EXECUTIVE SUMMARY

Madison Community Hospital, Inc. DBA Samaritan Behavioral Center was established in 2009. When the former Mercy Hospital closed in Detroit, the question of what would happen to the campus was a concern for the community it served. Samaritan Behavioral Center and St. John Health System reached an agreement that led to the establishment of an inpatient psychiatric and mental health services unit at the hub of the former campus, now called The Samaritan Center. Today, the Samaritan Center building is a wellness centered community that meets the quality of life needs in Detroit's eastside neighborhoods. The Samaritan Center has partnered with Samaritan Behavioral Center to offer vital psychiatric and mental health services 24 hours per day, 7 days per week to individuals and families during a time of crisis, and to help integrate those individuals back into the community and their everyday life routines.

Samaritan Behavioral Center is a 55-bed inpatient psychiatric hospital that aims to provide the highest standard of care through individualized, patient-centered treatment plans based on the unique needs of each patient in a safe and supportive environment. The Samaritan Behavioral Center sees over 980 inpatient admissions and 930 discharges on an annual basis.

As a non-profit psychiatric hospital providing essential services that benefit Detroit and Wayne County communities, we continue to reinvest our resources back into the communities we serve. We do this through our expert and caring for psychiatric and medical teams, and a multifaceted approach to mental health services strategically responsive to the community needs identified herein.

COMMITMENT TO COMMUNITY HEALTH

Purpose and Process for the Community Health Needs Assessment

At the Samaritan Behavioral Center, our vision is to be the trusted partner in psychiatric care, leading the community in quality care and mental health services. To be truly transformative for the communities we serve, it is imperative that as an organization, we listen to the voices of those we serve. The City of Detroit and Wayne County are diverse communities and populations with unique characteristics, challenges, needs, and strengths.

To achieve this vision, Samaritan Behavioral Center must build trusted relationships with our patients and community members and assure those we serve that their needs inform our practices, policies, and allocation of resources. Assessing and responding to the changing needs of our patients is vital to developing and maintaining trusted relationships as we work toward a common goal – to improve the behavioral health status and overall mental health of the community.

In healthcare, we face a constant challenge to allocate our limited time and resources to treat those seeking our help. By committing to an canvasing process of assessing the needs of our communities, Samaritan Behavioral Center can ensure that our resources are spent on the services presenting the greatest opportunity for transforming the mental health of those entrusting us to serve them.

The purpose of the 2023-2026 CHNA was to:

1. Evaluate health needs of the community and discern whether previously identified needs continue to be priority areas.
2. Identify resources potentially available to address the significant health needs identified through the CHNA.
3. Inform the development of Implementation Plans to address the identified health priorities.

Community health is at the forefront of Samaritan Behavioral Center's priorities. Our CHNA process ensures that our hospital, in concert with the community, is making sustainable, measurable improvements in the mental health of the communities we serve. A key component to our CHNA process was the development of a hospital Community Health, Equities, and Wellness Team, a multidisciplinary healthcare and administrative team that assists in the development and implementation strategies for the Community Health Needs Assessment.

Key functions of the Community Health, Equities and Wellness Team include:

- Assessing community health needs by addressing financial and other barriers to accessing care and addressing social, behavioral, and environmental factors that influence health in the community.

- Prioritize the significant health needs of the community and identify resources potentially available to address the significant health needs of the community.
- Assess community health care disparities and healthcare equity.

The Community Health Needs Assessment is a collaborative process between the Samaritan Behavioral Center and community partner organizations. These partner organizations assisted in gathering stakeholder input to determine the most pressing health and social needs facing the community we serve. Samaritan Behavior Center utilized both primary and secondary data sources as part of the CHNA process.

Primary data was gathered through meetings, interviews, and focus groups made up of essential community agencies and persons representing the broad interests of the communities we serve to collect information about the community's priorities for health, wellness, and quality of life.

Secondary data sources utilized in this CHNA include publicly available local, state, and national data on demographics, socio-economic factors, health behaviors, access to mortality from a wide range of sources. The most recent data available was reviewed using The City Detroit Health Department Community Health Assessment, Michigan Department of Health and Human Services Michigan Behavioral Risk Factor Surveillance System (Michigan BRFSS) 2019-2021, State of Michigan Labor and Economics MDOT/ALICE, and the Michigan Department of Community Health division of Health disparities Reduction and Minority Health.

Samaritan Behavioral Center Community Health Needs Assessment 2023-2026 has provided the framework and foundation on which to build measurable community health improvement. The CHNA summary findings and outcomes were reviewed by Samaritan Behavioral Center Leadership and Board members leading to strategic and implementation plan modifications to align strategy with identified needs. The 2023-2026 CHNA and strategic plan was approved by the Governing Board.

