

# Community Health Needs Assessment

2025

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# Introduction

## Executive Summary

On March 23, 2010, the Patient Protection and Affordable Care Act (PPACA), under section 501(r) of the Internal Revenue Code (IRC), required not-for-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three taxable years in order to maintain their tax-exempt status under section 501(c)(3) of the Internal Revenue Code.

Straith Hospital for Special Surgery (Hospital) submits this CHNA in response to section 501(r) of the IRC, in order to satisfy our tax-exempt status under section 501(c)(3) of the Code. The Hospital's CHNA report was conducted in compliance with the new federal requirements.

The foundation of the Hospital has always been our commitment to serving our local community. This 2025 CHNA reflects our continuous mission to understand our local community's needs so that we can continue to provide appropriate care and help improve our community's overall health.

## About Straith Hospital

Straith Hospital for Special Surgery is an unaffiliated, acute care, not-for-profit hospital corporation under IRC 501(c)(3). The Hospital is located at 23901 Lahser Road, Southfield, Michigan 48033, and it is accredited by the Joint Commission. The history of the Hospital began with its incorporation in 1952, and it has continued to remain an independent facility that provides high quality medical services.

The Hospital has five operating rooms, and it is licensed for 34 acute care beds in the State of Michigan. The Hospital was prohibited from operating an Emergency Department by the City of Southfield when the Hospital moved to Southfield in 1972. The Hospital currently offers specialized inpatient and outpatient surgeries in the specialties of ophthalmology and orthopedics. It also operates a comprehensive acute care rehabilitation program for patients with post-surgical and post-medical conditions. The Hospital continues to expand services to meet the community's needs while remaining an independent facility. The Hospital specializes in niche services and provides the best quality of care for the specific needs of our target community.

The Hospital also acknowledges a nearby hospital in the city of Southfield within four miles. Henry Ford Providence Hospital (16001 W. Nine Mile Road) is a 365-bed facility providing a broad range of primary care and clinical specialties including emergency services. This large existing acute care facility is available to respond to many of the current health needs of the community. The Hospital recognizes this, and it strives to fulfill needs unmet in the surrounding community.

## Mission and Vision

Mission Statement:

To improve the health status of our patients and provide high levels of satisfaction to our physicians.

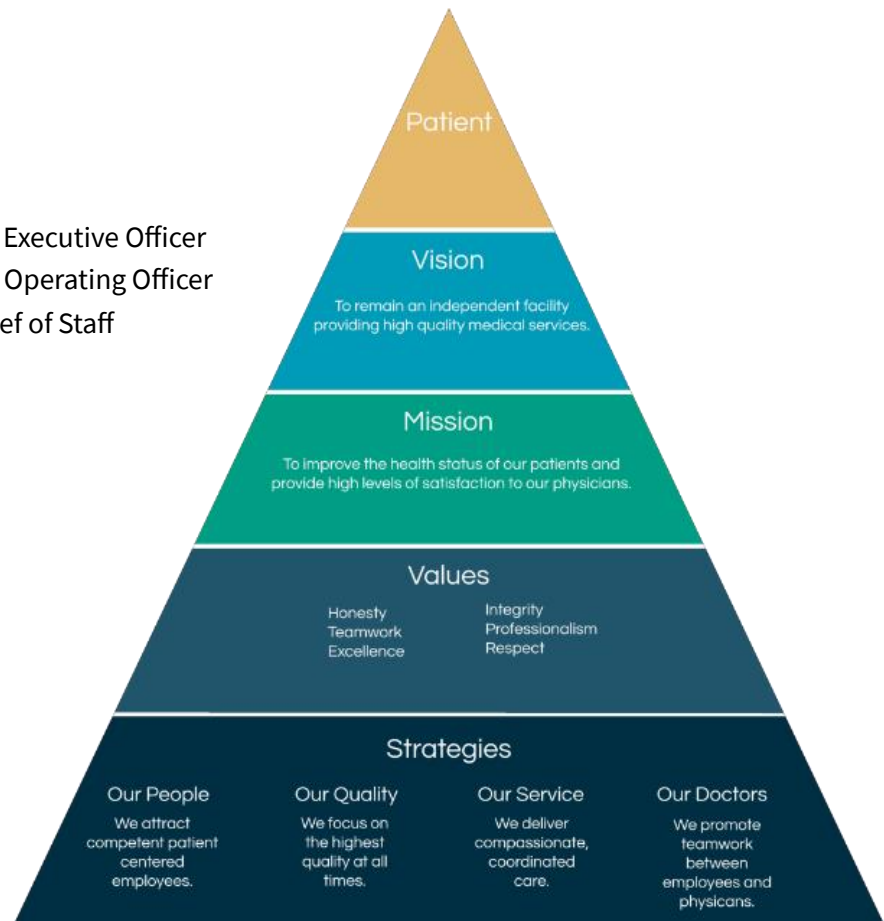
Vision Statement:

To remain an independent facility providing high quality medical services.

## Strategic Plan

### Leadership

- Bradley Bescoe, Chief Executive Officer
- Lamia Alfatlawi, Chief Operating Officer
- Michael Ober, MD, Chief of Staff



# Community Health Needs Assessment

## Background and Introduction

The Patient Protection and Affordable Care Act (PPACA) requires that not-for-profit hospitals operating as described in Internal Revenue Code 501(c)(3) conduct a CHNA, in addition to an implementation strategy, every three years.

Using epidemiological, qualitative, and comparative methods, the CHNA identifies the needs of a community and services able to meet them. This report was conducted in response to section 501(r) of the Code, which includes both the CHNA and implementation strategy, with the intention to satisfy all requirements set forth in IRS Notice 2011-52. It is available to the public on Straith Hospital's website ([www.straithhospital.org](http://www.straithhospital.org)).

As a not-for-profit hospital, the Hospital has traditionally performed appropriate assessments in order to understand the health needs of our community and investigate ways in which they be met. However, the PPACA has provided us with additional guidance and requirements, which will allow us to establish a systematic process to better help identify community health needs and implement practical strategies to meet them.

## Requirements

This CHNA is conducted to meet the following requests, as required by the Treasury Department and the Internal Revenue Service (IRS) in Notice 2011-52.

- A description of the community served.
- A description of the process and methods used to conduct the CHNA, which includes:
  - Sources and dates of the data and other information used.
  - Analytical methods applied to identify community health needs.
  - Information gaps that impacted the hospital organization's ability to assess the health needs of the community served by the hospital facility.
  - If applicable, the identification of all organizations with which the hospital organization collaborated is important.
  - A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the organization consulted with these persons, as well as any individual providing input who has special knowledge or expertise in public health or was a "leader" or "representative" of the community serve.
  - A prioritized description of all the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs.

- A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
- An implementation strategy to meet the community health needs identified through the CHNA, which describes how the hospital facility plans to meet the healthneeds.

## 2022 Community Health Needs Assessment Evaluation

In response to the Community Health Needs Assessment conducted in 2022, the Hospital developed an implementation strategy to improve efforts of meeting the health needs of our community. Based on the research and analysis performed, the CHNA Committee determined to prioritize mental and behavioral health and more specifically substance abuse of opioids.

### Mental and Behavioral Health – Substance Abuse of Opioids

| IMPLEMENTATION PLAN |   |
|---------------------|---|
| GOAL                | Improve chronic pain of at-risk populations in the community and prevent substance abuse disorder   |
| OBJECTIVES          | <ul style="list-style-type: none"> <li>• Reduce opioid prescribing by Straith providers</li> <li>• Utilize risk assessment tools to prevent substance use disorders</li> <li>• Provide community resources to reduce chronic pain and mental illness</li> </ul> |
| TIMELINE            | November 1, 2022- November 1, 2025  |

| Projects/Tools    | Details  | Strategy   |
|-------------------|--|--|
| MAPS              | The Michigan Automated Prescription System (MAPS) is used to track controlled substances by all prescribing physicians.      | Providers at Straith Pain Center will pull a MAPS report for every New Patient Exam and as needed.                           |
| UDS               | A Urine Drug Screening (UDS) is performed to detect the presence of prescription medications, alcohol and illegal substances | Providers at Straith Pain Center will monitor toxicology reports for every patient with opioid prescription.                 |
| Health Care Plan  | Regular medical checkups are used to monitor the overall health and wellbeing of a patient in care.                          | Straith Pain Center providers examine every patient on prescribed opioids within 4-12 weeks and prior to medication refills. |
| Patient Resources | A patient resources page will be listed on Straith Hospital's website.   | Resources will be provided regarding community activity centers, substance abuse, and mental illness.                        |

