

Customer Communicator



THREATS TO THE MEDICAID BEHAVIORAL HEALTH SYSTEM



Recently, the Michigan Department of Health & Human Services announced the department's intention to implement a new benefits manager of the state's public behavioral health plans. While the Department's announcement of a rebidding process signals one approach to fostering improvements in the state's public mental health system, this approach brings with it several risks without addressing the real gaps in the system. This approach will: Disrupt an already strained system amid a workforce shortage, state budget constraints and impending federal Medicaid reductions; and open the door to privatization — by for-profit or non-profit insurance companies — a very unpopular approach that risks harm to those who rely on Michigan's public mental system for their recovery and quality of life.

Earlier proposal to privatize this system were met by vocal and widespread opposition from Michiganians across the state. This anti-privatization sentiment remains strong among the large and vocal stakeholders of Michigan's public health system. The [National Alliance for Mental Illness \(NAMI\)- Michigan](#) has identified a number of areas that hold promise for improvement in the state's and private mental health arenas.

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The former is represented by the state's Community Mental Health centers and the public specialty health plans that manage the Medicaid funds. The latter is made up of the private mental health providers and the private insurance companies that are the payers to that system.

Critical Next Steps include:

- Improved funding from Medicaid, other non-Medicaid public sources and private insurance companies, sufficient to meet the real demand for and cost of services.
- Structures and systems that ensure a strong voice for persons served and their advocacy organizations in the governance of providers and payers.
- Balancing the need for a locally driven public service delivery system that is responsive to the needs of the people and communities that they serve, while maintaining some level of statewide uniformity in terms of access to, type, and intensity of service.
- Reducing the administrative and paperwork demands borne by the person served, providers, and payers, ensuring that more dollars are directed toward services.
- Strengthening the mental health workforce, across the full range of disciplines and modalities, to a size sufficient to meet the mental health needs of Michiganians

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To learn more about Michigan's public behavioral system, or to read more about the article, you can contact us at Southwest Michigan Behavioral Health at 1 (800) 890-3712.

UPCOMING COMMUNITY ENGAGEMENT EVENTS

September 5, 2025 ISK Mental Health Breakfast Downtown Kalamazoo Radisson Hotel

September 6, 2025 Annual Recovery & Wellness Fair, Downtown Bronson Park, Kalamazoo, MI

September 17, 2025, 21st Annual Walk-A-Mile Rally Capital Lawn, Lansing, MI

PROVIDER DIRECTORY

Take a look at Southwest Michigan Behavioral Health's (SWMBH) Provider Directory. You can find it on our website at www.swmbh.org. The site also has important information about our rules and guidelines. It has useful details on things like what providers need to do, your rights, how services are managed, and resources.

FIND SWMBH ON FACEBOOK AND INSTAGRAM

Connect and follow us on Facebook and Instagram to get updates about what is going on in the region and state. The latest news, the SWMBH quarterly Member Newsletter, insights, and updates on behavioral health events and activities, are regularly posted. Follow us on:

Facebook at: <https://www.facebook.com/SWMBH>

Instagram at: www.instagram.com/swmbh2014



VETERAN'S CORNER

There were some wonderful celebrations for our veteran women and the U.S. Army this past quarter.

On June 12th, 2025, we celebrated 76 years of the 1948 Women's Armed Services Integration Act, and so we celebrate Women Veterans Recognition Day each year. Governor Whitmer signed a bill making this a state holiday. It recognizes the contributions women have made in the military since the Revolutionary War. We encourage you to add this to your calendar and celebrate the contributions of those who in your community have made a difference.

<https://www.michigan.gov/en/whitmer/news/press-releases/2019/06/10/gov-whitmer-declares-june-12-women-veterans-recognition-day>

US Army 250th Birthday!

On June 14th, we celebrated the Birthday of the US Army. What was special about this one in particular was the milestone of 250 years of service. This year, we celebrated with a big parade in Washington, DC.