Retrospective Review of Samaritan Behavioral Center 2023-2026 CHNA

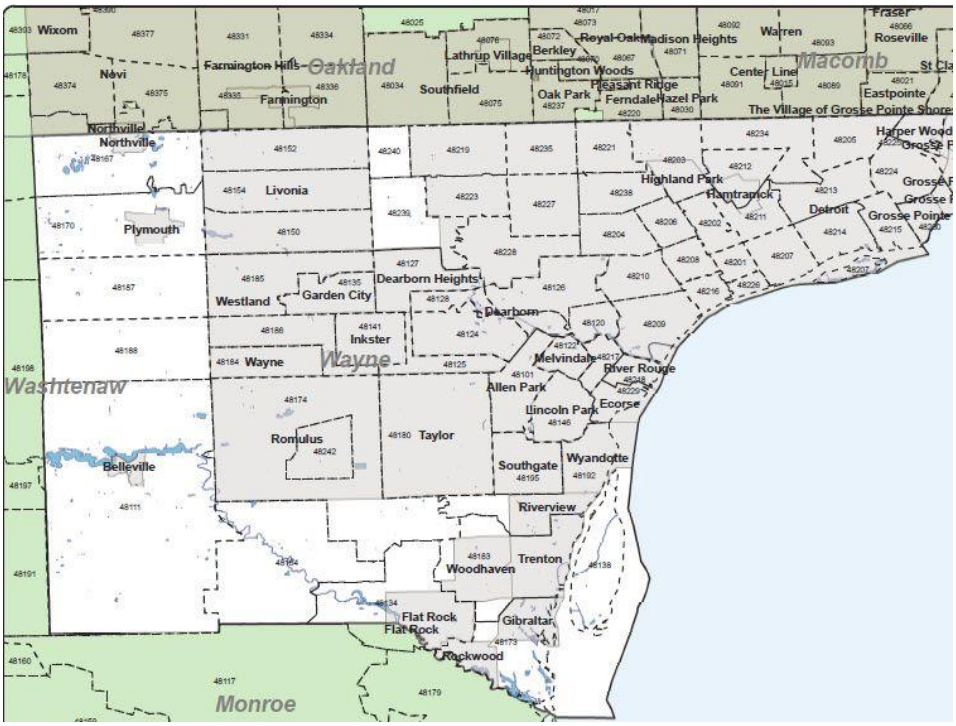
Samaritan Behavioral Center conducted a Community Health Needs Assessment of the City of Detroit and Wayne. Below is a table that summarizes the previous CHNA goal/activity and measured outcomes/progress.

SHARED PRIORITY	GOAL/ACITIVITY	OUTCOME/PROGRESS
Ensure access to care for persons with mental illness and supportive care to maintain stability achieved during hospitalization once discharged back into the community.	Monitor trends to maintain stability after hospitalization	To ensure care and maintain stability, we continued to work closely and collaborate with local community health partners on the placement and ongoing treatment for patients discharged from our facility.
Access to affordable medication for patients upon discharge	Complete 340B application to expand share pricing to patients	Samaritan Behavioral Center pharmacy conducted a focused survey of patient's priority need for medication at the time of discharge. Cost of medications was the primary concern by a substantial margin, second to ease of pick up at pharmacy. Samaritan Behavioral Center pharmacy department reinvests into the community by filling and offering free of charge all patient's medication upon discharge.
Ensure patients are discharged to the community in the most progressive setting available	Partner with facilities and programs in Wayne County to decrease the number of patients discharged to shelters	Samaritan Behavioral Center continues to work closely and collaborate with local community mental health organizations for optimal patient placement based on the unique needs of each patient at the time of discharge.
Patient's limited access and barriers to transportation	"Provide a Ride" program will provide rides at time of discharge for patient who cannot obtain transportation	Samaritan Behavioral Center chose to offer in-house transportation rather than taxi vouchers. In-house transportation was free of charge and without distance limitations.
Increase awareness for families in diagnosing and treatment of behavioral health issues	The "Outreach and Education" program for visitors of the Samaritan Center to attend meetings to explain mental health diagnosis, treatment, and outcomes.	Samaritan Behavioral Center hosted education meetings reviewing mental health in the community. Community mental health resources were made available during outreach meetings.

COMMUNITIES SERVED

Definition and Description of Communities Served

For purposes of this needs assessment, the Samaritan Behavioral Center service area is defined as the population of the City of Detroit and Wayne County. Below is a map of the communities where Samaritan Behavioral Center receives most of its inpatient volume.



Although Samaritan Behavioral Center sees patients from outside the City of Detroit and Wayne County, most of the patient's volume resides within this area. Therefore, the City of Detroit and Wayne County were chosen as the most appropriate geographical area for assessing and impacting community health needs and is the focus of the assessment.