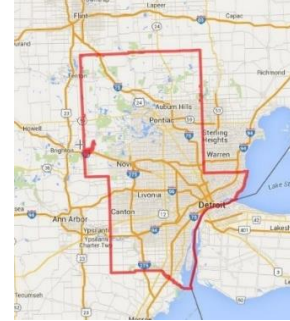
The Hospital successfully implemented the strategy noted above utilizing the identified projects and tools beginning November 1, 2022. The strategy continued to be executed by the Hospital staff with success until November 15, 2023. The highest risk patients for opioid abuse were the patients in the Interventional Pain Clinic. The Straith Hospital Interventional Pain Clinic was permanently closed on November 15, 2023. The Hospital was unable to continue to operate the Interventional Pain Clinic due to financial issues created by the Covid-19 pandemic. The Hospital continued to assess the risk of opioid abuse on additional patients served in the Hospital during the remainder of the timeline. The strategies for reducing the abuse of opioids continued to be utilized on those patients who had high risk of opioid abuse.

## Community Served

The Hospital serves a wide area, covering residents in Oakland County and other neighboring counties. For the purpose of defining a community to serve, the Hospital will focus on the needs of individuals residing within the geographic areas of Wanye, Oakland, and Macomb County, where the majority of our current patients reside. The three-county area was chosen as the most appropriate

geographical area for assessing and impacting community health needs and is the focus of this assessment. The total estimated populations of the three counties as of 2024 (See Appendix B) are as follows:

- Oakland County – 1,270,426
  - Southfield – 76,874
- Macomb County – 875,101
- Wayne County – 1,789,781



The Hospital defines the community served as individuals who reside within the Hospital’s service area. This includes all residents found within the geographic boundaries of Wayne, Oakland, and Macomb County, with a concentration on the city of Southfield, and does not exclude members who are medically underserved, low-income or a minority.

## CHNA Committee

The Hospital formulated a Community Health Needs Assessment Committee (Committee) to review the requirements by the Treasury Department and the Internal Revenue Service, to strategize and ensure completion of the 2025 CHNA. The Committee was led by the Hospital’s Marketing Department, with support from the upper levels of administration including the CEO, COO, Chief of Staff, Executive Director of Behavioral Health, and Director of Behavioral Health (See Appendix A). The Committee worked together to gather appropriate information, provide available sources of secondary data, identify and interview key community leaders and specialists to analyze all previously mentioned information to prepare the written 2025 CHNA and Implementation Strategy.

## Methodology

Recognizing the shared communities served across southeast Michigan, the Hospital utilized available data from Ascension Southeast Michigan to conduct the 2025 CHNA. Ascension Southeast Michigan Community Health Department, Ascension Michigan Community Benefit Center of Expertise, Ascension Southeast Michigan hospitals, and Southeastern Michigan Health Association (SEMHA) analyzed secondary data of over 50 indicators and gathered community input through community surveys and key stakeholders focus groups to identify the community health needs. In collaboration with community partners, Ascension Southeast Michigan hospitals used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

- Chronic Disease, including Diabetes and Cancer
- Diet and Exercise, including Obesity
- Mental and Behavioral Health
- Access to Care



The Committee understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. Consideration was given to select factors in determining the significant needs that would be selected as prioritized needs. The Committee considered the factors below:

- Is the need one that can be measured/tracked over time?
- Does the need align with current patient population served by the Hospital?
- Does the need align with the overall available resources at the Hospital?
- Does the need align with a focus area for community impact?

The Hospital does not have the resources or ability to implement strategies for all of the complex health needs identified during the CHNA process. The Hospital has elected to implement a strategy for one component of the significant health needs identified as part of the CHNA process. Other organizations in southeastern Michigan are better equipped to completely handle all of the complex community needs identified as part of the CHNA process.

Following the prioritization of the health needs, the Committee worked together to establish the need the Hospital could best serve and an implementation strategy. Based on the research and analysis performed, the Committee determined to prioritize mental and behavioral health and more specifically the development of a new unit the Straith Behavioral Health Unit for pediatric individuals with autism and developmental disabilities.

