April, 2018, Volume 10

THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) AWARDS FULL MANAGED BEHAVIORAL HEALTH ORGANIZATION (MBHO) ACCREDITATION STATUS TO SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

Southwest Michigan Behavioral Health (SWMBH) has earned full Managed Behavioral Health Organization (MBHO) Accreditation for their MI Health Link Business Line from the National Committee for Quality Assurance (NCQA), an independent, non-profit organization dedicated to assessing and reporting on the quality of managed care plans, managed behavioral health care organizations (MBHOs), preferred provider organizations, new health plans, physician organizations, credentials verification organizations, disease management programs, and other health related programs.

"We are proud to receive MBHO full accreditation from NCQA," said Bradley Casemore, SWMBH's CEO. "We strive to provide the best quality care, programs and service to members, helping them to thrive in the community," Casemore states. "As the first, and only Prepaid Inpatient Health Plan (PIHP) in Michigan to achieve NCQA MBHO accreditation; this affirms our dedication to innovation, growth, and continuous improvement across all areas of our organization and Region."

NCQA Accreditation is a nationally recognized evaluation that purchasers, regulators and consumers can use to assess managed behavioral health organizations (MBHO). NCQA evaluates how well an organization manages all parts of its delivery system, including behavioral health professionals, other providers and administrative services. NCQA also measures continuous quality improvement in health care for its members. NCQA MBHO Accreditation standards are intended to provide guidance for organizations to achieve the highest level of performance possible, reduce patient risk, improve outcomes, and create an environment of continuous improvement.

NCQA reviews include rigorous on-site and off-site evaluations conducted by a team of physicians and managed care experts. A national oversight committee of physicians and behavioral health providers analyzes the team's findings and assigns an accreditation level based on the MBHO's performance compared to NCQA standards. For more information: http://www.ncqa.org/programs/accreditation/managed-behavioral-healthcareorganization-mbho

SWMBH CUSTOMER ADVISORY COMMITTEE

Southwest Michigan Behavioral Health (SWMBH) has established a Customer Advisory Committee to assure that customers are able to provide input to SWMBH. Customers are briefed on items that may directly or indirectly affect the quality of the behavioral health services and supports provided within the SWMBH region of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren Counties. Committee members are responsible for, but not limited to:

- A. Reviewing and providing feedback on documents as prepared for distribution throughout the SWMBH network such as the Customer Handbook and other informational materials
- B. Reviewing questions asked in questionnaires, surveys, and the like, in which customers will be asked to participate
- C. Reviewing Satisfaction Survey results and regional plans for change
- D. Reviewing results of the Performance Improvement Projects and regional plans for change
- E. Reviewing results of Michigan Department of Health and Human Services (MDHHS) and Health Services Advisory Group (HSAG) reviews and regional plans for change
- F. Review of any other state or federal documents as requested by SWMBH for feedback

If you currently have Medicaid, Healthy Michigan Plan, or MI Health Link as your form of insurance, are a primary or secondary customer (advocate) of Mental Health/Developmentally Disabled or Substance Use Disorder services, and would be interested in learning more about the SWMBH Customer Advisory Committee please contact your local Customer Service Department (contact information included in this newsletter) or SWMBH Customer Service Department at 1-800-890-3712.

SWMBH Newslette
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Quality Assurance (NCQA)

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Printed with funds received from the Michigan Department of **Health and Human Services**

DID YOU KNOW YOU HAVE THE RIGHT?

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. 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 and/or understanding paperwork. This includes filing appeals and grievances with the agency.

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 Member Services at Southwest Michigan Behavioral Health or your local Community Mental Health Service Provider Customer Service department. Their contact information is provided in this newsletter.

HEALTHY MICHIGAN MEMBER INFORMATION

Did you know beginning April 1, 2018 ineligible members who once qualified for Healthy Michigan Plan may be moved to what is referred to as the "Marketplace" plan? If you are ages 19-64, you may become responsible for more cost sharing to receive your insurance. To learn more about how you can qualify to keep your current plan, contact your Primary Care Physician or Case Manager and complete a Health Risk Assessment. If you had two behavioral health episodes within the last 6 months, you may be able to keep your Healthy Michigan Plan. If you have both physical and behavioral health issues, you can qualify to keep your current Healthy Michigan Plan. You will be notified by mail if you are at-risk to being moved to the Marketplace from Health Michigan by the Michigan Department of Health and Human Services. For more information and how this transition from Healthy Michigan to the Marketplace may affect you contact Customer Service at Southwest Michigan Behavioral Health at 1-800-890-3712.

SWMBH AND SECTION 298 POLICY CHANGE RECOMMENDATIONS

The Section 298 project is a statewide effort to improve the coordination of physical health services and behavioral health services. The Michigan Department of Health and Human Services (MDHHS) started this project in response to language in the State of Michigan's Fiscal Year 2017 approved budget. The language is known as "Section 298" and required the formation of a work group to make recommendations to the Legislature.

In March 2017, the Section 298 Work Group Produced a Final Report on Recommendations for Policy Changes related to behavioral health and the need for improvements in integrating behavioral health care and physical health care at the provider level.