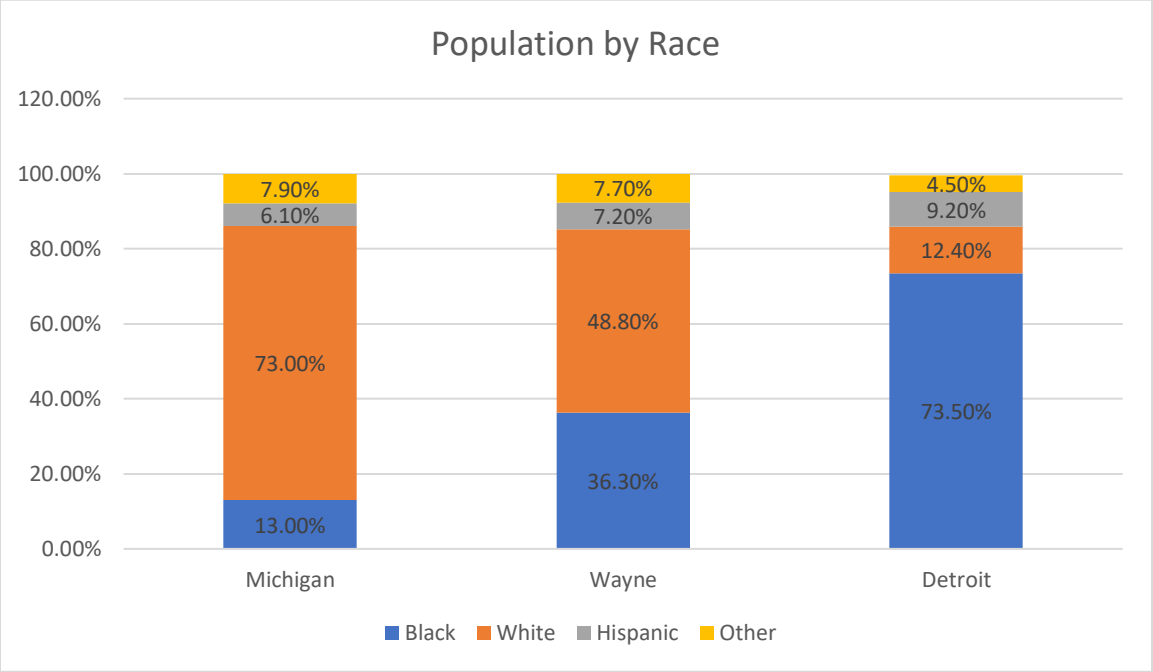
The total 2025 estimated population in this area is as follows:

- City of Detroit – 649,095 residents
- Wayne County – 1,769,038 residents

While household income levels in the City of Detroit and Wayne County continue to lag behind many surrounding counties, educational attainment has improved since the last assessment. The median household income is approximately $39,938 in Detroit and $59,294 in Wayne County, both of which are below the state average. In Detroit, 16.7% of adults age 25 and older lack a high school diploma, while 18.1% hold a bachelor's degree or higher. In Wayne County,

approximately 12.0% of adults lack a high school diploma and 27.6% possess a bachelor's degree or higher. These socioeconomic and educational disparities continue to present challenges related to employment opportunities, health outcomes, and access to resources.

The population served by the organization is racially and ethnically diverse. Detroit's population is predominantly composed of racial and ethnic minority groups. These demographic characteristics underscore the need for equitable access to healthcare services, culturally responsive care, and targeted health education programs to address community-specific needs.



SOCIAL AND ENVIRONMENTAL HEALTH IN DETROIT AND WAYNE COUNTY

Health outcomes are not only determined by genetics and quality of healthcare received, but also by social determinants of health. Social determinants of health that have the greatest impact on the communities we serve are household income/poverty, housing, education level, transportation, and access to healthcare services.

Though the experiences of these individuals may vary, evidence suggests individuals in poverty face adverse health, economic, and educational outcomes. Many individuals also face barriers to increasing their incomes, especially those experiencing generational poverty.

As income and education decrease, the prevalence of risky health behaviors increases risky behaviors that result in poor physical and mental health outcomes.

According to the 2021-2023 Michigan Behavioral Risk Factor Survey:

- 17.1% of City of Detroit and 12.7% of Wayne County report poor health on at least 14 days.
- 20.9% of City of Detroit and 15.8% of Wayne County report poor mental health on at least 14 days.

Physically and mentally unhealthy days measure the number of days within the past 30 days that individuals rate their physical and mental health as not good. Poor physical and mental health was defined as 14 or more days within the past 30 days in which the adult respondents rated their physical and mental health as not good.

- In 2024, an estimated 14.8% of Michigan adults reported poor physical health and 17.1% reported poor mental health.
- Poor physical health increased with age, while poor mental health decreased with age.
- Both poor physical health and poor mental health decreased with increasing household income level.
- Females reported higher prevalence of poor physical health (16.3%) than males (13.3%). Females reported higher prevalence of poor mental health (21.3%) than males (12.7%).
- The prevalence of both poor physical health and poor mental health was similar by race/ethnicity.
- Adults with disabilities (34.4% and 32.5%, respectively) were more likely to have reported both poor physical health and poor mental health than adults without disabilities (6.6% and 10.5%, respectively).
- Uninsured adults (28.4%) were more likely to report poor mental health when compared to insured adults (16.4%).