The Committee's goal was to express the continuum of care across the community and represent Straith Hospital's expansion of services through the Straith Behavioral Health Unit—a unit that prioritizes both inpatient and outpatient services for pediatric individuals with autism and developmental disabilities. This unit was established through the collective efforts of obtaining numerous letters of support, gathering adequate data, conducting weekly meetings, attending facility visits focused on autism care, and performing extensive research analysis. The Committee has become well-versed in the interdisciplinary approach required to meet the unique needs of children and adolescents with autism spectrum disorder (ASD) and/or intellectual and developmental disabilities (IDD), ensuring that this growing population is properly supported to thrive within the community.

This comprehensive assessment—rooted in meetings, key interviews with autism experts (See Appendix A), and careful research and data analysis—underscores the Hospital's commitment to developing the Straith Behavioral Health as a state-of-the-art facility. Globally, there has been a rise in children and adolescents with ASD and IDD presenting to Emergency Departments (ED) due to behavioral concerns, where they are often not adequately supported since general hospitals are not designed to meet their therapeutic or health needs. The ED environment frequently leads to high rates of re-admissions for this population. In response, the Hospital has prioritized education in behavioral health and focused on interdisciplinary collaboration as a cornerstone of effective treatment. To

further support its initiative, Hospital staff toured existing inpatient and outpatient facilities and incorporated key insights into their plans for the development of the Straith Behavioral Health Unit. Supporting literature (See Appendix B) emphasizes the inadequacy of traditional psychiatric hospital settings in accommodating the needs and abilities of individuals with IDD. With a solid foundation of community backing, including numerous letters of support, the Hospital was awarded a grant from the Michigan Health & Hospital Association (MHA) to open an inpatient unit specifically for this population.

To support this effort, a wide array of academic research and public health resources was compiled, contributing both qualitative and quantitative secondary data (See Appendix B). The assessment adhered to a timeline that satisfies the requirements of the PPACA, aligning with Straith Behavioral Health's mission to improve community health and deliver high-quality care tailored to meet these needs.

The key interviews and data collection (See Appendix A) were essential in enhancing the understanding of health needs within the local pediatric and adolescent population and identifying areas for improvement. This process included conducting thorough research and utilizing government-approved secondary sources to gather crucial data and statistics on ASD.

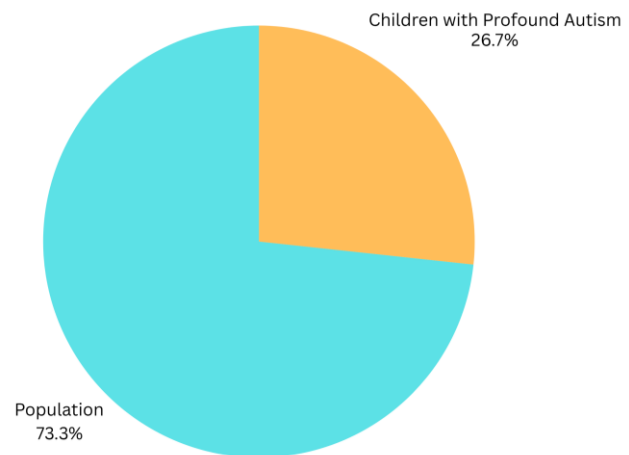
Following the analysis of this research and comparing primary and secondary data against an established set of criteria, the CHNA Committee identified and prioritized the community's most pressing needs. They reviewed health demands and expectations while engaging in weekly meetings and site visits to other institutions, allowing Straith staff to gain invaluable firsthand knowledge. This, coupled with academic research, enabled the committee to form a well-rounded view of the health needs and expectations for Michigan residents with severe behavioral challenges related to autism and developmental disabilities. Based on this prioritization, the CHNA Committee developed a comprehensive implementation strategy to address the evolving needs of the community served by Straith Hospital Behavioral Health.