The Report categorized Policy Recommendations into thirteen topics:

- 1. Coordination of Physical Health and Behavioral Health Services
- 2. Access to Services and Continuity of Services
- 3. Administration of Complaints, Grievances, and Appeals
- 4. Protections for Mental Health and Epilepsy Drugs
- 5. Self-Determination and Person Centered Planning
- 6. Governance, Transparency and Accountability

- 7. Workforce Training, Quality and Retention
- 8. Peer Supports
- 9. Health Information Sharing
- 10. Quality Measurement and Quality Improvement
- 11. Administrative Layers in Both Health Systems
- 12. Uniformity of Service Delivery
- 13. Financial Incentives and Provider Reimbursement

Prior to, during, and after the Section 298 process and Final Report, SWMBH and its partner CMHs have considered, planned and accomplished a wide range of efforts to make improvements in care integration and program quality. SWMBH and its CMHs have pursued this and related goals prior to and since our regional inception planning in 2013. Some examples include:

- SWMBH actively pursued participation in the Dual Eligible (Medicare-Medicaid) federal-state Demonstration known as MI Health Link. SWMBH is one of four PIHP Regions in the Demonstration. Finding Members at levels with high levels of need, shared Integrated Care Teams & Coordination of Care Plans and other efforts have shown early promise in access and outcomes.
- SWMBH and CMHs have long been proponents of Healthcare Information Exchange structures and uses. SWMBH is an active participant in MIHIN, an early supporter of the MDHHS investments in Care Connect 360, and is a licensee of Care Management Technologies (CMT), a Healthcare Data Analytics Application.
- SWMBH and CMHs were early supporters of DHHS and Legislative efforts in enhancing the ability of providers and payers to share beneficiary healthcare information while adhering to federal privacy and confidentiality laws. The state-wide Uniform Consent approach has been helpful and is appreciated.
- In June 2016 SWMBH finalized with its CMHs a regional Population Health and Integrated Care Plan. This Plan assessed the then current situation, gaps, goals, and responsibilities. The Plan is under active review and revision. SWMBH has added a multi-disciplinary Integrated Care Team that includes RNs, Pharmacist, Internist-Addictionologist, data analysts, and others. Additionally, the types and numbers of shared Members with multiple Medicaid Health Plans (MHPs) receiving Integrated Care Team supports has grown dramatically, with excellent results.
- SWMBH has expanded its Medication Assisted Treatment provider panel and continues to seek opportunities to add providers. We have also added a consulting physician, an Internist Addictionologist to our team in an effort to improve Substance Use Services.
- SWMBH and its CMHs support the full set of rec<mark>ommenda</mark>tions in the section on Self-Determination, and have recommitted to assuring their implementation and use across the Region.
- SWMBH and CMHs appreciate the legislative and executive branch support for increased direct care wages for those providers that are at the forefront of care and have taken all necessary steps to implement the approach.
- SWMBH is an active participant in and endorser of the recent Training Reciprocity approach across PIHPs and CMHs. These efforts and agreements will permit ease of availability and transportability of direct care workers, and will also reduce administrative burdens and costs.

Our Region and CMHs take pride in our Continuous Quality Approach, Stakeholder Engagement, and planning efforts. We will continue to evolve with our primary focus being 1) What's best for beneficiaries and families? 2) What's best for Communities? 3) What's best for Providers? And 4) What's best for Taxpayers? If you would like more information on Section 298 you can find the full Final Report at the below URL.

http://www.michigan.gov/documents/mdhhs/298_December_Report_Final_Draft_607518_7.pdf

Bradley Casemore Executive Officer

IN THE ZONE - LIVE PREVENTION CAMPAIGN OPIOID PRESCRIPTION ABUSE PREVENTION

Southwest Michigan Behavioral Health (SWMBH) was the recipient of a Michigan Department of Health and Human Services (MDHHS) strategic initiatives grant to help enhance regional response to the opioid epidemic in our area by increasing community awareness and education. After collaboration with our SA Task Force partners, we are excited to announce that our community awareness and education campaign has begun.

To help effect community-level change and address key factors of the Opioid Abuse Epidemic that has impacted heavily the US and the communities in our area, SWMBH is launching a multi-media campaign to increase public awareness of four critical factors at the center of the opioid epidemic: 1) Unregulated prescribing of opioid pain killers, 2) High household availability of opioid meds, 3) Lack of med disposal options, 4) Misperception of safety of opioid meds.

As part of this campaign you will be seeing billboards throughout our region carrying messages on the topics described above over the course of the next several months. In addition the billboards will coincide with the launching of video clips and messages as part of a Facebook advertising campaign, in partnership with local SA Taskforces.

Central to this campaign effort, is the liveprevention.com website, which will be featured on all billboards and ad materials. The liveprevention.com website is the web place where people who view the billboards and ad materials can access information, resources, helpful steps, and local partners that work to prevent opioid drug abuse. The site will have links to articles, educational materials and local resources for preventive action.

Please helps us with this campaign by visiting the liveprevention.com and spreading the word to family and friends.

The opioid epidemic has caused much devastation and suffering to families in our communities. Education and knowledge of the issue are critical components to any effort to address effectively this problem. Please join us in this effort! Here are the billboards:







CMH CORNER

In September of 2017 Pines Behavioral Health settled into their new building at 200 Vista Drive, Coldwater MI 49036.

On November 9, 2017 Pines Behavioral Health celebrated the opening of their new building with an Open House and Ribbon Cutting Ceremony. The public was invited to participate in the ceremony to highlight the new facility. The event also provided an opportunity to the Branch County community and partners from across the area to tour the facility and enjoy refreshments.

Pines was excited to invite the community to this special ribbon cutting and open house. We are thrilled about the design and expanded space for Pines Behavioral Health Services. We are also pleased to have a beautiful and spacious building that can accommodate expanded services.





