

From the Executive Officer

Hard to believe but we are in the middle of our first full fiscal year (October 1, 2014 to September 30, 2015) as SWMBH. My gratitude to the SWMBH Board (see roster below), CMH CEOs and staff, and SWMBH staff for the efforts getting us to this point. Now that many of the basics of start-up are complete, we turn our attention in full to fulfilling our roles in improving population health, supporting functional improvements for customers, improving beneficiary health status, and reducing the current and - working with our physical health counterparts – reducing current and future cost burdens of preventable and avoidable care.

We now have region-wide an ability to merge behavioral and physical health/ pharmacy claims data to support the goals above by proactively seeking and addressing Gaps IN Care.

The Duals Demonstration (Medicare-Medicaid, known as MI Health Link) went live in our Region March 1 [see related article]. Our Integrated Care Organization Partners Aetna Better Health and Meridian Health Plan have been great partners thus far and we look forward to working closely with them and their Enrollees in that Demonstration.

The magnitude, complexity and pace of change (“transformation”) has never been



Executive Officer Brad Casemore (right) and Senator Debbie Stabenow (left) in D.C.

higher. While we cannot control the federal and state mandates and initiatives, we can be good partners with them as well as with each other in our Region. Here is a sampling of the currently underway federal and state initiatives all are balancing:

- Waiver Expirations
- Waiver Renewals
- Conflict Free Case Management
- Certified Community Behavioral Health Clinics
- Duals
- Healthy Michigan
- MHP Rebid
- SUD Innovation Accelerator Program
- ICD-10

- BH TEDS
- State-wide Common LOC tool
- System Dashboards
- SIM

Again, gratitude to all and please stay constructively engaged.

SWMBH Board Roster

Barry County

Linda Maupin
Robert Nelson (alt)

Berrien County

Randy Hyrns- Chair
Dara Sinnett (alt)

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SWMBH Newsletter

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Printed with funds received
from the Michigan Department
of Community Health.



Did You Know?

That you have the right to be treated with dignity and respect?

That you have the right to ask for a description of your provider compensation arrangements upon request?

If you have a hearing impairment or English is not your first language and you would like an interpreter one will be provided to you at no cost upon your request? Or if you need materials in a format other than English, such as Spanish or Braille; they are available to you upon request from your Customer Service Representative?

If you have special needs/cognitive or physical impairments CMH staff will provide you assistance with filling out or understanding paperwork. Including filing appeals and grievances with the agency?

That you have the right to get help fast and in a respectful way?

That you may use an advocate (people who will help you) whenever you feel you need

one? This may include family members or a community agency.

To choose who will provide you service?

To be free from restraint or seclusion as coercion, discipline, provider convenience or retaliation?

Minors 14 years old and older may request and receive mental health services up to 12 sessions or 4 months of service without parental consent?

To have a second opinion from a qualified health professional, within our provider network, or out of our provider network, at no cost to you?

If you have questions about the information provided here, please contact Sarah Ameter, Southwest Michigan Behavioral Health Customer Services Coordinator at 1.800.890.3712 or your local Community Mental Health Service Provider Customer Service department. Their contact information is provided in this newsletter.

Healthy Michigan Plan Redetermination

If you are currently receiving services through your Healthy Michigan Plan, it may be time to reenroll. Redeterminations are monitored by your local Department of Human Services (DHS). If your redetermination is approaching, your local DHS will send any correspondence for this process.

Grievance & Appeal

What is a “Grievance”?

A grievance can be filed either orally or in writing about anything you are not happy about at the place you are receiving your mental health services. If you are a substance abuse customer please file your grievance by contacting Southwest Michigan Behavioral Health (SWMBH).

We want to know if you are having problems so that we can ensure that you get the best care possible. You can file a grievance with the Customer Service Representative listed in this newsletter at any time. Your Customer Service Representative will make sure the right people are aware of your grievance and make changes and/or fix the problem if they are able to. You will receive a letter acknowledging your grievance. You should receive acknowledgement of the outcome of your grievance within 60 days of filing.

What is a local “Appeal”?

A local Appeal is a process that you can go through at your local CMHSP (Community Mental Health Services Provider) or SWMBH, if there is an action against you.