# Research and Assessment

## Understanding ASD

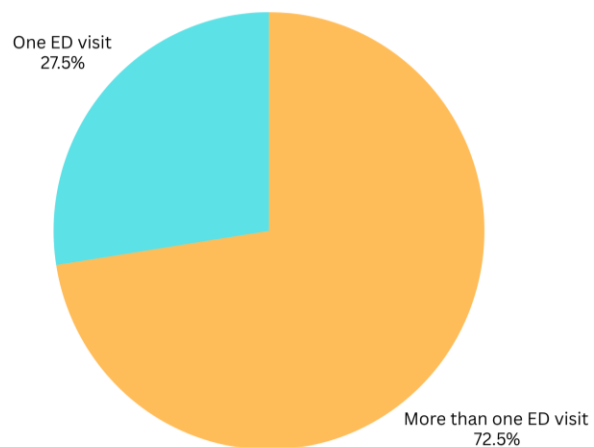
Autism Spectrum Disorder (ASD) is a condition affecting approximately 78 million people worldwide and holds global significance due to its widespread prevalence and profound impact on individuals and families. Around 26.7% of 8-year-olds diagnosed with ASD have profound autism – characterized by minimal or no verbal communication, an intelligence quotient below 50, and a need for continuous care. Others with ASD may also require lifelong support.

Challenging behaviors, including aggression (scratching, biting, hitting, kicking) and self-injury (hair-pulling, head-banging, face-slapping), can vary in severity. Without treatment, self-injury can lead to serious harm such as blindness, fractures, or brain trauma, while aggression may result in institutionalization, social isolation, and service denial. Providing proper care is crucial to improving the quality of life.



## Community Need of Behavioral Health Unit

The Michigan Health & Hospital Association (MHA) reports that individuals with autism spectrum disorder (ASD) or intellectual and development disorder (IDD) who show severe behavior are often admitted to the Emergency Department (ED). These individuals often experience recidivism in short-term stabilization programs, including those in state hospitals, which are not equipped to meet their therapeutic or health needs. Concerns about this disproportionate ED use amongst this population have led to research focused on the identification of predictors including demographic information, presenting problems, and use of other levels of care. In terms of recidivism, a total of 53 individuals (27.5%) had one ED visit, and 140 individuals (72.5%) had more than one ED visit related to challenging behavior.



A study in 2024 found that access to specialized pediatric facilities that provide coordinated, comprehensive, and patient-centered care may help prevent Emergency Department (ED) use among

children and adolescents with autism spectrum disorder (ASD) and/or intellectual developmental disabilities (IDD). The Michigan Health & Hospital Association (MHA) found that the ASD and IDD population often fall through the gaps in the current healthcare system. Treatment for individuals with ASD who engage in severe behavior has limited options for care. A one-size-fits-all treatment approach is not suitable for all individuals engaging in severe behavior. This population cannot be properly cared for in the ED, often has recidivism in short term stabilization programs, and proves complex needs that cannot be addressed in outpatient community settings. In addressing severe autism, access to specialized inpatient care remains extremely limited due to funding constraints, staff shortages, and facility limitations. To bridge this gap, opening a dedicated inpatient behavioral health unit presents a crucial opportunity to provide structured, evidence-based care for individuals with severe autism. By focusing on staff training, specialized facility design, and sustainable funding models, we create a therapeutic environment tailored to the unique needs of this population. This initiative not only ensures better outcomes for individuals and families but also sets a precedent for expanding comprehensive behavioral health services. This need is planned to be alleviated as Straith Hospital's grant provided by the MHA aims to treat this population in a state-of-the-art inpatient behavioral health facility.

## Ideologies

Studies have found improved outcomes for patients in specialized programs of reduced recidivism rates and decreased average length of inpatient stay. To develop a specialized pediatric unit, the Hospital researched approaches to treatment within specialized inpatient and outpatient facilities. The treatment approach of the unit is designed around two theoretical foundations. One, behavioral analysis and the second, Bandura's theories. Incorporating behavioral analysis, treatment plans are designed around individual needs and are monitored and modified based on continuous data collection. Individualized goals support a focus on decreasing severe behaviors, while encouraging proper replacement behaviors. With Albert Bandura, the elected president of American Psychological Association is known for his social learning theory that incorporates behavior, observation, imitation, and cognitive abilities for learning in early childhood. Bandura highlights the importance of how one's environment can shape behavior and learning. Learning occurs because of the dynamic and reciprocal interaction of a person with the environment and shapes the learning process. By integrating a behavior analytic framework alongside Bandura's theories, we can achieve a more comprehensive evaluation of the patient. When treating a child with severe behaviors, it is essential to foster connections between their environment, individual experiences, and cognitive abilities to ensure effective care.