Managing symptoms and navigating physical and behavioral health can be challenging at times. Know that you are not alone. If you are in need of supportive services, or would like to learn more about how to become involved with recovery options and a list of available resources contact customer service at 1(800) 870-3712.

VETERANS AFFAIRS

Emergency mental health care can be provided by the VA for former service members with other than honorable discharge. A former service member may decide when he/she is in distress and requires emergency mental health care. A VA provider will assess the patient to determine whether it is a true mental health emergency and requires immediate action. They must enter the system by visiting a VA emergency room, Urgent Care, Vet Center, or by calling the Veteran Crisis Line: 1-800-273-8255 Press 1 or text 838255. They will receive 90 days of mental health care and the Service Member's claim will be reviewed by the Veterans Benefit Administration. In rural areas, Service Members should go to the nearest emergency room for an assessment. However, for this initiative, the VA cannot pay for care provided at a community emergency department. VA can only pay for the 90-day episode of care once the former Service Member enters the VA system. The local ER should notify the VA who will attempt to provide care at a Community Based Outpatient Clinic, via telemedicine, or at a local Vet Center. The mental health condition must be related to military service.





Veterans Crisis Line Fact SheetConfidential crisis help for Veterans and their families

The Veterans Crisis Line is a toll-free, confidential resource that connects Veterans in crisis and their families and friends with qualified, caring U.S. Department of Veterans Affairs (VA) responders.

Veterans and their loved ones can call **1-800-273-8255 and Press 1**, chat online at **VeteransCrisisLine.net**, or send a text message to **838255** to receive free, confidential support 24 hours a day, 7 days a week, 365 days a year, even if they are not registered with VA or enrolled in VA health care.

The responders at the Veterans Crisis Line are specially trained and experienced in helping Veterans of all ages and circumstances — from Veterans coping with mental health issues that were never addressed to recent Veterans struggling with relationships or the transition back to civilian life. Veterans Crisis Line responders provide support when these and other issues — such as chronic pain, anxiety, depression, sleeplessness, anger, and even homelessness — reach a crisis point. Some of the responders are Veterans themselves and understand what Veterans and their families and friends have been through.

Since its launch in 2007, the Veterans Crisis Line has answered more than 3 million calls and initiated the dispatch of emergency services to callers in crisis nearly 78,000 times. The Veterans Crisis Line anonymous online chat service, added in 2009, has engaged in nearly 363,000 chats. In November 2011, the Veterans Crisis Line introduced a text-messaging service to provide another way for Veterans to connect with confidential, round-the-clock support, and since then has responded to more than 81,000 texts.

In 2011, the National Veterans Suicide Prevention Hotline was renamed the Veterans Crisis Line to encourage Veterans and their families and friends, who may be the first to realize a Veteran is in emotional distress, to reach out for support when issues reach a crisis point, even if it is not a suicidal crisis.

VA is working to make sure that all Veterans and their loved ones are aware of the Veterans Crisis Line. To reach as many Veterans as possible, VA is coordinating with communities and partner groups nationwide, including community-based organizations, Veterans Service Organizations, and local health care providers, to let Veterans and their loved ones know that support is available whenever, if ever, they need it.

Whether you're a Veteran or a friend or family member concerned about one, confidential assistance is only a call, click, or text away.

For more information about the Veterans Crisis Line, visit VeteransCrisisLine.net For more information about VA's mental health resources, visit www.mentalhealth.va.gov

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• • • Confidential crisis chat at VeteransCrisisLine.net or text to 838255 • • • •



SWMBH STAFF NEWS

Please welcome SWMBH's newest employees



Kristi Oisten Human Resource Generalist



Jenna <mark>Verne</mark> Clinical Data Analyst



Brittany Ball Compliance Specialist II



Kelly Norris Care Manager Specialist II



Angelina Goer QAPI Specialist



Heather Woods Member Services Specialist

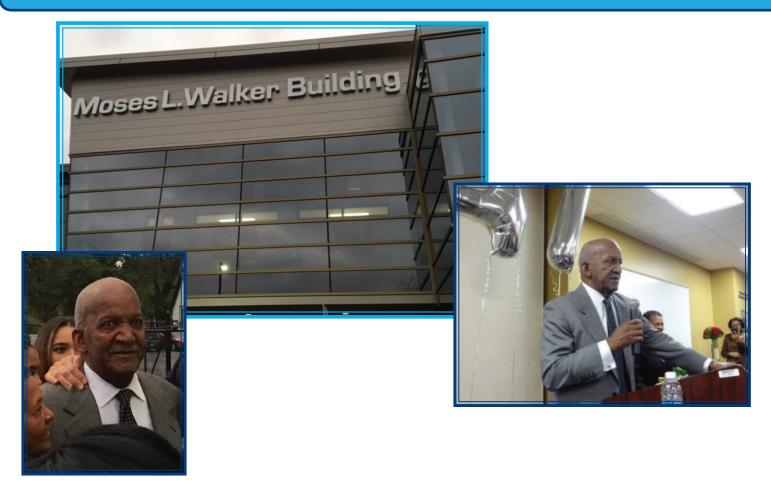


Brian Walters Clinical Operations Specialist



Randy Paruch IT Project Manager

WE WISH TO CONGRATULATE SWMBH BOARD MEMBER MOSES L. WALKER!



In dedication and honor of Moses Walker on his tireless efforts to improve integrated healthcare to underserved individual and families, the Family Health Center Paterson building was renamed on October 27, 2017. The 75,000 square foot two-story building located at 117 W. Paterson Ave, Kalamazoo, Mi. will now be called the Moses L. Walker Building. Such a well-deserved honor!