For example, if you are unhappy that services you were previously receiving were terminated or reduced, or you requested a service and you are told you cannot get it, or your services are suspended. It may also be if you were not told within 14 days from the date that you request a service whether you were going to get that service or not. It may also be that services you agreed upon during your person centered plan had not begun within 14 days from the agreed upon date. You may also file an appeal if you filed a grievance and it has been more than 60 days and you have not gotten an answer about your grievance.

A decision will be made as quickly as possible, but no longer than 45 calendar days from the date you filed it. You may also ask for an “expedited appeal” if taking the time for a standard resolution could seriously jeopardize your health or ability to attain, maintain, or regain maximum function. In this case we will resolve the appeal as quickly as possible but no longer than 3 days from the date you requested the expedited appeal.

What is a “State Fair Hearing Appeal”?

You can file a request for a state fair hearing appeal with the state of Michigan, Administrative Tribunal, if you have Medicaid and your CMHSP or substance abuse provider has taken an action against you.

You can file for both a local appeal and state fair hearing at the same time. You must ask the state for this hearing within 90 days from receiving a “Notice of Action”. Call your local Customer Service Representative if you have questions about this process, or would like help filing a request for a state fair hearing appeal. You may also refer to the Southwest Michigan Behavioral Health Handbook that you were given at the time you started receiving services. If you would like another copy of this handbook, contact your local Customer Service Representative or call SWMBH’s Customer Services Coordinator at 1.800.890.3721.

In filing a grievance, local appeal or state fair hearing your local CMHSP or Southwest Michigan Behavioral Health will provide reasonable assistance including assistance with filling out forms, providing interpreter services and toll free numbers that have adequate TTY/TTD and interpreter capability.



Continued from page 1

Branch County

Tom Schmelzer

Robert Montgomery (alt)

Calhoun County

Richard “Trae” Allman- Secretary

Frank Letters (alt)

Cass County

Robert Wagel

Mary Myers (alt)

Kalamazoo County

Moses Walker

Patricia Guenther (alt)

St. Joseph County

Barbara Parker- Vice Chair

Rob Parker (alt)

Van Buren County

Susan Barnes

Dave Selent (alt)

In The Zone

Substance Abuse Disorder Community Information

Religious Provider referrals for Substance Abuse and your rights.

As a customer of substance abuse services, you have the right, according to Michigan Department of Health and Human Services, to be informed and know your rights when referred to a faith base recovery provider.

No provider of substance abuse services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. If you object to the religious character of this organization, Federal law gives you the right to a referral to another

provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services

provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.



CMH Corner

- Alert: HMP consumers, CMHs and providers please be informed of the importance of consumers getting their Health Risk Assessments done. There are multiple benefits of them doing so.

- Barry County Community Mental Health Authority was awarded in March, a three year CARF accreditation, making it the seventh consecutive three year accreditation with the first awarded in April, 1997.

- Calhoun County is in the planning stages for a Mental Health Court. Summit Pointe Staff have been visiting other counties to see how these courts are set up. Summit Pointe will be a key member in the development of this court in Calhoun County. Staff are looking at October to have it up and running. Staff are very excited for this collaboration with our court system.

- KCMHSAS received the *Ally Award* along with community partners Bronson Healthcare, Borgess Health, and Kalamazoo County Public Housing for efforts on supportive housing for people who are homeless and have serious health issues. The award celebrates the “FUSE” pilot project created by KCMHSAS and partners.

What is an Advance Directive?

An Advance Directive is a legal document that lets you say what medical or psychiatric treatment you want or don't want if you cannot speak for yourself. Anyone who is 18 years or older who is of "sound mind" and does not already have a legal guardian can make an Advance Directive.

Michigan Law recognizes two types of Advance Directives:

1) **Medical Advance Directive** lets you share your wishes for medical care. You can make decisions about what you want and what you do not want for medical treatment. With a medical Advance Directive, you are setting up a Medical Durable Power of Attorney and appoint someone to carry out the treatment you need when you cannot speak for yourself. The kinds of decisions you can make are for hospital care, medication, Do Not Resuscitate Orders or donating organs or tissues.