	Poor Physical Health[a]		Poor Mental Health[b]	
Demographic Characteristics	**%**	**95% Confidence Interval**	**%**	**95% Confidence Interval**
Total	**14.8**	**(13.9-15.8)**	**17.1**	**(16.0-18.2)**
Age				
18 to 24	8.6	(6.0-12.2)	24.6	(20.3-29.4)
25 to 34	9.5	(7.4-12.1)	22.0	(18.9-25.4)
35 to 44	11.8	(9.6-14.4)	19.0	(16.3-22.1)
45 to 54	17.9	(15.3-20.9)	18.2	(15.6-21.1)
55 to 64	21.3	(19.0-23.9)	16.6	(14.5-19.0)
65 to 74	17.2	(15.3-19.3)	10.0	(8.5-11.7)
75 +	18.4	(16.2-20.8)	7.5	(6.1-9.2)
Gender				
Male	13.3	(12.0-14.6)	12.7	(11.4-14.1)
Female	16.3	(15.0-17.7)	21.3	(19.7-23.0)
Race/Ethnicity				
White, non-Hispanic	14.5	(13.5-15.6)	16.6	(15.5-17.8)
Black, non-Hispanic	16.7	(13.8-19.9)	19.0	(15.8-22.8)
Other, non-Hispanic	12.8	(9.7-16.9)	17.4	(13.4-22.3)
Hispanic	15.6	(11.2-21.3)	19.0	(14.3-24.9)
Household Income				
< $20,000	32.5	(28.1-37.2)	30.7	(26.2-35.5)
$20,000 - $34,999	24.0	(21.2-27.1)	24.0	(21.0-27.4)
$35,000 - $49,999	15.8	(13.2-18.7)	17.0	(14.1-20.4)
$50,000 - $74,999	10.7	(8.7-13.1)	17.1	(14.3-20.3)
≥ $75,000	7.8	(6.6-9.0)	11.3	(9.9-12.9)
Health Insurance				
Insured	14.6	(13.7-15.6)	16.4	(15.4-17.6)
Uninsured	16.6	(11.9-22.7)	28.4	(22.1-35.6)
Disability Status				
No disabilities	6.6	(5.8-7.5)	10.5	(9.5-11.7)
Adults with disabilities	34.4	(32.1-36.8)	32.5	(30.2-35.0)

[a] Among all adults, the proportion reporting 14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.
[b] Among all adults, the proportion reporting 14 or more days of poor mental health, which includes stress, depression, and problems with emotions during the past 30 days.

Poverty in Wayne County

Poverty remains a significant social and economic concern in Wayne County and continues to be a priority for community health need. According to recent U.S. Census data, approximately 20.1% of Wayne County residents live below the federal poverty level, representing hundreds of thousands of individuals across the county. Poverty disproportionately affects access to healthcare, stable housing, nutritious food, transportation, educational opportunities, and employment. Individuals and families experiencing poverty often face increased risks for chronic disease, poor mental health outcomes, and reduced life expectancy. Additionally, many residents encounter longstanding barriers to economic mobility, particularly those affected by intergenerational poverty. Addressing poverty and its associated social determinants of health remains essential to improving overall health outcomes and reducing disparities within the communities served by the organization

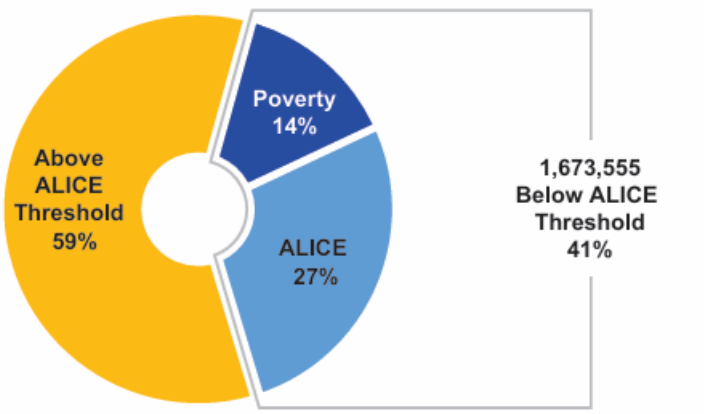
The federal poverty level provides a useful benchmark for assessing economic hardship; however, it does not fully capture the financial challenges experienced by many individuals and families in Wayne County. Even households with incomes above the federal poverty threshold may struggle to afford necessities as the costs of housing, food, transportation, childcare, and healthcare continue to rise. Understanding the local economic environment is therefore critical when evaluating the impact of poverty on community health and well-being.

According to recent U.S. Census estimates, approximately 20.1% of Wayne County residents live below the federal poverty level, representing a substantial portion of the county's population of approximately 1.77 million residents. Poverty remains significantly associated with poorer health outcomes, limited access to healthcare, lower educational attainment, housing instability, food insecurity, and reduced economic opportunities.

Economic indicators further demonstrate the challenges facing Wayne County residents. The county's median household income is approximately $59,294, which remains below Michigan median household income. Despite ongoing economic development efforts, many households continue to face financial hardship and barriers to economic mobility. The labor force participation rate in Wayne County is approximately 59.1%, reflecting ongoing employment and workforce challenges for some residents.

The City of Detroit represents an area of need within the county. Detroit's median household income is approximately $39,938, substantially below both the Wayne County and Michigan averages. Persistent socioeconomic disparities contribute to increased risks for chronic disease, behavioral health concerns, and inequitable access to healthcare and community resources. Addressing poverty and its underlying social determinants remains essential to improving health outcomes and reducing disparities throughout Wayne County and the City of Detroit.

The financial challenges facing Wayne County residents are complex and influenced by multiple economic and social factors. While employment is often viewed as a pathway to financial stability, many working individuals and families continue to struggle to meet their basic needs. The prevalence of ALICE (Asset Limited, Income Constrained, Employed) households demonstrates that employment alone is not always sufficient to achieve economic security. These households earn above the federal poverty level but below the income needed to afford essential expenses such as housing, food, childcare, transportation, healthcare, and other necessities. As a result, many residents remain financially vulnerable despite being employed, placing them at increased risk for housing instability, food insecurity, delayed medical care, and other adverse health and social outcomes. Addressing the needs of both low-income and ALICE households remains critical to improving economic well-being and reducing health disparities throughout Wayne County and the City of Detroit. Together, households living in poverty and ALICE households represent approximately 43% of all households, indicating that nearly half of households experience financial hardship or are at risk of economic instability. This ongoing financial strain can contribute to barriers in accessing healthcare services, maintaining stable housing, purchasing nutritious food, and achieving positive health outcomes.