INTERPROFESSIONAL PEER EDUCATION AND EVIDENCE FOR RECOVERY (I-PEER)

Ann Chapleau and Jennifer Harrison, from Western Michigan University's College of Health and Human Services, in partnership with Southwest Michigan Behavioral Health, Kalamazoo Psychiatric Hospital, and Recovery Institute of Southwest Michigan, recently received funding from the Health Resources Services Administration (HRSA) for the funding of the Behavioral Health Workforce Education and Training (BHWET) grant to fund the Interprofessional Peer Education and Evidence for Recovery (I-PEER) project. This funding is a 4 year, \$465,000/year funding, for total funding amount of just over \$1.8 million. The I-PEER project will allow Western Michigan University and public behavioral health providers throughout rural and medically underserved Southwest Michigan to develop an interprofessional workforce including social workers, occupational therapists, and peer supports to provide recovery-oriented and evidence-based behavioral health to communities in Southwest Michigan. The majority of the funding provides stipends to graduate occupational therapy and social work students in their final year field placements in these communities providing behavioral health. The goals of the grant are to positively impact the interprofessional behavioral health workforce in Southwest Michigan to practice together and provide evidence-based and recovery-oriented services to individuals, families, and communities throughout the region.

UPCOMING EVENTS



Kalamazoo Community Mental Health will offer Mental Health First Aid training to Adults to assist people in need of crises intervention. This 8 hour training will equip you to be a first responder and help understand the signs and symptoms when someone is experiencing a mental break or a substance use disorder. Mental Health First Aid is an 8 hour course designed to help you facilitate a crises plan with individuals in need. Cost of registration is \$30 per attendee. Scholarships are available if you contact Julie Helmer by email at jhelmer@kazoocmh.org or by phone at (269) 364-6950. For more details about what Mental Health First Aid classes are can be found at www.kazoocmh.org.

- April 27th 2018 8:15 a.m.-4:30 p.m. -Adult
- June 15th, 2018 8:15 a.m.-4:30 p.m. –Youth
- October 5th, 2018-8:15 a.m.-4:30 p.m.-Adult

Disability Network is offering a free workshop to interested dog owners on the Do's and Don'ts for Animal Assistance Animals. Friday April 27, 2018 3:00 p.m.-4:30 p.m. Kalamazoo location, 517 E. Crosstown Parkway, Kalamazoo, MI 49001. St. Joseph Monday, April 30, 2018 3:00 p.m.-4:30 p.m. St. Joseph location, 2900 Lakeview Avenue, St. Joseph, MI For more information about registration. Please contact or RSVP: grunwellm@dnswm.org or call (269) 345-1516 x120

This year's **Walk a Mile Rally** will be held at the Lansing Capital on May 2nd, 2018. The Advocacy Walk starts at 12:30pm and the Rally is from 1:30pm to 3:00pm. The purpose of the Rally is to create public awareness and reach our legislators to let them know Mental Health Matters. The goal is to put an end to the stigma related to mental illness and developmental disabilities. The Rally is designed to help promote mental health and wellness because together we can make a difference.

KCMHSAS 2018 Mental Health Celebration Breakfast is Thursday May 4th, 2018 at the Radisson Hotel, 100 W. Michigan Ave. Kalamazoo, MI 40007. Event is free and open to the public. The event runs from 9:00 a.m. to 11:30 a.m.

2018 NAMI Michigan State Conference will be held May 9th, 10th, 11th 2018 at the Grand Travis Resort & Spa. 100 Grand Traverse Village Blvd, Acme, MI 49610. If you have ever been curious about what all the talk is about with Integrated Health and how NAMI is addressing behavioral health and physical health disparities. This conference is intended for stakeholders, providers, clergy, lay persons, peer mentors, peer specialist, recovery coaches, and family members of persons currently diagnosed with, or providing care for someone living with mental illness or substance use disorder. If you are an educator, or are in law enforcement we have a seat for you at the conference. Come share in the wealth of resources and listen to the experiences of professional and ordinary people willing to share their personal journeys on the road to recovery.

4nd Annual Michigan Peer Conference "Connections Matter" will be held at the Lansing Center on May 22nd, 23rd, 24th in Lansing, MI. The conference celebrates the peer community and provides an opportunity for learning more about evidence-based, promising and best practices in the communities of individuals with lived experience. The conference will offer several dynamic keynote presentations, space devoted to health and wellness practices and a variety of microenterprises displaying their artistic talents. The cost of the event is \$99.00 for all 3 days. The conference is open to anyone interested in attending.

When I was first diagnosed with a generalized anxiety disorder that includes panic attacks I was twenty-two years old. I also remember being diagnosed early with a cognitive disorder it seemed I lived in constant fear. There were often days where I struggled to get out of bed due to my health challenges but I did not let it stop me.

Mental illness is a family disease and not taboo as society would have you to believe neither is it something which you should be ashamed. Mental illness is like a doubled edge sword where you are afraid to try new things but once you try by pushing through your present fear, it becomes easier to try other things. I remember once I was

CAC SPOTLIGHT

afraid of riding the bus to a center for people who have psychiatric disabilities, what I could not imagine was becoming President of the Board of Directors and leading support groups for people like me. Today I work part-time and I'm a member of Southwest Michigan Behavioral Health Customer Advisory Committee where I continue to be an active participant of my own recovery.