2) **Psychiatric Advance Directive** lets you appoint another individual to make mental health care decisions for you in the future, should you lose your ability to make decisions for yourself. To put a psychiatric Advance Directive in place, you choose someone to act according to your wishes.

The advantages to a Psychiatric Advance Directive is to help control your decision-making ability even during a relapse. It can shorten the crisis period by getting the services that meet your needs and desires, reflects what has worked in the past, and help caregivers involved follow your instructions. An Advance Directive can help with faster recovery by already having your treatment plan in place for your supports and can protect you from unwanted and ineffective treatment. It can help avoid probate court and involuntary commitment.



You do not have to have an Advance Directive and no one can make you create one. You cannot be denied medical or psychiatric care if you don't have one in place. If you have a guardian in place from the probate court, you cannot enter into an Advance Directive.

If you have a condition or situation in which you lose the ability to communicate or your symptoms are so severe that you cannot give informed consent about treatment options, then your designated Patient Advocate from your Advance Directive can have that decision-making power on your behalf. Your advocate can only make decisions for you when you are unable to participate in medical decisions yourself and understand the positive and negative facts about your treatment options.

To determine that you cannot participate in my medical care decisions, the medical doctor treating you plus one other determines you are unable to provide informed consent for your treatment. For psychiatric care, a doctor and a mental health professional must each determine that you are unable to provide informed

consent for your treatment.

If you decide to make an Advance Directive for your health care needs, you should give copies to the following: your Patient Advocate, Mental Health Professionals (Case Manager/Therapist) and Psychiatrist, Family Doctors (s), Hospitals, Family, Significant other and Friends.

If you have questions about Advance Directives or want copies of the forms you can call your SWMBH Customer Service Hotline at 1-800-890-3712 (toll free) or 711 MRC.

You can also get them online at www.michbar.org/elderlaw.adpamphlet.cfm for Medical Advance Directive or www.Michigan.gov/mdch for Psychiatric Advance directive.

If you have legal questions about Advance Directives, you can call: Michigan Lawyer Referral Source at 1-800-968-0738 or Michigan Protection Advocacy Services at 1-800-288-5923.



SEPTEMBER 18TH, 2015

8:30AM-4:00PM (8:00AM REGISTRATION)

HAZELDEN'S DOUBLE TROUBLE IN RECOVERY

Presented by: Melinda Fox Smith, MA, LADC

Event Goal

To provide an educational training program that will give participants the knowledge, skills, and resources to implement Double Trouble in Recovery (DTR) as an evidence-based peer support group for persons with co-occurring disorders.

Event Objectives

- Convey the benefits of integrated treatment on co-occurring disorders and the critical role of peer support in an individual's recovery continuum of care
- Define co-occurring disorders, the process of diagnosis and the challenges of treating clients with co-occurring disorders
- Apply the four models for treating co-occurring disorders to DTR
- Illustrate how the DTR peer support groups fit into the continuum of care
- Understand the principles and practices of the Twelve Step recovery model in a DTR peer support group
- Create a plan for selecting and training peer leaders to facilitate and lead DTR peer support groups
- Integrate the DTR Guide Book into the support group setting
- Use the Double Trouble in Recovery CD-ROM materials to support DTR group start-up efforts



Target Audience

Peers, recovery coaches, & clinical leads that will be running DTR groups

NO COST

for invited SWMBH affiliated peers, recovery coaches, & clinical leads (No more than three attendees per agency)