The U.S. Army was established on June 14th, 1775. Over the years, the U.S. Army has gone through many changes. Some of those changes have been different slogans and uniforms. Our current slogan/theme is "This We'll Defend." Please check out more information on the U.S. Army and the many changes it has gone through over the years.

<https://history.army.mil/>

Always remember, should you need information on resources for those who have served or their family members, please reach out to Toni Kennedy, U.S. Army, Veteran Navigator for Region 4 at 269-967-9187.

NOTICE OF PRIVACY PRACTICES FOR SUBSTANCE USE

Southwest Michigan Behavioral Health (SWMBH) is committed to keeping your health and service data private. We are required by law to protect your data as much as possible. For Substance Use services, there are strict rules about what we can share, who we can share it with, and when it can be shared.

- You should be offered our Substance Use Privacy Practices when

you start substance use care with one of our providers.

- You can find this notice on our website (<https://www.swmbh.org/members/member-documents-from-swmbh/>).
- You can call Customer Service at 1-800-890-3712 to ask for a mailed copy.

If you feel your privacy rights have been violated, call our Privacy Officer

at 1-800-783-0914. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. No one can retaliate against you for sharing your concerns.



BATTLE BUDDY QR CODE

NAVIGATING MILITARY BENEFITS SHOULD NOT BE A BATTLE

Introducing Battle Buddy
by **VETLIFE** - the new app
designed to help veterans
access their benefits faster
and easier. Get started
today.



MEET SOUTHWEST MICHIGAN BEHAVIORAL HEALTH SUBSTANCE USE DISORDER POLICY BOARD MEMBERS

Dominic Oo earned his Bachelor of Science degree in Engineering Management with Integrated Supply Management from Western Michigan University in 2017. He has been a Senior Production Control Engineer at DENSO Manufacturing Michigan, Inc. since 2018. Dominic has served different roles in the Battle Creek Burmese Community since 2003, serving on many Boards and Committees in Battle Creek and Calhoun County. Dominic was originally appointed by the county government before being elected as County Commissioner in the November 2024 election. He now represents Calhoun County's District 1, which includes the City of Springfield and part of the City of Battle Creek.



Marsha Bassett received her Bachelor of Arts and Bachelor of Science degrees from Michigan State University and her Master of Business Administration from Western Michigan University. She began working at Pennock Hospital in 2013 after working for 30 years in healthcare and medical practice management throughout Michigan. While working with Pennock Hospital as well as Spectrum Health Pennock, Marsha played a key role in developing the Pennock Physician Network and went on to manage 8 primary care clinics, followed by 4 specialty care practices in the region. Marsha is the Founder and President of the Delton Kellogg Education Foundation since its inception in 2015. She also was a member of the Delton Kellogg School Board for 17 years and was on the Barry Intermediate School District Board for the past 3 years. She also was on the Boards of the Michigan Medical Group Management Association, and the Southwest Michigan Chapter of the Alzheimer's Association where she is a Past President. Marsha is also an active member of the Delton Area Rotary Club and Delton Moose Lodge. Marsha enjoys spending time with her children, hiking, kayaking, boating, fishing, golfing, biking, downhill and cross-country skiing, traveling, reading, and watching Spartan football and basketball!

Richard Godfrey received his undergraduate degree from Alma College.

"I have also had the privilege of being able to aid United States Senator Gary Peters in the choice of his nominees to the Naval Academy, Air Force Academy, and West Point. I am a retired Statistics Professor and past President at Bloomington Communications. I attended the White House Conference for Michigan County Commissioners in 2017 as well as served on the Wings of Hope Hospice Board. As a committed servant I have had the opportunity to serve on many boards and committees throughout Michigan and have been appointed by various elected officials and private organizations."



THE POWER OF RESPITE

We understand the dedication, love, and tireless commitment that families and caregivers provide to people with disabilities. This journey, while deeply rewarding, can also be emotionally and physically demanding. That is why we strongly advocate for respite services. It is a vital support that offers relief, renewal, and better outcomes for caregivers and their loved ones.