People with mental illness are a generation of leaders that strive for equal rights and deserve to be treated with dignity and respect. By changing the way mental illness is viewed we can change the perceptions that often lie at the center of stigma. I believe if it were not for the support I received from my mother and family, my life would have become much harder for me to accept my own limitations. Having a supportive network is a part of what helps individuals recover and live happy, healthy and fulfilled lives.

Written by Malaya A-B.

SWMBH CUSTOMER SATISFACTION SURVEYS

What are the Types of Surveys? SWMBH uses the nationally recognized Mental Health Statistics Improvement Program (MHSIP) questionnaire for Mentally Ill and Developmentally Disabled adults age 18 and over and the companion Youth Satisfaction Survey for Families (YSS-F) questionnaire (used by 42 states and

territories) for consumers between age 5 and 18 years of age. SWMBH conducted phone surveys for customers served within the region. The survey was 100% voluntary and confidential. The purpose of the survey was to collect your views on your services. Your opinion matters to us as we continue to strive to make your services better.

For each CMH within the SWMBH region, there were two randomly drawn participants who were given a \$25 Walmart gift card. Thank you to all who participated and your feedback will be used to improve services across the region.

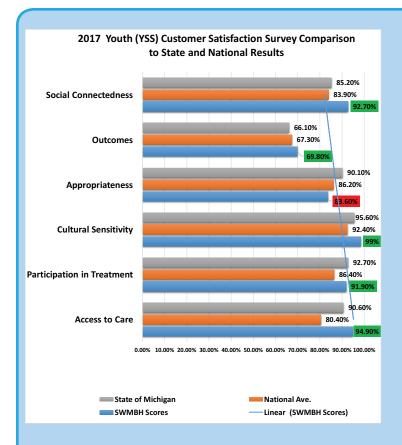
2017 CUSTOMER SATISFACTION SURVEY RESULTS

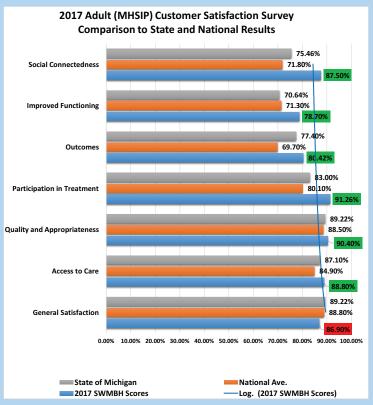
Mental Health Statistic Improvement Project (MHSIP) & Youth Satisfaction Survey (YSS)

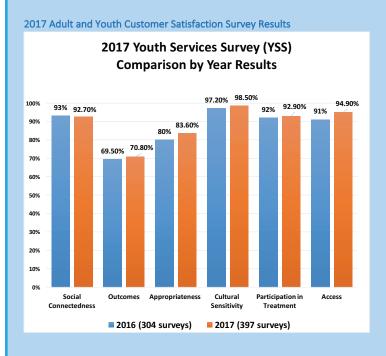
How Did We Do?

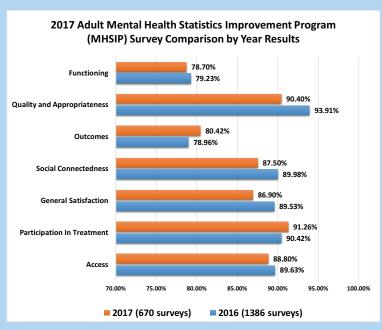
MHSIP Results	YSS Results
☐ 2016 Accumulative Ave Score: 87.38%	☐ 2016 Accumulative Ave Score: 86.71%
☐ 2017 Accumulative Ave Score: 86.28%	☐ 2017 Accumulative Ave Score: 88.90%
-1.10% Decrease in Comparison to 2016 Scores	+2.19% Improvement in Scores
Accumula	tive Result

+1.09% Overall Accumulative Improvement









EMERGENCY SERVICES

If you are experiencing a life-threatening or medical emergency, unable to transport yourself to an emergency room, or if you are experiencing a life-threatening or medical emergency after hours, always call 9-1-1 right away.

You have the right to receive emergency services at any time, 24-hours a day, seven days a week, without prior authorization for payment of care.

If you have a mental health emergency you should seek help right away. You can call the emergency number for your CMH office, you can go to any hospital that offers emergency care, or you can call 911.

You can walk-in to any CMH office during business hours and ask for assistance with an emergency

CRISIS INTERVENTION SYSTEM TRAINING

Kalamazoo Valley Community College, M-Tec and Western Michigan University will continue their efforts to train new graduating students from KVVC's Police Academy on how to respond to crisis situations involving vulnerable persons who are experiencing a mental health crisis. The role plays are intended to give students real life experience when encountering individuals who have a form of mental illness and may need assistance or intervention depending on the severity of the situation. Crisis Intervention System Training-CIST is a joint effort headed by Michigan State Police in collaboration with KVCC and WMU to better serve community members and produce compassionate and competent officers who are hoping to make a career in law enforcement.





Southwest Michigan Behavioral Health (SWMBH) Member Services Specialist

5250 Lovers Lane, Suite 200
Portage, MI 49002
Customer Services Toll-Free: (800) 890-3712
Agency Phone: (800) 676-0423
TTY: 71 1(MRC)

Fax: (269) 441-1234 Email: info@swmbh.org Customer Service Hours M – F 8:00 a.m. - 5:00 p.m.

