

Kalamazoo Wellness and Recovery Fair 2015

By Jennifer Leigh

In honor of National Recovery Month, the Kalamazoo Peer Collaborative organized their first annual Kalamazoo Wellness and Recovery Fair that took place in Bronson Park on September 17, 2015. The goal of this event was to celebrate and raise awareness that recovery is possible; diminish stigma and other negative perceptions and educate the public and organizations about services in our community. The organizing committee,

the Peer Collaborative, is a committee of people in recovery (peers) who are advocates for empowering people to succeed in recovery from substance use and mental health concerns. The event was sponsored by Southwest Michigan Behavioral Health, Recovery Oriented Systems of Care (ROSC), Kalamazoo Community Mental Health and Substance Abuse Services and Recovery Institute of Southwest Michigan,

the community, people in recovery and organizations to interact with each other and learn about services to promote recovery. In addition to service providers, people/peers in recovery had booth spaces to share, promote and sell their own arts and crafts. Overall, the event was well attended and a huge success.



Upcoming Events

Trauma Informed System of Care

SWMBH and regional partners are working to train and assist everyone system wide to understand how trauma effects each of us and how we help to work toward healthy “self-care” and learning to manage symptoms created by traumatic experiences. Look for more information from your local CMH or health care provider.

My Strength

My Strength is coming to your provider and Southwest Michigan Behavioral Health in November! My Strength is an individual program – nicknamed a Health Club for your Mind that can be accessed on the computer and mobile devices. It can provide up to date information on health and tips to manage your health and wellness all based on what you need to do to take care of you! The program will be available through your mental health provider. More information and news to come on the My Strength App – in the next newsletter!

SWMBH Newsletter

Table of Contents

Kalamazoo Wellness and Recovery Fair 2015 1

Upcoming Events 1

Did You Know 2

2 Healthy Michigan Plan Redetermination 2

Grievance & Appeal 3

3 In The Zone & CMH Corner 4

4 Preventing Overdoses with Naloxone Distribution 5

With school in full swing, parents need to watch for signs of bullying behavior 6

Customer on Committees 7

Population Health News 8

Customer Services Department 10

10 Mike Vizona Crisis Intervention Training 11

Mailing addresses for the purpose of your Explanation of Benefits 11

Printed with funds received



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 Michigan Department of Health and Human Services (MDHHS). If your redetermination is approaching, your local MDHHS 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.

In The Zone - Substance Abuse Disorder Community Information

USING SUD PREVENTION IN THE CARE OF PERSONS WITH SUD

By Achilles Malta

This past year, the Substance Use Disorder (SUD) Services Unit piloted a partnership effort that showed a novel, creative, interesting and promising way to use SUD Prevention as a component of services in a Recovery Oriented Systems of Care (ROSC).

In Kalamazoo, this effort consisted of developing a strategic partnership between Prevention services (represented by Prevention Works Inc., one of our providers) and the Family Health Center (FHC) Clinic located at 117 West Paterson, in Kalamazoo.

Building on previous partnership efforts, the Family Health Center agreed to conduct a quick SUD check of adult patients who presented at the clinic for regular healthcare consultations. These quick checks allowed FHC staff to identify persons who might have used a substance recently and who may be in the beginning stages of substance use (alcohol, illegal drugs). Upon review of the results of this quick check (which consisted of only a couple of short questions administered to the patient at the time of registration for services), the clinic's social worker then offered them a chance to participate in an education series designed to help people learn more about the consequences of drug use. Many of the patients elected to

take up the offer by FHC and embarked on a journey to "explore the world of addiction" in an upbeat, interactive class-room like setting with a certified Prevention Specialist from Prevention Works Inc.

The educational series about addiction used a SUD Prevention Curriculum designed to help persons who are beginning to experiment with substances, persons who use moderately, or persons who are beginning to walk the road toward addiction. These classes are design to help a person understand how the substances affect the brain, how to critically view and change risk behaviors that they are beginning to develop, what steps to take next. The initial module of this curriculum consists of three sessions of classroom participation for a combined 4.5 hours of a very interactive and informative sessions intended to help participants re-think their habits, and develop strategies to reverse undesired behaviors.

Upon completion of these classes, each attendee was able to participate in an individualized 15-minute interview with Prevention Worker. This interview consists of a number of questions using a tool specially developed for SUD Prevention services. Using this tool, Prevention Worker was able to evaluate and score the substance involvement (SI) level of each participant and determine what to do next. Those scoring in the moderate risk range were referred back

to the FHC with the recommendation of completing additional prevention classes designed to further strengthen their commitment to curb risk behaviors.