Email registration forms to

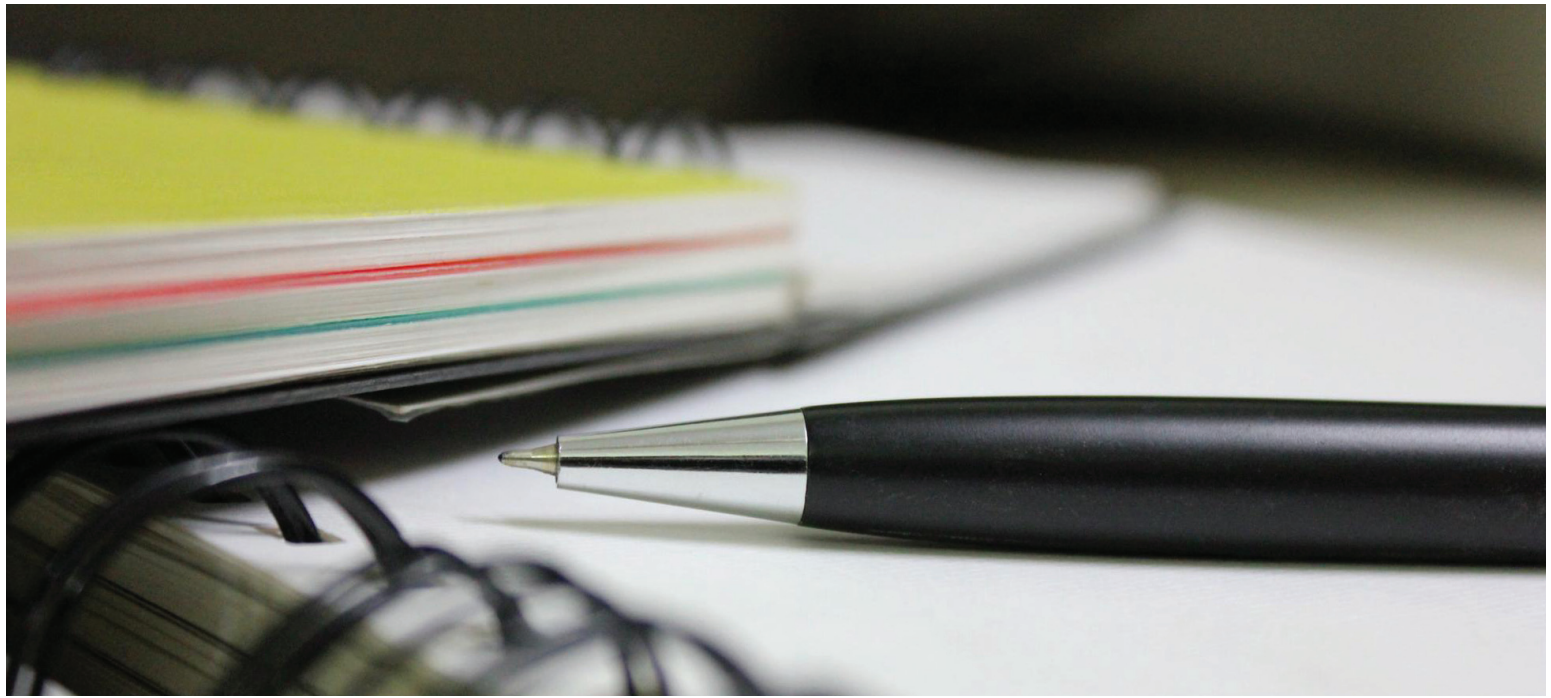
traininginfo@swmbh.org

6 MCBAP Credits Available

Lunch, coffee, and water provided

FETZER CENTER

Western Michigan University 2350 Business Ct, Kalamazoo, MI 49008
<http://www.wmich.edu/fetzer/>
The Fetzer Center parking is lot 72F and is complimentary to guests. It is directly adjacent to the Fetzer Center building. Handicap parking is also available within this same parking lot.



Customer on Committees

Southwest Michigan Behavioral Health (SWMBH) has established various committees and workgroups to assure that participant members, including customers, have input into the PIHP by advising Southwest Michigan Behavioral Health on items which directly or indirectly affect the quality of the behavioral health services and supports provided within the SWMBH affiliation of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren Counties. Southwest Michigan Behavioral Health strives to have meaningful customer participation in our workgroups and committees.

SWMBH strives for:

- Representation of each of the participant Community Mental Health agency's as well as the Substance Use Disorder providers when possible;
- Diverse and cultural representation;
- Each customer will be expected to provide meaningful participation and have one (1) equal vote.