Excluding Legal Holidays

CUSTOMER SERVICES DEPARTMENTS

Barry County Community Mental Health Authority Mental Health and Substance Abuse Services

Lynn Bennett, Customer Services Representative

500 Barfield Drive Hastings, MI 49058

Agency Phone: (269) 948-8041 or (800) 873-0511

TTY: 711 (MRC) Fax: (269) 948-9319

Email: lybennett@bccmha.org

Customer Service Hours

M - F 8:00 a.m. - 5:00 p.m. Excluding Legal Holidays

Berrien Mental Health Authority Sharon D. Machage, Customer Service Representative 1485 M-139

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: sdm@riverwoodcenter.org

Customer Service Hours

M - F 8:30 a.m. - 5:00 p.m. **Excluding Legal Holidays**

Pines Behavioral Health (Branch County) Kammy Ladd, Customer Service Representative

200 Vista Drive

Coldwater, MI 49036 Customer Service Toll-Free: (866) 877-4636

Agency Phone: (517) 278-8404 or (800) 725-7534

TTY: 711 (MRC)

Fax: (517) 278-2129

Email: kladd@pinesbhs.org

Customer Service Hours

M – F 9:00 a.m. - 5:00 p.m. **Excluding Legal Holidays**

Summit Pointe (Calhoun County CMH) Amiee Brooks, Customer Service Representative

140 W. Michigan Avenue

Battle Creek, MI 49017 Customer Service Toll-Free: (877) 275-5887

Agency Phone: 269-966-1460 or (800) 632-5449

TTY: 711 (MRC)

Fax: (269) 966-2844

Email: ajb@summitpointe.org

Customer Service Hours

M - F 8:00 a.m. - 5:00 p.m.**Excluding Legal Holidays**

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 or (800) 323-0335

TTY: 711 (MRC)

Fax: (269) 445-3216

Email: marym@woodlandsbhn.org

Customer Service Hours

M - F 8:30 a.m. - 5:00 p.m.

Excluding Legal Holidays

Kalamazoo Community Mental Health/SA Services Teresa Lewis, Customer Services Manager

2030 Portage Road

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@kazoocmh.org

Customer Service Hours

M - F 8:00 a.m. - 5:00 p.m. Excluding Legal Holidays

Community Mental Health & Substance Abuse Services of St. Joseph County Jessica Singer, Customer Services Coordinator

677 East Main Street, Suite A

Centreville, MI 49032

Customer Services Toll-Free: (855) 203-1730

Agency Phone: (269) 467-1000 or (800) 622-3967

TTY: 711 (MRC)

Fax: (269) 467-3072

Email: jsinger@stjoecmh.org

Customer Service Hours

M - F 8:00 a.m. - 5:00 p.m.

Excluding Legal Holidays

Email: mheffner@stjoecmh.org

Customer Service Hours

M - F 8:00 a.m. - 5:00 p.m.

Van Buren Community Mental Health Authority Sandy Thompson, Customer Service Representative

801 Hazen Street, Suite C P.O. Box 249

Paw Paw, MI 49079

Agency Phone: (269) 657-5574 or (800) 922-1418

711 MRC

Fax: (269) 657-3474

Email: sthompson@vbcmh.com

Customer Service Hours

M - F 8:30 a.m. - 5:00 p.m.

Excluding Legal Holidays









MAY 22-24, 2018





Location:
Lansing Center
333 E. Michigan Ave
Lansing, MI 48933



On October 26, 2017 the President of the United States declared a National Public Health Emergency. For many people who watched their television screens a pervasive feeling could be felt. What took so long? This is not to say the President had no previous knowledge or awareness of the problem but addressing it had been slow in term of what works. Until recently there was no mention of opioid addiction and its fatal consequences except if you were dependent on heroin and needed help. There is a way to treat the individual so they can continue to live, go to work and still function as a productive citizen outside of their current symptoms through medication assisted treatments including methadone.

Addiction we are told is a chronic relapsing brain disease that if left untreated gets worse until we die. The good thing is that we don't have to wait for the latter to happen provided we take the necessary action. Help is

TREATMENT MATTERS

more accessible today than in times past when it was looked upon as a moral deficiency or a character flaw that criminalized the addicted person rather than provide compassionate care. If addiction is to be treated as a disease as the medical model claims, recovery will take a multifaceted approach to assist the individual to integrate into healthy living. Through scientific research we understand much more about addiction. For example, today we know a person's environment plays a major role and influences the ability to maintain a drug-free life. Early life experiences are often thought to be the breeding ground for the overall health and stability of a person. Where we live may well be the catalyst for early exploration depending on the availability and value placed on drug use. This however does not answer the question of who becomes addicted while another chooses not to become involved, or why some recover and others do not.

To understand our current opioid crises we must look at addiction from a holistic view considering the whole person who is often experiencing some form of pain whether it is real or imagined. Pain is often the motivating factor behind a person being prescribed an opioid prescription after they have visited their doctor's office unaware of the potential risks that lie ahead. Having an understanding of the type of medications prescribed by your physician and the risk for dependence should always be discussed with your primary care doctor.

If you, or someone you know is struggling with an opioid addiction help is available by calling the SUD line at 1-800-781-0353 or Customer Service 1-800- 870-3712. You do not have to wait for an overdose to happen before you seek treatment. If you feel that you are experiencing symptoms of an overdose seek medical attention immediately by calling 911.

PEERS SUPPORTING RECOVERY FROM SUBSTANCE USE DISORDERS

"Peer support helped me see that I was not hopeless. It gave me my voice back and bolstered my self-worth."
—Michelle

"When I needed someone to walk beside me, peer support was there."

—Steve

BRINGING RECOVERY SUPPORTS TO SCALE Technical Assistance Center Strategy (BRSS TACS)

WHAT ARE PEER RECOVERY SUPPORT SERVICES?