What is respite care?

Respite services provide temporary relief by offering short-term care for individuals with disabilities. This can range from a few hours to several days. It can be in-home, at a center, or within the community. Respite care gives caregivers time to rest, deal with personal needs, or simply take a much-needed break.

Local success story

This past winter, after a slip-and-fall accident on ice, one individual received weekly in-home respite care. The support helped maintain their mental health and allowed the caregiver to run errands, attend personal appointments, and enjoy some leisure time without worry. Initially hesitant to begin respite, the caregiver later shared: “Honestly, it was a relief for both me and my daughter, it helped us get through a rough time.”



Why does respite matter?

Studies show family caregivers provide an average of 20 to 40 hours of care per week. Many caregivers experience increased stress, anxiety, and health concerns over time. Caregivers who receive regular respite report much lower stress and depression, and higher satisfaction with life. More importantly, respite isn't simply good for caregivers. It is key for the person receiving care. Data from the ARCH National Respite Network indicates that families using respite services are **five times less likely** to move a loved one into institutional care. This means respite helps families stay together longer, supporting home-based care and delaying or preventing higher levels of care.

How respite strengthens families

Research shows that individuals with disabilities who remain at home with consistent family involvement often have better health, stronger emotional well-being, and more stable routines. 60% of caregivers report that regular breaks reduce burnout. They are also less likely to develop chronic conditions like hypertension or depression. Most importantly, families often return to caregiving with renewed energy, patience, and creativity.

We are here to help

We believe every family deserves supportive services that keep loved ones healthy and connected. Even a few hours a week can make a meaningful difference. Contact your local Community Mental Health agency today to learn more. Together, we can help caregivers and those they love to continue to thrive.



GRIEVANCE AND APPEALS

What is a “Grievance”?

A grievance can be filed verbally or in writing at any time. We want to know your concerns. We want to make sure you get the best care possible. For mental health, file concerns with customer service at your local community mental health service program (CMHSP). If you are a substance use disorder customer, you can file concerns with Southwest Michigan Behavioral Health (SWMBH).

Customer Service will make sure the right people are aware of your concerns. They will help make changes and/or fix the problem if they are able to. You will receive a letter confirming receipt of your concerns. You will get a second letter with the results of your grievance within **90 days of filing**.

What is a local “Appeal”?

A local appeal is a process to review an action taken to change your care. This could be a decision to deny, stop, pause, or lower your services. If a change happens, you will get a written notice about what is happening.

An appeal is a local review of the action. You can ask for this if you disagree with the change. You have the right to appeal if a service request decision is not made on time. You also have appeal rights if your services do not start within 14 days of the date you agreed to. **You have 60 calendar days from the mailing date of the Adverse Benefit Determination to request an Appeal.**

A decision will be made as quickly as possible, but no longer than **30 calendar days** from the date you filed the appeal. You can ask for a fast (“expedited”) appeal if taking the 30 days could seriously harm your health or ability to regain function. Fast appeals are decided within 72 hours from the date and time you filed.

What is a “State Fair Hearing”?

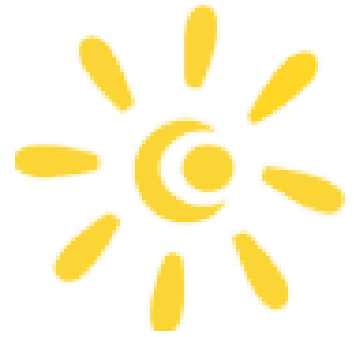
You can file a request for a state fair hearing if a local appeal is denied or if a decision is not made on time for an appeal.

You must ask the state for this hearing within **120 days** from getting notice of an appeal denial.

Customer Service staff can also help you file a request for a state fair hearing. Call your local Customer Service staff if you have questions.