Those scoring in the high risk category (or in the upper range of the moderate risk level) were referred back to FHC with the recommendation of a full SUD screening to consider the appropriateness of SUD treatment services.

The benefit of having a Prevention program in this type of partnership is that a person does not need to have a SUD diagnosis in order to be served. Also, the presence of a prevention worker can help lessen any resistance that a patient may have to accept help from a SUD professional: The non-threatening nature of the intervention and a more relaxed environment of a "drug education class" is intended to help a person develop a better understanding of the consequences of use, consider carefully the impact of substance use on the brain, and increase readiness to incorporate change strategies to his/her own life.

This new program model is another tool to provide care to persons using an integrated approach to services of persons who have substance use disorders. SWMBH intends to expand this service model, and the community partnership efforts it entails.

CMH Corner

• Kalamazoo Community Mental Health and Substance Abuse Services received a \$5 million bonding plan to fund a new building that is planning to open by the end

a new state of the art psychiatric clinic, pharmacy, access, referrals and adult emergency mental health services. The new facility will be located along Crosstown Parkway and

of Kalamazoo Valley Community Colleges new health campus in partnership with Bronson

Preventing Overdoses with Naloxone Distribution

By Mindie Smith

An unfortunate fact is that Opioid Abuse has reached epidemic proportions in our country. Michigan is no exception to this. The Governor has convened a Michigan Prescription Drug and Opioid Abuse Task Force as part of a call for a comprehensive plan to address the growing misuse of prescriptions. SWMBH has long been part of the solution through our funding for prevention campaigns, specifically those targeted at responsible Opioid prescribing, physician and youth education and Medication take back events designed to limit access. We have also provided for treatment for those already impacted by a dependence on these substances when they no longer need them for medical reasons, who have been taking them for a non-medical reason or those who have moved on to using Heroin, the only opioid that is not initially a prescription.

Unfortunately these steps are not enough as there continues to be a rise in overdoses and overdose deaths. The Michigan legislature took several steps last year to further assist in overdose prevention. One was to require EMT's to carry Naloxone Hydrochloride, known as Narcan, in the event they come upon an overdose. The passage of Public Acts 311-314 in October of 14' allowed Narcan to be distributed more widely by agencies to friends and family, rather than just individuals. In February of 15' they continue their support of overdose prevention and passed PA 462 which allows law enforcement to carry and administer Narcan. All of these bills removed potential criminal and civil liability for administration, making more widespread use of Narcan, and thus the more widespread prevention of overdose possible.

As listed in the CDC MMWR on June 18th 2015, "As of June 2014, 30 U.S. states and the District of Columbia had at least one organization providing training and naloxone kits to laypersons. From 1996 through June 2014, these organizations provided naloxone kits to 152,283 laypersons and received reports of 26,463 overdose reversals. Most laypersons who reported using naloxone to reverse an overdose were persons who use drugs".

While it is still always best to have trained medical personnel provide intervention, putting Narcan into the hands of law enforcement and citizens who themselves may have an Opioid Use Disorder or their friends and family, will result in lives saved. SWMBH has purchased Narcan doses that will be distributed through Families against Narcotics through the 8-county region to those with at risk for overdose and their

families after a medical screen has been completed.

Narcan kits and training are being offered free of charge to all Law Enforcement in the 8-county region. Red Project out of Kent County has been assisting SWMBH in coordinating this large undertaking. They are managing a Narcan giveaway program that has resulted in over 258 overdose reversals reported. The Berrien County Sheriff's Department was the first Law Enforcement Agency in the Southwest Michigan region to agree to carry this. His concern for the citizens of Berrien County was evident and he is an excellent partner in our fight against Opioid abuse. We look forward to joining with Law Enforcement and the community to address the problem of substance use in our communities and help people find recovery.



With school in full swing, parents need to watch for signs of bullying behavior

By Robert Sheehan

As the excitement of back-to-school now slips into the day-to-day reality of scheduling, homework and afterschool activities, it's an important time to have a conversation with children about bullying, both to protect children from getting bullied, and prevent the bullying of others as well. October is National Bullying Prevention Month, and there are plenty of opportunities to engage children in the conversation.

According to the Journal of the American Medical Association, one-third of this country's students will experience bullying during school -- as either a target or a perpetrator.

The problem is that most children who are bullied are not likely to tell an adult, simply because they don't believe adults can help. The American Academy of Child and Adolescent Psychiatry found that children and teens also don't tell adults they are being bullied because they feel embarrassed or frightened.

Kids may fear being seen as weak or as a tattler and may want to try to handle it on their own. And children who are bullies aren't likely to share either.