When touring and interviewing other facilities, Hospital staff have learned the specialized pediatric inpatient model is more intensive and offers a highly structured, supportive environment for making considerable progress in behavior modification and skill development. When researching successful specialized pediatric facilities, the Kennedy Krieger Institute in Maryland was founded. They have proven inpatient severe behavioral analysis programs built around the principles of Applied Behavior

Analysis (ABA) and are producing significant outcome data. The institution included outpatient and follow-up programs to ensure community integration. To meet the needs of the community, community integration will play a crucial role within the level of service provided by Straith Behavioral Health.

## Behavioral Health Unit Structure

Referring to the current successful programs identified and interviewed, multiple levels of severe behavior were identified for Straith Behavioral Health's unit: (1) inpatient intensive care; (2) outpatient day program; (3) outpatient focused care; (4) outpatient maintenance and follow-up program.

| Inpatient Intensive Care                | Outpatient Day Program                      | Outpatient Focused Care               | Outpatient & Follow-Up Program        |
|---|---|---------------------------------------|---------------------------------------|
| 24/7 specialized treatment              | Transition or alternative to inpatient care | Moderate ABA with part-time schooling | Provider and family coordination      |
| Intensive ABA                           | 6-hour weekday ABA sessions                 | 3–4-hour weekday ABA sessions         | Training for community transition     |
| Stabilization for community integration | Hospital-based psychiatric support          | Continued hospital-based care         | Gradual skill-building in new setting |
| Individualized interdisciplinary plans  |   |                                       | Ongoing consultation                  |

Inpatient intensive care provides 24-hour support for children whose behaviors prevent participation in school, community, or less intensive services. Admission lasts between 30 to 180 days (about 6 months), during which intensive ABA therapy (6–8 hours daily) is provided alongside health and therapeutic services such as speech therapy, occupational therapy, physical therapy, feeding therapy, school-related services, and psychiatric care.

Outpatient day programs offer a structured alternative for children whose behavior limits their ability to attend school or community activities but does not need inpatient care. These programs provide 6 hours of ABA therapy on weekdays and serve as a transition from inpatient to outpatient care. Participants may also receive additional hospital-based services such as psychiatric consultations and medication management as part of their comprehensive treatment plans.

Outpatient focused care is designed for individuals who can attend school part of the day but still require additional behavioral support. This program provides 3–4 hours of ABA therapy during weekdays and functions as a step-down from the outpatient day program. Participants may also access supplemental hospital services. The transition from outpatient care to follow-up includes coordination with community providers and individualized training for families to support long-term treatment success.

Follow-up services and community integration ensure continuity of care post-treatment. The Hospital coordinates with local providers—including schools, ABA clinics, therapists, and psychiatrists—to ease a smooth transition. Training is tailored to families and community providers to enhance treatment fidelity and support lasting behavioral improvements. In cases requiring placement in new environments, transition plans introduce patients gradually under familiar supervision. The Hospital also establishes provider networks through outreach and collaboration meetings to ensure long-term success beyond its care programs.

Following each level, safety of environment and facility come to play, Straith Behavioral Health's pediatric unit prioritizes safety and therapeutic support for individuals with severe behavioral challenges. Inpatient rooms are designed with impact-resistant walls, pick-proof moldings, and heavy, immovable furniture to prevent escalation risks. Behavioral therapy rooms feature removable padding to protect against self-injurious behaviors while allowing gradual fading to promote skill generalization. One-way observation windows enable staff monitoring, emergency communication, and data collection. The facility's design was informed by expert consultations and site visits to existing inpatient and outpatient centers. Key modifications include strategic storage solutions, shower placements to prevent misuse, adjustable lighting, and optimally positioned surveillance systems for staff accessibility. More safety measures include Plexiglass-covered lights, tamper-resistant electrical outlets, and a two-way communication system for immediate staff support. Every aspect of the environment fosters a balance between protection and therapeutic growth, ensuring patients receive care in a structured yet adaptable setting that supports long-term behavioral success.