SWMBH will ensure:

- Orientation to committees will be

SWMBH strives for: Representation of each of the participant Community Mental Health agency's as well as the Substance Use Disorder providers when possible

provided to each customer serving on a committee

- Each customer will be provided a mentor from either the CAC, a staff member or PSS on staff on the committee to assist with review of materials and support.
- Each customer/parent participant will be paid a stipend and reimbursement for mileage as applicable.

Each participant must meet criteria for membership:

- Customers must have a primary insurance that is a SWMBH line of business. (i.e. Medicaid, Healthy Michigan, MI Health Link)
- They be a current customer of the CMH/SUD system (or parent/guardian/advocate of a minor/dependent adult in

the system)

The various committees include:

- Customer Advisory Committee
- Customer Service Committee
- Finance Committee
- Information Technology Committee
- Provider Network Committee
- Quality Management Committee
- Utilization Management Committee

If you would be interested in learning more about serving on a SWMBH committee please contact your local Customer Service Department (contact information included in this newsletter) or SWMBH Customer Service Department at 1-800-890-3712.

MDCH develops Medicaid apps

If you're a Medicaid patient and you're someone — like, well, everyone — who loathes spending an eternity on the phone updating your health insurance information, the Michigan Department of Community Health has a gift for you.

Two new digital tools, a smartphone app and an online portal, will allow the more than 2 million Michigan participants in Medicaid, Children's Special Healthcare Service and the MiChild program to access their records and other information online. The app, called myHealthButton, is available for download through the Apple and Google Play stores for iPhone and Android devices.

"We really want to make sure that the (Medicaid) members are able to access their healthcare, to empower them to really manage their own healthcare," said Keelie Honsowitz, the DCH manager leading the department's consumer engagement project.

For example, Honsowitz said, a patient on vacation could use the app to find "a real-time listing to see which providers are currently accepting new patients" in the area. And, rather than calling a hotline, a patient could use the app to delete old insurance information while in line at the pharmacy, saving time and confusion.

Users can also view their medical records, access digital images of their Medicaid ID cards and track healthy behavior such as diet and exercise.

The apps were developed with Client Network Services Inc., a Gaithersburg, Md.-based health tech firm with offices in Delta Township.

The project was federally funded,

Honsowitz said, though the total cost of developing the apps wasn't immediately clear. DCH spokeswoman Jennifer Smith said Friday afternoon she was trying to track down that information.

So far, the apps have gained little traction, but Honsowitz said DCH planned to launch a marketing campaign in February. As of Friday, the app had been downloaded between 500 and 1,000 times through Google, according to figures in the Play store. The number of Apple downloads wasn't available.

In a news release, CNSI Midwest Region Senior Vice President Sharif Hussein called the apps "a cutting-edge solution to encourage health self-management."

Honsowitz said DCH has been working on the apps since 2012, when they were first tested with a small number of users around the state. She said they were inspired by a similar tool used by the U.S. Department of Veterans Affairs.

DCH and CSNI have been partners since 2006, according to the news release. The firm helped create Michigan's Medicaid processing system and other tools to meet federal health technology requirements, including those laid out by the Affordable Care Act.

State spending records available online show the state paid CNSI a total of \$46.8 million in fiscal 2014.

The Michigan Department of Community Health has created the myHealthButton smartphone app allowing Medicaid, Children's Special Healthcare Service and the MiChild participants to access medical records, find providers and more.

Before using the app, users have to create an ID and password through state at <https://milogin.michigan.gov>. The apps can be downloaded in the Apple and Google Play stores online.

For more information, call 800-642-3195 or email mdch-myhealthbutton@michigan.gov.



Congress Passes ABLE Act:

SAMHSA Seeks Comments on Strategic Plan

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released its draft strategic plan for the next three years. “Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018” outlines SAMHSA’s proposed work across six Strategic Initiatives:

1. Prevention of Substance Abuse and Mental Illness
2. Health Care and Health Systems Integration

3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce Development

SAMHSA noted in release accompanying the strategic plan that the efforts identified in the strategic plan will help increase public awareness and improve understanding about mental and substance use disorders; promote emotional health and wellness; increase access to effective treatment; and support recovery.