Gender is irrelevant when it comes to bullying. Boys tend to be bullied or bully more physically, while girls tend to bully or be bullied in more emotional ways.

The authors of a study published in April 2015 in the journal *Lancet Psychiatry* noted that "being bullied has similar and in some cases worse long-term adverse effects on young adults' mental health than being maltreated."

Since the ubiquitous parental question "how was your day" is unlikely to elicit any truth about bullying, the American Academy of Child and Adolescent Psychiatry (AACAP) offers the following warning signs that a child is being bullied, but be aware that not all children being bullied exhibit these signs:

- Missing personal items
- Physical complaints in an effort to stay home from school

- Changes in eating and sleeping habits
- Drop in grades
- Unhappiness regarding school or trouble in school over behavior

Mental Health America offers insight as to children most likely considered targets of bullying, including:

- Those seen as different from their peers, depressed, less popular, or unable to get along with peers are more likely to become victims of bullying.
- High school females (according to a report, high school females are twice as likely as male students to report being cyberbullied and more likely to report being bullied on school property).
- Lesbian, gay, bisexual, transgender and queer youth are at special risk of being bullied (up to 85 percent report being verbally harassed and 40 percent report being physically assaulted).

Because there is an increased risk of suicide associated with bullying, both for those who bully and those bullied, it is important to talk to children about bullying and the importance of intervention. You can start by asking "how was your day" but listen beyond the answer and be watchful for signs of bullying.

Learn more about bullying and what you can do about it at www.stopbullying.gov

and visit the Michigan Association of Community Mental Health Boards website at www.macmh.org to learn what help is available in your community.

Robert Sheehan is Chief Executive Officer of the Michigan Association of Community Mental Health Boards.





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.

Population Health NEWS

Making a Case for Population Health

A Selected Case Study in Population Health Management...

Southwest Michigan's Experience: Demonstrating Success in Dual Eligible Program

by Bradley P. Casemore, MHA, LMSW, FACHE

Program Objectives: The objectives are aligned with the Accountable Care Act's Coordinated care goals that include the following:

- Providing full access to benefits under both Medicare and Medicaid.
- Simplifying the process for beneficiaries to access entitled benefits.
- Improving quality of healthcare and long-term services.
- Increasing beneficiaries' understanding of and satisfaction with program coverage.
- Eliminating regulatory conflicts between Medicare and Medicaid rules.
- Improving care continuity and ensuring safe and effective care transitions.
- Eliminating cost shifting between Medicare and Medicaid programs.
- Improving the quality of providers and suppliers.

Besides these federal statutory goals, demonstration-specific objectives include:

- Provide seamless access to supports and services.
- Create a person-centered model to coordinate supports and services that communicate with and link back to all domains of the delivery system.
- Eliminate barriers to and encourage the use of home and community-based services.
- Provide quality services that also focus on enrollee satisfaction.
- Streamline administrative processes for enrollees and providers.
- Demonstrate cost effectiveness for state and federal governments.

Program Description: The Center for Medicare and Medicaid Services (CMS) selected 13 states—Michigan among them—as demonstration participants to test two new models—a capitated model and a managed fee-for-service model—to improve the care experience for dual-eligible beneficiaries (Medicare-Medicaid). Called the Financial Alignment Initiative for Medicare-Medicaid Enrollees, the demonstration seeks to increase access to quality, seamless programs to better coordinate care for dual eligibles.¹

Michigan is unusual with its long-standing 1915(b) and 1915(c) waivers, which grant states the ability to provide traditional and non-traditional, long-term benefits using a managed care delivery system—and a capitated Medicaid carve-out of behavioral health via Prepaid Inpatient Health Plans (PIHP) for persons with severe mental illness, severe emotional disturbance, substance use disorders and intellectual/developmental disabilities.

Michigan's demonstration project, known as MI Health Link, focuses on Region 4 Southwest Michigan using two integrated care organizations (ICOs)—Aetna Better Health and Meridian Health Plan—and a PIHP, the Southwest Michigan Behavioral Health (SWMBH) that provides medical services to enrollees under contract with the state agency on the basis of prepaid capitation payments.

ICOs contracted with the PIHP for management of the Medicare behavioral health benefit, coordinating with SWMBH's management of Medicaid behavioral health benefits.

In short, dual eligibles opting into MI Health Link receive all Medicaid and Medicare benefits administered through an ICO.

Region 4 comprises the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren. A combination of urban, suburban and rural communities, total population is estimated at 838,840 with approximately 150,000 Medicaid eligible. There are 18,623 demonstration-appropriate dual eligibles in Region 4.