## Research Analysis

Based on insights gathered from key informants and facility evaluations, we identified several themes regarding the needs of individuals with severe behavioral challenges:

- Prioritizing safety in treatment environments
- Structured continuum of care for long-term outcomes
- Collaborative provider network
- Family and community engagement

## Secondary Data

Secondary research was gathered and analyzed to gain a better understanding of the population served. To better support Straith Behavioral Health's findings via key interviewees as primary sources, it was important for the CHNA Committee to run our research against current existing data to better determine the accuracy of our research. Secondary data showed full support for our findings.

## Research Limitations

Limitations to our findings include low accessibility to our population of interest. While we found supporting secondary data that suggests it to be a fair representation of the community, it could have been beneficial to conduct a multi-county wide survey specific to autism and behavioral health for a more precise representation of our target audience. The Hospital sought to minimize limitations by engaging with ASD specific organizations who have pre-existing statistics, becoming knowledgeable first handedly, and interviewing key community experts to develop more resources for all our community population.

## Conclusions

The different research components, consisting of collaborating with key community experts in autism and behavioral care, conducting research on the community needs, and research analysis, reveal the following to be key health resource to the community that needs to be addressed and accommodated to in the Straith Hospital service area:

- Behavioral Health Unit for severe behavior in individuals, those diagnosed with autism spectrum disorder (ASD) and/or intellectual development and disabilities (IDD).

# Implementation Strategy

## Summary

In response to the Community Health Needs Assessment, Straith Hospital developed an implementation strategy in order to improve efforts to meet the health needs of our community. After collaborating with experts as primary sources, gathering secondary data, and working as a Committee to prioritize the health needs of the community we serve. Extending our expertise in efforts to transform the lives of children, youth, and adults with developing nervous system disorders through innovative and individual care, research, and advocacy. Straith Hospital will strive to be an ambassador in improving the overall health of the community by initiating the following strategies for the upcoming fiscal year.

In response to a critical statewide shortage of psychiatric beds designated for children with developmental disabilities, the Straith Behavioral Health Unit proposed the development of a new 12-bed child/adolescent psychiatric developmental disability unit. This much-needed unit aims to close a significant care gap for one of the most vulnerable populations by offering focused services for children and adolescents diagnosed with autism and developmental disabilities. Following a thoughtful planning phase, Straith Hospital submitted a formal letter of intent on August 12, 2025. This was followed by a comprehensive Certificate of Need (CON) application in September 2025. The unit will span over 16,000 square feet of carefully renovated space located on the lower level of the facility. To accommodate this expansion, administrative functions will be transitioned to newly constructed areas within the hospital complex, ensuring that all operational needs are met efficiently without compromising existing services. The design of the unit emphasizes privacy, safety, and dignity, with each of the 12 beds housed in private, single-occupancy rooms tailored to meet the distinct sensory and behavioral needs of children and adolescents on the autism spectrum or those with developmental disabilities.

Construction is underway and is projected to be finished by February 2026. Operational launch is scheduled for March 2026, marking the beginning of a new chapter in the delivery of behavioral health services for young individuals with complex care needs. Strong leadership of an Executive Director and Director were onboarded to the Hospital in August 2024, providing ample time to oversee pre-opening activities, staff recruitment, and program implementation.

The total project budget is \$23.9 million, an investment that reflects the Hospital's dedication to quality and long-term impact. This comprehensive budget encompasses the full cost of renovations, the hiring and training of specialized staff, and projected operational expenses through September 30, 2027. Additionally, it includes funding to support the development of a statewide crisis navigator program in collaboration with the Autism Alliance of Michigan, further demonstrating the Hospital's commitment to innovation and cross-sector partnerships in behavioral health care.



Straith Behavioral Health's unit: (1) inpatient intensive care; (2) outpatient day program; (3) outpatient focused care; (4) community integration and follow-up program.