Sources: ALICE Threshold, 2010–2023; U.S. Census Bureau, American Community Survey, 2023

Transportation

Transportation remains an important social determinant of health and economic stability in Wayne County. Most workers rely on personal vehicles to access employment opportunities, healthcare services, education, and other essential resources. Approximately 80% of Wayne County workers commute to work by driving alone, while an additional 9% carpool. In contrast, a relatively small percentage of workers rely on public transportation for their daily commute, highlighting the importance of vehicle ownership for maintaining employment and accessing services.

Access to reliable transportation continues to present challenges for some residents. Approximately 14% of Wayne County households and 25% of Detroit households do not own a vehicle, which may create barriers to healthcare access, employment, education, grocery shopping, and other essential activities. Households without access to a personal vehicle may be particularly vulnerable to missed appointments, delayed care, and reduced economic opportunity.

Transportation patterns also vary across demographic groups. Black residents are more likely to use public transportation than their White counterparts, reflecting differences in vehicle access, income, residential location, and proximity to public transit services within the City of Detroit and surrounding communities. Despite these challenges, the vast majority of Wayne County workers have relatively manageable commutes, with approximately 99% of residents traveling one hour or less to work.
Overall, transportation access remains a critical factor affecting employment, healthcare utilization, and quality of life throughout Wayne County, particularly for residents living in Detroit and other underserved communities.

Housing and Homelessness

Adequate, safe, and affordable housing is a fundamental component of a healthy and thriving community. Stable housing contributes to neighborhood safety, improved physical and mental health outcomes, educational attainment, and economic opportunity. Individuals living in secure and well-maintained neighborhoods are more likely to engage in healthy behaviors and have greater access to community resources and support services.

Housing affordability continues to be a significant challenge in Wayne County and the City of Detroit. Rising housing costs, limited affordable housing options, inflation, and income disparities have increased financial strain on many households. Housing instability can place individuals and families at risk for poor health outcomes, financial hardship, and reduced access to essential services.
Evictions remain an important indicator of housing instability and can have lasting effects on individuals, families, and communities. Factors contributing to eviction include housing affordability challenges, stagnant wages, unemployment, unexpected medical expenses, and other economic hardships. Evictions may contribute to increased homelessness, family disruption, and decreased neighborhood stability.

Homelessness also remains a critical community concern. Recent estimates indicate that approximately 8,351 individuals experiencing homelessness reside within Wayne County and Detroit. Individuals experiencing homelessness often face significant barriers to healthcare, employment, transportation, and social support, placing them at increased risk for adverse health outcomes. Addressing housing insecurity, homelessness, and the underlying social determinant of health remains essential to improving community health and reducing disparities throughout Wayne County and the City of Detroit.

The organization recognizes housing stability as a key social determinant of health and will continue to consider the impact of housing affordability, eviction risk, and homelessness when assessing the needs of the community it serves.

Education

Access to quality education is a critical social determinant of health and an essential component of long-term individual and community success. Educational attainment is closely linked to employment opportunities, income potential, health literacy, and overall quality of life. Children who have access to high-quality early childhood education programs are more likely to demonstrate stronger academic performance, improved social and developmental outcomes, and reduced rates of grade retention compared to their peers.

The benefits of educational achievement extend well into adulthood. Individuals with higher levels of education are more likely to pursue post-secondary education, secure stable employment, earn higher wages, and experience better health outcomes. Conversely, lower educational attainment is often associated with increased rates of poverty, chronic disease, unemployment, and reliance on public assistance programs.

Although educational attainment has improved in recent years, disparities remain throughout Wayne County and the City of Detroit. In Detroit, approximately 83.3% of adults age 25 and older have earned at least a high school diploma, while 18.1% hold a bachelor's degree or higher. In Wayne County, approximately 88.0% of adults have completed high school or higher education, and 27.6% have attained a bachelor's degree or higher. These rates remain below statewide benchmarks in several areas and highlight ongoing opportunities to improve educational access and achievement.

Investments in early childhood education, K-12 education, workforce development, and higher education opportunities have the potential to improve economic stability, reduce health disparities, and strengthen the overall well-being of the communities served by the organization. Education remains a key factor in promoting health equity and improving long-term outcomes for residents of Wayne County and the City of Detroit

Health

Wayne County continues to face significant health challenges related to health behaviors, access to care, socioeconomic conditions, and environmental factors. An individual's overall health and well-being are influenced not only by personal health choices but also by the social, economic, and physical environments in which they live, work, learn, and age. Social determinants of health, including income, education, housing stability, employment, transportation, and access to healthcare, play a critical role in shaping health outcomes.