The Strategic Plan will be used to guide SAMHSA in setting budget and policy priorities, managing financial resources, engaging public and private partners, and tracking and disseminating progress. SAMHSA is seeking public comments on the Strategic Plan, with a deadline of Monday, August 18. To view the free publication go to www.samhsa.gov store and search “Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018”.

Limited English Proficient (LEP)

Title VI of the Civil Rights Act of 1964 -prohibits recipients of federal financial assistance from being discriminated based on race, color, or national origin. It has been interpreted by courts to include discrimination on the basis of English proficiency. Under Title VI, recipients are required to provide LEP individuals with meaningful access to their programs and services. Providing “meaningful access” will generally involve some combination of oral interpretation services and written translation of vital documents. The failure of a recipient of federal financial assistance to provide language assistance to LEP persons in relation to their programs and services may constitute discrimination based on national origin.

What are requirements by federal agencies?

According to the Office of Economic Impact and Diversity (Energy.gov), Executive Order 13166 - “Improving Access to Services for Persons with Limited English Proficiency,” requires federal agencies to:

- Examine the services they provide and

develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency;

- Prepare a plan to improve access to their federally conducted programs and activities by eligible LEP persons;
- Work to ensure that recipients of federal financial assistance provide meaningful access to their LEP applicants and beneficiaries; and
- Provide guidance to recipients of federal financial assistance regarding their obligations to ensure that LEP persons have meaningful access to their programs and services.

Who are covered entities?

According to the U.S. Department of Health and Human Services, office of Civil Rights, “persons who are covered entities include any state or local agency, private institution or organization, or any public or private individual that (1) operates, provides or engages in health, or social service programs and activities, and (2)

receives Federal financial assistance from HHS directly or through another recipient/ covered entity. Examples of covered entities include but are not limited to the following entities, which may receive federal financial assistance: hospitals, nursing homes, home health agencies, managed care organizations, universities and other entities with health or social service research programs; state, county and local health agencies; state Medicaid agencies; state, county and local welfare agencies; federally-funded programs for families, youth and children; Head Start programs; public and private contractors, subcontractors and vendors; physicians; and other providers who receive Federal financial assistance from HHS”.

Due to receiving these federal funds, these agencies must provide interpretation services to persons receiving services at no cost to them. All identified documents must be translated into any language that meets the threshold. The United States Department of Justice has developed a Four Factor Analysis to establish a Safe Harbor threshold of 1,000 speakers, or five percent of the population, whichever is less.

Customer Services Department

The Customer Services department is here to help the members (persons who are receiving services) of Southwest Michigan Behavioral Health (SWMBH). If you have questions about your benefits, how to find a provider that is closer to your home, or you want to file a complaint, you can call us and will work to make sure that you get your questions answered or your problem resolved.

We are also available if you want to file an appeal about a service decision you don't like or help you to work with your provider to make sure that you are getting the services you need. As a member of SWMBH you have many rights to which you are entitled. A full list of these rights can be found in your SWMBH Member Service Handbook, along with what benefits may be available to you. A list of mental health and substance abuse providers who are able to help you, are also included in the handbook. Please contact us if you have questions or complaints. Your Customer Service Representatives are here to help you.

Servicios de Atención al Cliente,

El departamento de Servicios de Atención al Cliente existe para ayudar a los miembros (personas que reciben servicios) de Southwest Michigan Behavioral Health (SWMBH). En el caso de que usted tenga preguntas sobre beneficios y derechos que acompañan los servicios, o como encontrar agencias que presten servicios cerca de donde usted vive, o como presentar una queja, no dude en ponerse en contacto con nosotros. Nosotros trabajaremos con usted y nos esforzaremos para contestar sus preguntas y solucionar problemas que puedan ocurrir.

