Keswick, Dexter Clarke
   b. Timeline: begin meetings by December 2017, meet at least annually.

3. Increase outreach for employment through new resources, websites, and advertising. Monitor for successes and what is working.
   a. Lead person(s): Sheila Mason, Nancy Kirsh, Renee Keswick
   b. Timeline: September 2020 review

4. Develop a method for updating program webpages as required and as needed.
   a. Lead person: Renee Keswick
   b. Timeline, plan developed by December 2017, review September 2020.

   a. Lead person(s): Renee Keswick

6. Expanding our use of Care Connect 360 as a way to improve physical and mental health care coordination.
   a. Lead person(s): Katherine Baxter
   b. Timeline: September 2020

7. Development of an Assisted Outpatient Treatment program as a proactive way of getting individuals the help they need and preventing further decompensation.
   a. Lead person(s): Katherine Baxter
   b. Timeline: September 2020

8. GHS management regularly monitors performance on the MDHHS-required MMBPIS indicators, which include measures of access (indicators 2 and 3). These are used to adjust processes where a need is identified.
   a. Lead person(s): Executive Management
   b. Timeline: September 2020