Making a Case for Population Health ... continued from page 1

Eligible beneficiaries received introductory MI Health Link opt-in letters beginning Jan. 30, 2015. Active enrollee services began March 1, 2015; 119 persons enrolled during that period. As of August 2015, 9,163 persons were enrolled (49%), while 5,995 eligible beneficiaries opted out (36%). The remainder disenrolled or was excluded for various reasons.

One key to a successful demonstration is the interface between ICOs and the PIHP coordinating Medicare and Medicaid behavioral health and medical-surgical services. The ICOs and PIHP have contact with beneficiaries and thus, can reinforce and favorably impact whole health and functional health status across physical and behavioral areas.

The ICOs have 45 days from enrollment to complete a Level I Health Risk Assessment evaluating enrollees' health, welfare and functional needs and risks. Upon a behavioral health trigger in the Level I Assessment, enrollees are referred to the PIHP, which has 15 days to complete a Level II behavioral health assessment consisting of the LOCUS® (Level of Care Utilization System) for individuals with mental health issues, the American Society of Addiction Medicine (ASAM) placement criteria for substance use disorders and the Supports Intensity Scale (SIS) for individuals with intellectual and developmental disability.

Thus far, 40.2% of enrollees have a behavioral health diagnosis. As of August 2015, 4,309 MI Health Link enrollees have had a Level I Health Risk Assessment. Of those, 1,216 (28%) have been referred for a Level II assessment; 594 (49%) received that assessment. An integrated care team consisting of a multi-disciplinary group of health and behavioral health professionals, enrollees and their chosen allies, or legal representative, work together to coordinate services and benefits as needed, using a person-centered approach. Team meetings can be live, telephonic or web-based.

Healthcare information exchange between ICOs and PIHP consists of direct electronic communication through manual entry via portal access or a system-generated file exchange. Future health information exchange enhancements for MI Health Link in Region 4 include utilizing a state health information exchange.

Evaluation Process: Early efforts have focused on system readiness and beneficiary rights and protections. ICOs have a first year 1% quality withhold with specific key performance indicators. Quality withholds increase to 2% and 3% in subsequent years.

CMS contracted with RTI International to monitor the implementation of all state demonstrations under this Initiative and to evaluate its impact on beneficiary experience, quality, utilization and cost; monitor unintended consequences and monitor and evaluate the impact on a range of outcomes for the eligible population as a whole and for subpopulations. It includes aggregate and state-specific evaluations. Key issues assessed by the evaluation will include (but are not limited to):

- Enrollee health status and outcomes.
- Quality of care provided across care settings.
- Enrollee access to and utilization of care across settings, including use of home, community-based and institutional long-term services and supports.
- Enrollee satisfaction and experience.
- Administrative and systems changes and efficiencies.
- Overall costs or savings for Medicare and Medicaid.

Over the next three years RTI International will collect qualitative and quantitative data each quarter; analyze Medicare and Medicaid enrollment and claims data; conduct site visits, beneficiary focus groups and key informant interviews; and incorporate relevant findings from any beneficiary surveys conducted by other entities. Baseline year activities including visits and phone calls have begun.

Results: Given the nascent nature of the demonstration, results are largely limited to administrative successes, process metrics and anecdotal beneficiary case status. By way of case example, an ICO team led a case involving an enrollee who was taking numerous medications for behavioral health and diabetes and was on the PIHP Medicaid Habilitation Supports Waiver, a community-based active treatment model designed to maintain individuals with severe developmental disabilities in the community. The team planned and secured treatment needs with the enrollee's guardian and responded to healthcare, medication, dental and behavioral questions. The team also assured the guardian that the rehabilitation supports waiver would not be in jeopardy by participating in the project. Functional and health status and satisfaction reports are promising.

Lessons Learned:

- Constant administrative and clinical communications channels and contacts among and between MDHHS, ICOs and PIHPs are essential.
- Healthcare information exchange is critical. Exchange of behavioral health information has nuances and limitations.
- Beneficiary and provider education and engagement is a key factor for success.
- Training needs for providers were and are substantial, including contracting, claims and authorizations.
- Physician and allied health clinical leadership is a must.
- Communication and cross-training between ICOs and PIHPs is important.
- Dual eligible beneficiaries are often difficult to find and contact and often have social, physical and/or behavioral conditions that do not lend well to a series of changes without adequate supports.
- IT requires long leadtimes with full attention to design before being built.

¹ "Financial Alignment Initiative for Medicare-Medicaid Enrollees." CMS.gov.