Peer recovery support services.¹ delivered by peer recovery coaches, are one form of peer support. They involve the process of giving and receiving non-clinical assistance to support long-term recovery coach brings the lived experience of recovery, combined with training and supervision to assist others in initiating and maintaining recovery, helping to enhance the quality of personal and family life in long-term recovery (White, 2009). Peer recovery support services can support or be an alternative to clinical treatment for substance use disorders.

Peer-based recovery supports are part of an emerging transformation of systems and services addressing substance use disorders. They are

essential ingredients in developing a recoveryoriented system in which clinical treatment
plays an important, but singular, role. Acute care
substance use treatment without other recovery
supports has often not been sufficient in helping
individuals to maintain long-term recovery.
Substance use disorders are currently understood
to be chronic conditions that require long-term
management, like diabetes. Peer-based recovery
support provides a range of person-centered and
strength-based supports for long-term recovery
management. These supports help people in
recovery build recovery capital—the internal
and external resources necessary to begin and
maintain recovery (Best & Laudet, 2010; Cloud &
Granfield, 2008).

WHAT DO PEER RECOVERY COACHES DO?

Peer recovery coaches walk side by side with individuals seeking recovery from substance use disorders. They help people to create their own recovery plans, and develop their own recovery nathways

Recovery coaches provide many different types of support, including

- emotional (empathy and concern)
- informational (connections to information and referrals to community resources that support health and wellness)
- instrumental (concrete supports such as housing or employment)
- affiliational support (connections to recovery community supports, activities, and events)

Recovery plans and other supports are customized, and build on each individual's strengths, needs, and recovery goals.

1. Peer recovery support services, peer-delivered recovery support, and peer-based recovery support are used interchangeably.

Peer recovery support focuses on long-term recovery and is rooted in a culture of hope, health, and wellness. The focus of long-term peer recovery support goes beyond the reduction or elimination of symptoms to encompass self-actualization, community and civic engagement, and overall

The unique relationship between the peer recovery coach and the individual in or seeking recovery is grounded in trust, and focused on providing the individual with tools, resources, and support to achieve long-term recovery.

Peer recovery coaches work in a range of settings, including recovery community centers, recovery residences, drug courts and other criminal justice settings, hospital emergency departments, child welfare agencies, homeless shelters, and behavioral health and primary care settings. In addition to providing the range of support encompassed in the peer recovery coach role, they take an active role in outreach and engagement within these settings.

XSAMHSA

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH **BOARD MEETINGS SCHEDULE**

(JANUARY 2018-DECEMBER 2018)

January 12, 2018 – 9:30am to 11:00am February 9, 2018 – 9:30am to 11:00am March 9, 2018 – 9:30am to 11:00am April 13, 2018 – 9:30am to 11:00am May 11, 2018 – Board Retreat (TBD) May 11, 2018 – 9:30am to 11:00am June 8, 2018 – 9:30am to 11:00am

July 13, 2018 – 9:30am to 11:00am August 10, 2018 – 9:30am to 11:00am September 14, 2018 - 9:30am to 11:00am October 12, 2018 – 9:30am to 11:00am November 9, 2018 – 9:30am to 11:00am December 14, 2018 – 9:30 am to 11:00am



All scheduled meetings take place at the Principal Office, unless otherwise communicated. The Principal Office is located at 5250 Lover's Lane, Suite 200, Portage, MI, 49002 www.SWMBH.org

All SWMBH Board Meetings are subject to the Open Meetings Act 1976 PA 267, MCL 15.261-15.275

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH BOARD ROSTER

Barry County Robert Nelson Robert Becker (Alternate)

Berrien County Edward Meny Nancy Johnson (Alternate)

Tom Schmelzer - Chair Jon Houtz

Branch County

Calhoun County Jim Blocker

Kathy-Sue Vette (Alternate)

Cass County VACANT Mary "May" Myers (Alternate)

Kalamazoo County Moses Walker

Patricia Guenther (Alternate)

St. Joseph County Anthony Heiser

Timothy Carmichael (Alternate)

Van Buren County Susan Barnes - Secretary Angie Dickerson (Alternate)

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Barry County Ben Geiger

VACANT

Berrien County Michael Majerek

Debra Panozzo

Branch County Randall Hazelbaker-Chair

VACANT

Calhoun County

Steve Frisbie Kathy-Sue Dunn

SWMBH SUDOPB MEMBER ROSTER

Cass County Tara Smith Skip Dyes

Kalamazoo County

Lisa White

Daniel Doehrman

St. Joseph County

Allen Balog **VACANT**

Van Buren County

Richard Godfrey-Vice Chair

Paul Schincariol

Southwest Michigan Behavioral Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Southwest Michigan Behavioral Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Southwest Michigan Behavioral Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - o Information written in other languages

If you believe that Southwest Michigan Behavioral Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

> Member Services Specialist 5250 Lovers Lane, Suite 200 Portage, MI 49002 P: 800-890-3712 TTY: 711 F: 269-441-1234 info@swmbh.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, we are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone.

U.S. Department of Health and Human Services 200 Independence Avenue SW., Room 509F, HHH Building Washington, D.C., 20201 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

"ATENCIÓN: Si habla **español**, hay servicios gratuitos de asistencia con el idioma para usted. Llame al 1-800-890-3712 (TTY: 711)".