Residents with lower incomes and lower levels of educational attainment are at increased risk for adverse health outcomes and are more likely to experience barriers to preventive care, healthy food access, stable housing, and other resources that support health and well-being. These populations also experience higher rates of chronic disease, behavioral health conditions, and health disparities. Poverty and limited educational opportunities can contribute to unhealthy behaviors and increase the likelihood of developing conditions such as diabetes, cardiovascular disease, obesity, and mental health disorders.

In Wayne County and the City of Detroit, ongoing socioeconomic challenges, including higher poverty rates, lower household incomes, housing instability, and gaps in educational attainment, continue to affect community health. These factors underscore the importance of addressing both clinical care needs and the broader social determinants of health through community

partnerships, preventive health initiatives, health education, and efforts to improve access to essential services. By addressing these underlying factors, the community can work toward reducing health disparities, improving quality of life, and promoting equitable health outcomes for all residents.

Health Insurance

Access to affordable health insurance remains a critical factor in obtaining timely healthcare services, preventive care, and chronic disease management. Individuals without health insurance are more likely to delay or forgo medical care needed due to cost, resulting in poorer health outcomes and increased reliance on emergency departments for non-emergency conditions.

Recent U.S. Census data indicate that approximately 8.5% of Detroit residents under age 65 and 6.3% of Wayne County residents under age 65 lack health insurance coverage. While insurance coverage rates have improved over time, thousands of residents continue to face barriers to accessing primary and preventive healthcare services.

Children and adults without health insurance are less likely to receive routine preventive care, vaccinations, screenings, and ongoing management of chronic conditions. Uninsured individuals are also more likely to seek care through emergency departments, often after health conditions have worsened. In contrast, insured individuals generally experience better access to healthcare services, improved health outcomes, and lower rates of avoidable hospitalizations.

Although public insurance programs and healthcare coverage expansions have increased access to care for many residents, disparities persist among low-income populations and other vulnerable groups. Continued efforts to improve healthcare access, health insurance coverage, and care coordination remain important strategies for improving population health outcomes and reducing healthcare disparities throughout Wayne County and the City of Detroit.

Environmental Health

Air quality is an important environmental factor that can significantly affect community health. Exposure to air pollution has been associated with decreased lung function, asthma exacerbations, chronic bronchitis, cardiovascular disease, and other adverse health outcomes. Poor air quality can disproportionately affect children, older adults, and individuals with pre-existing respiratory or cardiovascular conditions.

Wayne County continues to experience some of the highest levels of air pollution in Michigan due to its dense urban environment, transportation corridors, and concentration of industrial activity. The county's average daily fine particulate matter (PM2.5) concentration is approximately 12.8 micrograms per cubic meter, which is among the highest levels reported in

the state. By comparison, Michigan counties range from approximately 9.8 to 12.9 micrograms per cubic meter, with a statewide median of 11.6 micrograms per cubic meter.

Elevated levels of air pollution may contribute to higher rates of respiratory illness, chronic disease, and healthcare utilization among residents. Given the established relationship between environmental conditions and health outcomes, air quality remains an important consideration when assessing community health needs in Wayne County and the City of Detroit. Efforts to improve environmental health, reduce pollution exposure, and address disparities in affected communities can contribute to better overall health outcomes and quality of life for residents. The organization recognizes environmental health, including air quality, as an important social determinant of health and will continue to consider its impact when evaluating the needs of the population served.

Mental Health

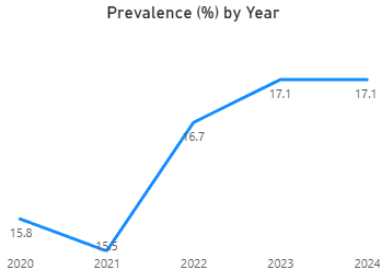
When asked to think about their mental health over the previous month, including stress, depression, and problems with emotions, 15.8% of Wayne County adults reported having “not good” mental health for at least 14 days.

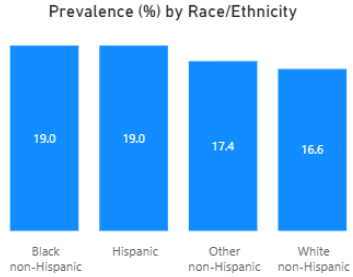
Throughout the state, approximately 5.18% of the population report having a serious mental illness, and 23.57% report having any mental illness. 20.5% of Michigan adults have been told that they have a form of depression. Michigan’s suicide rate per 100,000 residents is 12.0.

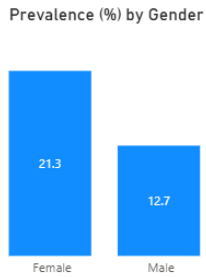
- In 2024, there were 211 deaths by suicide in Wayne County.
- Michigan’s suicides rates have increased by 12.8% since 2017.
- 4.9% of Michigan’s population reported having thoughts of suicide between 2023-2024.

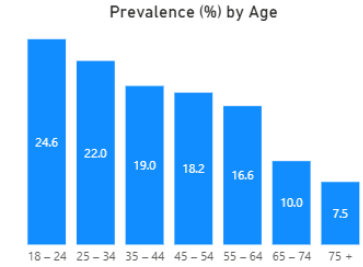
Poor Mental Health

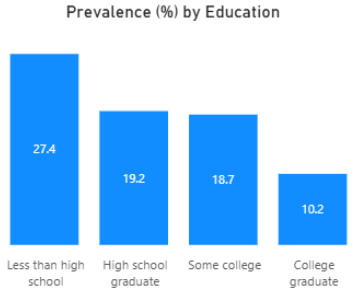
In 2024, an estimated 14.8% of Michigan adults reported poor mental health.
Females reported higher prevalence of poor mental health (21.3%) than males (12.7%).
Poor mental health decreased with age, education and increasing household income level.