Usted puede también utilizar nuestros servicios para presentar un recurso o apelación en contra de decisión sobre su servicio con la cual usted no esté de acuerdo, o para trabajar con la agencia que le esté prestando servicios con el fin de asegurar que usted esté recibiendo los

<p>Barry County Community Mental Health Authority Mental Health and Substance Abuse Services Deb Brice, Customer Services Representative 915 W. Green Street, Suite 201 Hastings, MI 49058 Agency Phone: (269) 948-8041 TTY: (800) 649-3777 or 711 (MRC) Fax: (269) 948-9319 Email: debrice@bccmha.org Customer Service Hours M - F 8:00 a.m. - 4:30 p.m.</p>	<p>Berrien Mental Health Authority Melissa Ludwig, Customer Service Representative 1485 M-139 P.O. Box 547 Benton Harbor, MI 49023 Customer Service Toll-Free: (866) 729-8716 Agency Phone: (269) 925-0585 or (800) 336-0341 TTY: (800) 649-3777 or 711 (MRC) Fax: (269) 927-1326 Email: mjl@riverwoodcenter.org Customer Service Hours M - F 8:30 a.m. - 5:00 p.m.</p>
<p>Pines Behavioral Health (Branch County) Shirley Nystrom, Customer Service Representative 200 Orleans Boulevard Coldwater, MI 49036 Customer Service Toll-Free: (866) 877-4636 Agency Phone: (517) 279-8404 TTY: (800) 649-3777 or 711 (MRC) Fax: (517) 279-8172 Email: mail@pinesbhs.org Customer Service Hours Monday, Wednesday - Friday 8:00 a.m. - 5:00 p.m. Tuesday 8:00 a.m. - 7:00 p.m.</p>	<p>Summit Pointe (Calhoun County CMH) Jamie Schook and Amy Davis, Customer Service Representative 140 W. Michigan Avenue Battle Creek, MI 49017 Customer Service Toll-Free: (877) 275-5887 Agency Phone: 269-966-1460 TTY: (800)649-3777 or 711 (MRC) Fax: (269) 966-2844 Email: mlp@summitpointe.org Customer Service Hours M - F 8:00 a.m. - 5:00 p.m.</p>
<p>Woodlands BHN (Cass County CMH) Mary Munson, Customer Service Representative 960 M-60 East Cassopolis, MI 49031 Customer Service Toll-Free: (800) 323-0335 Agency Phone: 269-445-2451 TTY: (800)649-3777 or 711 (MRC) Fax: (269) 445-3216 Email: marym@woodlandsbhn.org Customer Service Hours M - F 8:30 a.m. - 5:00 p.m.</p>	<p>Kalamazoo Community Mental Health/SA Services Teresa Lewis, Customer Services Manager 418 W. Kalamazoo Avenue Kalamazoo, MI 49007 Customer Service Toll-Free: (877) 553-7160 Agency Phone: (269) 373-6000 or (888)373-6200 TTY: (800) 649-3777 or 711 (MRC) Fax: (269) 364-6992 Email: tlewis@kazoozcmh.org Customer Service Hours M - F 8:00 a.m. - 5:00 p.m.</p>
<p>Community Mental Health & Substance Abuse Services of St. Joseph County Michelle Heffner, Customer Services Coordinator 677 East Main Street, Suite A Centreville, MI 49032 Customer Services Toll-Free: (855) 203-1730 Agency Phone: (269) 467-1000 TTY: (800) 649-3777 or 711 (MRC) Fax: (269) 467-3072 Email: klinn@stjoecmh.org Customer Service Hours M - F 8:00 a.m. - 5:00 p.m.</p>	<p>Van Buren Community Mental Health Authority Lisa Whelan, Customer Service Representative 801 Hazen Street, Suite C P.O. Box 249 Paw Paw, MI 49079 Agency Phone: (269) 657-5574 711 MRC Fax: (269) 657-3474 Email: lwhelan@vbcmh.com Customer Service Hours M - F 8:00 a.m. - 5:00 p.m.</p>

servicios que necesita. Como miembro de SWMBH usted tiene derechos que le están garantizados. Usted puede encontrar una lista completa de tales derechos en su copia del Manual de Servicios para el Cliente de SWMBH (Member Service Handbook), así como una lista de otros beneficios a los cuales usted pueda acceder. Una lista de prestadores

de servicios para la salud mental and para problemas del abuso de drogas está incluida en el Manual de Servicios para el Cliente. Por favor póngase en contacto con nosotros en caso de preguntas o quejas. El personal de Servicios de Atención al Cliente existe con el propósito de servirle.