"انتبه: إن كنت تتحدث العربية، فتوجد خدمات مساعدة لغوية، مجانبة، و متاحة لك اتصل بـ 3712-890-890 (رسالة مير قة: ".(711

"ACHTUNG: Sollten Sie deutsch sprechen, steht Ihnen ein Sprachenhilfe-Service kostenlos zur Verfügung. Sie können uns unter folgender Telefonnummer erreichen: +1-800-890-3712 (TTY: 711)."

"请注意:如果您说中文,您可以利用我们免费提供的语言帮助服务。详情请致电 1-800-890-3712 (TTY: 711)。"

"OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam

besplatno. Nazovite 1-800-890-3712 (TTY- 711)."

"UWAGA: Jeśli mówi Pan/Pani po polsku, oferujemy bezpłatną pomoc językową. Proszę zadzwonić pod numer 1-800-890-3712 (TTY/tel. dla niesłyszących: 711)."

"VINI RE: Në qoftë se flisni **shqip**, keni në dispozicion shërbim falas për t'ju ndihmuar me gjuhën. Telefononi 1-800-890-3712 (TTY-teletekst: 711)."

"ATTENZIONE: Si parla **italiano**, servizi gratuiti di assistenza linguistica, sono a vostra disposizione. Chiamare 1-800-890-3712 (TTY: 711)."

"TALA: Kung kayo ay nagsasalita ng **Tagalog**, ang serbisyo ng tulong sa wika (language assistance services), ay available upang magamit ninyo, nang walang bayad. Tumawag sa 1-800-890-3712 (TTY: 711)."

"ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ मुफ्त में उपलब्ध हैं। 1-800-890-3712 (TTY: 711) पर कॉल करें।."

"주의: 귀하가 **한국어**를 할 경우, 한국어 언어 지원 서비스를 무료로 사용할 수 있습니다. 1-800-890-3712 (TTY 문자 전화기: 711)로 전화하십시오."

"LƯU Ý: Nếu quý vị nói **tiếng Việt**, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Vui lòng gọi số 1-800-890-3712 (TTY: 711)".

"আপনার দৃষ্ট িআকর্ষণ কর্রছঃ আপন িযদ বিাংলাভাষী হ'ন এবং যদ িআপনার ভাষাগত সাহায্যরে প্রয়েণেজন হয়, তাহল েনখিরচায় সাহায্য পতে ফেণেন করুনঃ <u>১-৮০০-৮৯০-৩৭১২</u> (TTY: 711) 1-800-890-3712 (TTY: 711)."

ご注意:日本語で対応しているアシスタンスサービスを無料でご用意しております。

1-800-890-3712 (TTY: 711)へお電話下さい。

«ВНИМАНИЕ! Если вы говорите на русском языке, вам предоставляется бесплатное языковое обслуживание. Звоните по тел.: 1-800-890-3712 (телефон с текстовым выходом: 711)».

Personal Support for You!

Southwest Michigan Behavioral Health introduces myStrength

We all struggle with our moods at times. Anxious or depressive thoughts can weigh us down. Some of us may struggle with drugs or alcohol. Seeking help and focusing on your mental health is important.

Now you can use web and mobile tools to help you get better and stay mentally strong.

myStrength is confidential—just for you. It offers personalized resources to improve your mood. Learning to use myStrength's tools can help overcome the challenges of drug and alcohol abuse.



myStrength's proven web and mobile resources can help strengthen your mind, body and spirit.

SIGN UP TODAY

- 1. Visit www.myStrength.com
- 2. On the myStrength.com home page, click on "Sign-up."
- 3. Enter the appropriate Access Code from the list below.
- Complete the myStrength sign-up process with a brief Wellness Assessment and personal profile.
- 5. Go Mobile! Using the access code below, get the myStrength app for iOS and Android devices at www.mystrength.com/mobile
- ☐ SWMBarry
- ☐ SWMCalhoun
- ☐ SWMStJoe

- SWMBerrien
- SWMCass

- SWMBranch
- ☐ SWMVanBuren

- ☐ SWMKalamazoo
- ☐ SWMBH



















What myStrength

users are saying



It's nice to have self-quided help that is so accessible.

I love how personal myStrength is for me.

myStrength gives back some of the 'light' I had lost.

> The mood tracker is fantastic!

I love that myStrength is available 24 hours a day.





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FPF-MPC1-SWMBH

RESOURCES

Crisis/Suicide Hotlines: 1–800–SUICIDE (1–800–784–2433)

Suicide Prevention Hotline: 1–800–273–TALK (1–800–273–8255)

Suicide Prevention Hotline for Deaf or Hard of Hearing: 1–800–799–4TTY (1–800–799–4889)

Suicide Prevention Online Chat: www.gryphon.org/services/crisis-services/online-chat

Suicide Prevention Text Line: Text: "Hello" to 741-741

Human Services: (Crisis Situations, food, housing/rent help): 211

Child Abuse and Neglect Parent Helpline: 1–855–942–4357

National Alliance on Mental Illness (NAMI): 1–800–950–6264 or www.nami.org

National Domestic Violence Hotline: 1–800–799–SAFE (1–800–799–7233), TTY: 1–800–787–3224,

Spanish: 1-800-942-6908

National AIDS Hotline: 1–800–342–AIDS (1–800–342–2437)

Alcoholics Anonymous Hotline: 269–467–1107

MI Health Link Ombudsman: 1-888-746-6456

Veteran Crisis Line: 1-800-273-8255 press 1 Text: 838-255

The 2018 MI Health Link Handbook is available. Contact Customer Services (800-676-5814) for your copy or download it directly at: www.SWMBH.org

Member Triage and Engagement Specialists 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 on page 13 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. 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.



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