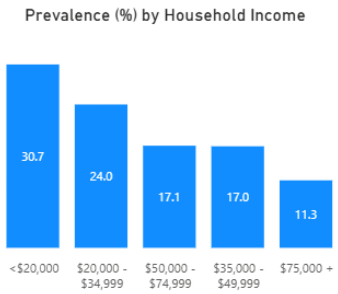






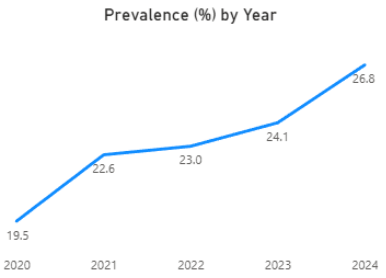


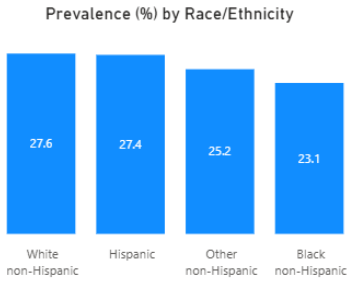


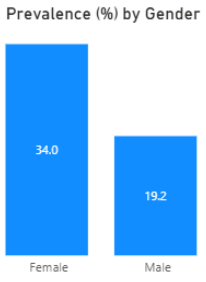


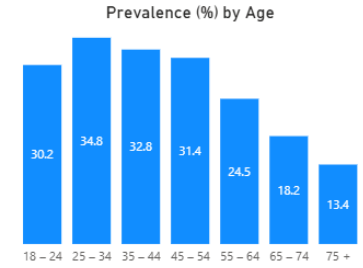
Depression

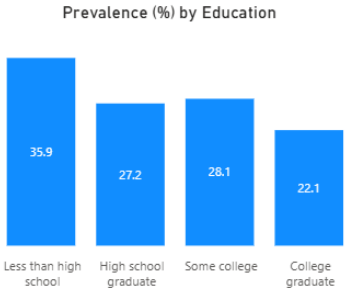
In 2024, an estimated 26.8% of Michigan adults reported ever being told by a doctor that they had a depressive disorder including depression, major depression, dysthymia, or minor depression.
The prevalence of depression decreased with age and increasing education level and household income level.
Females (34.0%) reported a significantly higher prevalence of depression than males (19.2%).
The prevalence of depression was similar by race/ethnicity.

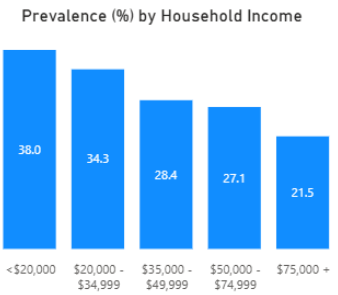






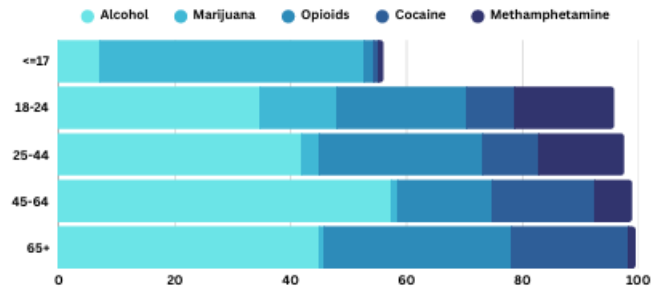






Substance Abuse

Substance abuse is another important facet of the mental healthcare system.



Reported primary substance used varies by age group;
<=17 Marijuana (46%), 18-24 Alcohol (35%), 25-44 Alcohol (42%)
45-64 Alcohol (57%), 65+ Alcohol (45%)

- According to the Michigan Behavioral Risk Factor Surveillance System (BRFSS) Survey, 60% of adults (18 and over) reported alcohol use in the past year, and 27% reported binge alcohol use in the past year.
- Wayne County continues to have one of the highest numbers of drug overdose deaths in Michigan and despite recent improvements, Wayne County still leads Michigan in the total number of overdose deaths
- Synthetic opioids, particularly fentanyl and emerging substances such as carfentanil, remain major drivers of overdose risk and mortality
- Black residents continue to experience disproportionately high overdose death rates, with reported rates nearly double those of other populations in Michigan

ASSESSMENT OF SIGNIFICANT HEALTH ISSUES IN WAYNE COUNTY/DETROIT

Based on the quantitative trends identified in the demographic and community health data, as well as qualitative information received from the community stakeholders, the areas of priority detailed below were identified for the community Samaritan Behavioral Center serves.