Bradley P. Casemore, MHA, LMSW, FACHE, is CEO of Southwest Michigan Behavioral Health. He can be reached at brad.casemore@swmbh.org

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

<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: 711 (MRC) Fax: (269) 948-9319 Email: debbrice@bcsmha.org</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: 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: 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) Customer Service Representative 140 W. Michigan Avenue Battle Creek, MI 49017 Customer Service Toll-Free: (877) 275-5887 Agency Phone: 269-966-1460 TTY: 711 (MRC) Fax: (269) 966-2844 Customer Service Hours</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: 711 (MRC) Fax: (269) 445-3216 Email: marym@woodlandsbhn.org Customer Service Hours M - F 8:00 a.m. - 5:00 p.m.</p>	<p>Kalamazoo Community Mental Health/SA Services Teresa Lewis, Customer Services Manager 2030 Portage St. Kalamazoo, MI 49001 Customer Service Toll-Free: (877) 553-7160 Agency Phone: (269) 373-6000 or (888) 373-6200 TTY: 711 (MRC) Fax: (269) 364-6992 Email: tlewis@kazooemh.org Customer Service Hours</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: 711 (MRC) Fax: (269) 467-3072 Email: mheffner@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 TTY: 711 MRC Fax: (269) 657-3474 Email:</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.

Crisis Intervention Training helps those with Mental Illness stay out of Criminal Justice System

By Mike Vizena

Crisis Intervention Teams that work to keep mental health consumers out of jail while protecting police officers and the people they serve is being embraced in Michigan. The teams (CIT) pair local mental health service providers with law enforcement in order to develop specialized police responses for mental health emergencies.

Instead of entering into a crisis situation unprepared, CIT programs give police officers the tools to best approach and de-escalate a scenario. They also prepare officers to connect the person in crisis with the appropriate treatment provider.

The need is substantial – the National Alliance on Mental Illness reports that two million people with mental illness go to jail every year, and almost 15 percent of men and 30 percent of women in jail have a serious mental health condition. Rather than spend time in jail with a lack of services, many of these individuals can be de-escalated in a crisis situation and

redirected to receive the care they need.

In 2008, the Kalamazoo Department of Public Safety began partnering with the Kalamazoo Community Mental Health and Substance Abuse Services Board to participate in CIT. They've trained 158 professionals in the program since. The program appeals to more than just the Kalamazoo police – area prosecutors, parole officers, district court judges and others have also gone through the training.

CIT trainees go through 40 hours of experiential and didactic, or educational, training – not only getting a better textbook understanding of mental health issues and their signs and symptoms, but also taking part in realistic scenarios ranging from autism to suicide and bipolar disorder where they learn how to de-escalate an emergency situation.

This base-level understanding helps inform the way that law enforcement officers approach, talk to, and ultimately, calm

individuals in a mental health emergency. It also arms them with the resources necessary to make sure that the consumer receives needed care.

In communities that have undergone CIT training, studies show a distinct reduction in the number of injuries to officers, the general public and individuals with mental illness. Additionally, the streamlined process for care created through the CIT process means that officers can get back on duty quickly, often putting the officer back on patrol within just 15 minutes.

CIT training and implementation is just one of many tactics used to divert mental health consumers from the criminal justice system and marks the tremendous progress that can be made when law enforcement and mental health experts work hand in hand.

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

Mailing addresses for the purpose of your Explanation of

Once a year, Southwest Michigan Behavioral Health will send an explanation of benefits to about 5% of our population served. When this is done, we are doing it on behalf of your Medicaid benefits and will use the address you provided for Medicaid. ***In other words, the address you provided to Department of Health and Human Services will be used to send these to***

have given to your provider or SWMBH, the **DHHS address is the one that will be used.** Please ensure this is an address regulations you are okay with receiving this information as information at.

According to the PHIP/Department of with Community Health contract section is 6.3.3 Information requirements - may,

“The Contractor is required to provide

of the consumers receiving services. The EOB distribution must comply with all State and Federal type of regarding release of directed by DCH. DCH will monitor EOB distribution annually. A model Explanation of Benefits consistent Technical Requirement P6.3.3.B.2.g

attached to this contract. A PIHP

but is not required to utilize the model template.”



5250 Lovers Lane, Ste.
200
Portage, MI 49002

PRSRT
STD
US
Postage
PAID
Grand Rapids,
MI Permit No
232

**Customer Service
Specialist 5250 Lovers
Lane, Suite 200
Portage, MI 49002**

**Customer Service Toll-
Free: (800) 890-3712**

**Agency Phone:
(800) 676-0423
711 MRC**

**Fax:
(269) 883-6670**

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.