(1) **Inpatient Intensive Care** will provide 24-hour support for children whose severe behavioral challenges prevent participation in school, community settings, or lower levels of care. Admission duration will range from 30 to 180 days (about 6 months). Each child will receive intensive Applied Behavior Analysis (ABA) services for 6 to 8 hours daily, alongside any additional health and therapeutic support identified, as necessary. These may include services such as:

- Speech therapy
- Occupational or recreational therapy
- Physical therapy
- Educational support
- Feeding therapy
- Psychiatric care

(2) **Outpatient Day Program** offers up to six hours of weekday ABA services for children whose challenging behaviors prevent them from participating in school, community settings, or less intensive programs, yet who do not require inpatient intensive care. This program also functions as a transition or step-down from inpatient to outpatient treatment. Participants may access additional hospital-based services outside of their scheduled ABA sessions. Such goals and services are integrated into the individual's comprehensive and personalized care plan.

(3) **Outpatient Focused Care Program** is designed for individuals exhibiting severe behaviors who are still able to attend at least part of the school day. As a less intensive option, it provides 3 to 4 hours of weekday ABA services and serves as a step-down from the more comprehensive outpatient day program. It may also be incorporated into an individual's broader transition plan. Like the outpatient day program, participants can access additional hospital-based services beyond their scheduled ABA sessions, as needed.

(4) **Follow-up & Community Integration** will begin with Straith reaching out to all relevant community providers (e.g., school personnel, ABA therapists, speech and occupational therapists, psychiatrists) to coordinate the continuation of care and ensure a smooth handoff. As part of this process, Straith offers consultation services that include training on the transition plan and follow-up sessions with both the family and designated community providers. These follow-up sessions may involve:

- Monitoring the individual's targeted behaviors.
- Adjusting treatment protocols in response to changes in environment or context.
- Expanding the skills of caregivers and providers to support sustained development.

Training for family and community providers is tailored to individual needs and takes place at least twice weekly, beginning at a minimum of 30 days (about 4 and a half weeks) before the individual's transition. This timing allows community providers to participate in training within Straith's Behavioral Health Unit, while the individual continues daily outpatient services and the caregiver is already engaged in weekly family training. If the individual consistently shows reduced severe behaviors and increased use of alternative behaviors—and if the providers implement the individualized comprehensive plan with strong fidelity—then follow-up appointments gradually become less frequent.

In some cases, transitioning into new schools or community settings (e.g., home, residential facilities, ABA clinics) may be required. These transitions typically involve slowly introducing the individual to new environments supervised by familiar staff. A phased approach might begin with brief daily visits during the first week (e.g., 15–30 minutes) with a known staff member present. In subsequent weeks, both the duration of visits and the individual's independence increase, for instance, week two might include two-hour sessions with staff support, week three half-day sessions, and by week four, full-day attendance with staff available as needed.

## Documentation

Straith Hospital's 2025 Summary Report and Implementation Strategy will be posted on the hospital's website in October 2025, an accessible resource to the community. Additionally, the educational materials provided to the community will also be posted on Straith Hospital's website as a downloadable educational resource for the community.

# Appendix A

## CHNA Committee

| Name              | Title                                   |
|-------------------|---|
| Bradley Bescoe    | Chief Executive Officer                 |
| Lamia Alfatlawi   | Chief Operating Officer                 |
| Karoline Kenville | Executive Director of Behavioral Health |
| Roxanne Gayle     | Director of Behavioral Health           |
| Meghan Quach      | Marketing                               |

## Key Interviewees

| Name  | Title   |
|---|---|
| Colleen M. Allen, Ph.D.                       | President and CEO of the Autism Alliance of Michigan                        |
| Adam Briggs, BCBA-D, LBA                      | Director of Behavioral Analysis Research Lab<br>Eastern Michigan University |
| Rorie Dodge-Pifer                             | Michigan Department of Health and Human Services                            |
| Wayne Fisher, Ph. D, BCBA-D                   | Director of Research Education, and Service<br>Rutgers University           |
| Alexandra Kruger                              | Michigan Department of Health and Human Services                            |
| Lauren LaPine, MPH                            | Michigan Health & Hospital Association                                      |
| Sharon Milberger, ScD                         | Michigan Development Disabilities Institute<br>Wayne State University       |
| Kelsey Ostergren, MPH, CIC                    | Michigan Health & Hospital Association                                      |
| Company Interviews                            |   |
| Autism Alliance of Michigan                   |   |
| Easterseals MORC                              |   |
| Kennedy Krieger Institute                     |   |
| Michigan Developmental Disabilities Institute |   |
| Profound Autism Alliance                      |   |

# Appendix B

## Secondary Data Sources

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