Samaritan Behavioral Center Community Health Assessment Goals:

I. Mental Health Services/Suicide Prevention

II. Housing and community placement services for discharged patients.

III. Transportation

IV. Education

RECOMMENDATIONS FOR COMMUNITY HEALTH PRIORITIES

I. Mental Health Services/Suicide Prevention

Samaritan Behavioral Center is committed to promoting mental health and wellness and improving access to behavioral healthcare services for individuals in the communities it serves. The organization works collaboratively with local community mental health agencies, healthcare providers, crisis intervention programs, and other community partners to support individuals experiencing mental health challenges and behavioral health crises.

Samaritan Behavioral Center will continue to strengthen partnerships with community mental health organizations and expand its network of behavioral health resources to improve access to care, enhance crisis intervention services, and support suicide prevention efforts. Through collaboration, education, early intervention, and coordination of care, the organization strives to reduce suicide risk, improve mental health outcomes, and ensure individuals have timely access to appropriate behavioral health services and community-based supports.

Recognizing the significant behavioral health needs within Wayne County and the City of Detroit, Samaritan Behavioral Center remains dedicated to supporting community-wide initiatives that increase awareness of mental health conditions, reduce stigma, promote recovery, and improve the overall well-being of the populations served. By fostering strong partnerships and expanding access to evidence-based mental health and crisis services, the organization aims to contribute to healthier communities and improved quality of life for residents.

II. Housing and community placement services for discharged patients.

Samaritan Behavioral Center is committed to ensuring that the basic housing, healthcare, and recovery needs of its patients are supported through coordinated discharge planning and ongoing collaboration with community partners. Recognizing that stable housing is a critical social determinant of health, the organization strives to increase access to appropriate housing options,

residential placements, and community-based support services for individuals transitioning from inpatient behavioral healthcare settings.

To achieve this goal, Samaritan Behavioral Center collaborates closely with local and regional Community Mental Health (CMH) agencies, healthcare systems, housing providers, rehabilitation programs, and other community organizations that support individuals with behavioral health needs. Through these partnerships, the organization works to identify safe, appropriate, and sustainable housing and placement options that promote recovery, independence, and community integration.

Samaritan Behavioral Center's Social Work Department maintains strong relationships with a broad network of community providers, health plans, case management agencies, substance use treatment providers, and housing resources. Social workers actively coordinate services and advocate for patients to ensure access to housing support, benefits, outpatient treatment, transportation resources, and other community-based services necessary for a successful transition to a lower level of care.

By strengthening community partnerships and expanding access to housing and supportive services, Samaritan Behavioral Center seeks to reduce barriers to recovery, improve continuity of care, decrease avoidable readmissions, and support positive long-term outcomes for the patients and communities it serves.

III. Transportation

Samaritan Behavioral Center is committed to improving health access and outcomes by enhancing access to behavioral healthcare services and strengthening coordination with community-based mental health providers. Through collaboration with Community Mental Health (CMH) agencies, outpatient treatment providers, and other community partners, the organization works to ensure continuity of care and reduce barriers to accessing mental health services.

Recognizing that transportation is a significant social determinant of health, Samaritan Behavioral Center provides **free transportation services** to eligible patients to support access to behavioral healthcare appointments, community

resources, and post-discharge services. These transportation services help address health disparities experienced by low-income individuals and those who lack reliable transportation, including residents living in households without access to a personal vehicle.

By offering transportation assistance at no cost to patients, Samaritan Behavioral Center helps reduce barriers to treatment participation, improves access to outpatient mental health services, supports continuity of care, and promotes successful community reintegration following hospitalization. The organization remains committed to ensuring that transportation challenges do not prevent individuals from receiving the behavioral healthcare services and support necessary to achieve and maintain recovery.

Through ongoing collaboration with community mental health providers and continued investment in patient transportation services, Samaritan Behavioral Center strives to improve access to care, reduce health inequities, enhance treatment engagement, and promote positive behavioral health outcomes for the communities it serves.

IV. Education

Samaritan Behavioral Center is committed to improving mental health, promoting wellness, and enhancing the overall quality of life of the individuals and communities it serves through education, community engagement, and access to behavioral health resources. The organization recognizes that education and awareness are essential components of mental health promotion, stigma reduction, early intervention, and recovery.

To support these efforts, Samaritan Behavioral Center collaborates with community mental health organizations, healthcare providers, and local partners to coordinate mental health and wellness events, educational opportunities, and resource-sharing initiatives. Through these collaborative efforts, community members are provided with information regarding mental health services, crisis resources, wellness programs, and other supportive services available throughout the community.

Samaritan Behavioral Center works closely with the Samaritan Center building and community partners to distribute mental health resource information through brochures, flyers, educational handouts, and informational displays. These materials provide individuals and families with access to a wide range of behavioral health, housing, healthcare, social service, and community support resources. Educational materials are regularly updated and made available to patients, visitors, families, and community residents to increase awareness of available services and promote timely access to care.

In addition, Samaritan Behavioral Center remains committed to building safe, supportive, and meaningful relationships within the community by fostering collaboration with local organizations, social service agencies, healthcare providers, faith-based groups, and community stakeholders. Through these partnerships, the organization strives to strengthen community connections, reduce barriers to behavioral healthcare, improve health literacy, and support positive mental health outcomes for the diverse populations it serves.

By continuing to expand educational outreach efforts, community partnerships, and resource accessibility, Samaritan Behavioral Center seeks to empower individuals, promote resilience, and contribute to healthier communities throughout Wayne County and the City of Detroit.