MACMHB May Op-Ed Misuse of Psychiatric Terms

In Mental Illness, Offensive Language Prevents Progress

By Mike Vizena

Psychiatric terms are misused so frequently in the American vernacular, we often don't even notice.

"What a psycho," "she is always having mood swings – she's bipolar," "I'm so OCD about staying organized." For many people with mental illness, the casual use of terms like these is hurtful – and a hindrance to mental health progress.

Imagine that your child has been diagnosed with Attention Deficit Disorder. Their difficulty with inattention, impulsivity and hyperactivity affect their ability to learn and get along with others. When a co-worker, anecdotally, mentions that he clearly has ADD because he can't focus in a meeting, it would be extremely frustrating to know that a serious diagnosis is taken so lightly.

The first step in using language that is not offensive to others is simply recognizing when it's used. Catch yourself before using a term and think about how it might feel to have a mental illness and witness that term used inappropriately.

Person-first language is a straightforward, but important, concept to master in order to avoid offending others. It is important that all people be recognized first as a person, not by their disability, as disabilities do not define who a person is. Instead of saying "An autistic person named Edward," the better way to phrase it is "Edward, a person with autism."

In addition to the hurt that is inflicted when psychiatric terms are misused, this language builds upon the stigma that prevents many people with mental illness

from seeking treatment. People are often able to live fulfilling and successful lives with mental illness, but treatment is an essential step in that process. A significant roadblock in the treatment process is the fear associated with others' perceptions of mental illness.

By shedding a positive light on the tremendous opportunities for those with mental illness, we can break down the barriers to progress that exist. Start ridding your vernacular of offensive language, and encourage others to do the same. You might just make a difference in the life of someone you know.

Mike Vizena is executive director of the Michigan Association of Community Mental Health Boards.



Sarah Ameter,
Customer Service Specialist
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Portage, MI 49002

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711 MRC

Fax:
(269) 883-6670

Email: Sarah.ameter@swmbh.org

www.swmbh.org

Customer Service Hours
M – F 8:00 a.m. – 5:00 p.m.



Customer Service Offices

Customer Services is a department made up of staff that are available to answer your questions, talk about your concerns, and make sure that you are receiving the services and supports that you need.

Local Community Mental Health Customer Service offices are available to you to address all grievances, appeals and other issues you may have with your local Community Mental Health or service provider. We have included a list of Customer Service representatives as well as their contact information and hours of operation. Please contact them if you have any questions or issues.

For Substance Use Disorder customers the Customer Service Department is centrally located within Southwest Michigan Behavioral Health. If you wish to file a grievance, appeal or have issues with the services/supports provided to you, please feel free to contact the Customer Services Department at Southwest Michigan Behavioral Health at the information provided below. You may also wish to talk with your substance use disorder service provider to address any issues you may encounter.

Our goal is to ensure your service needs are met through dignity, respect and medically necessary services.

Upcoming Events

Kalamazoo Wellness and Recovery Fair

September 17, 2015, 11 am – 4 pm Bronson Park, Downtown Kalamazoo

Purpose of event is to celebrate and raise awareness that recovery is possible; to diminish stigma and negative perceptions and educate the public and organizations about services in our community. For more questions, sponsorship, host a booth or display a craft/talent (for peers in recovery), please contact Recovery Institute at 269-343-6725

“Unifying Systems: Becoming One Voice”

16th Annual Substance Use & Co-Occurring Disorder Conference

September 21 & 22, 2015 at the DeVos Place, Grand Rapids, MI

Opening Keynote: Dr. David Mee-Lee

This event is sponsored by the Michigan Department of Health and Human Services, Behavioral Health & Developmental Disabilities Administration, Office of Recovery Oriented Systems of Care, and facilitated by The Michigan Association of Community Mental Health Boards (MACMHB). If you have questions, please contact Annette Pepper at apepper@macmhb.org or call 517-374-6848.

Capitol Hill Day: Washington, D.C.

October 5-6, 2015

Sponsored by Michigan Association of Community Mental Health Boards 426 S. Walnut, Lansing MI 48933

For more information, check online at www.macmhb.org or contact by phone: (517) 374-6848