You can find more information in our Customer Handbook that you were given when starting services. If you need a new copy, call your local Customer Service staff, or call SWMBH Customer Service at 1-800-890-3712.

SWMBH and your local CMHSP will provide reasonable assistance to help you fill out forms, link interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.



CAC VACANCIES

Southwest Michigan Behavioral Health (SWMBH) has formed a Customer Advisory Committee. This ensures customers and their loved ones have a way to provide feedback and input on decisions and services impacting them or the region. Customers are briefed and advised on items that may directly or indirectly affect the quality of behavioral health services and support provided within the SWMBH region. If you would like to learn more about how to become a member call Customer Service at (800) 890-3712.

GRIEVANCE AND APPEAL TRENDS

October 2024-March 2025

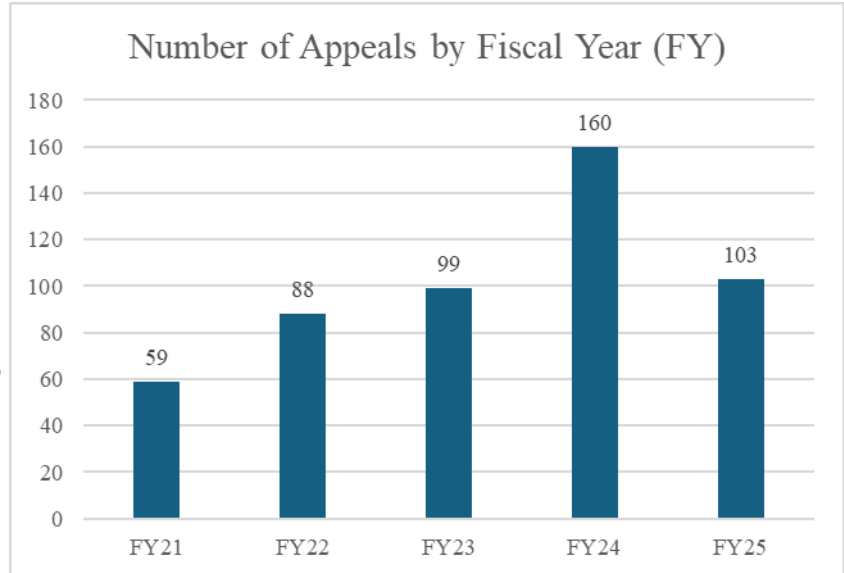
Grievances: For the first half of this fiscal year (FY), the 8 Community Mental Health (CMH) agencies and Southwest Michigan Behavioral Health (SWMBH) processed **69** complaints. The concerns took an average of **18** days to resolve.

- Top areas of complaint included:
- (1) Interactions with Provider/Plan
 - (2) Access and Availability
 - (3) Quality of Care

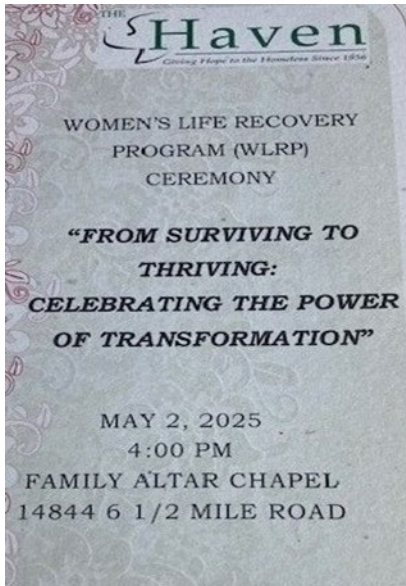
Appeals: Appeal numbers continue to rise. From October-March, our agencies finished **103** Appeals together. 59% of the decisions were overturned after appeal review. 38% of the decisions were upheld. 3% of the cases found other agreements. Of note, the

FY25 appeal number is only for the first half of the fiscal year. The previous FY numbers include the whole reporting year. We are on track to have our highest number of appeals this year. The increasing appeals could be due to more utilization review

activities in the region. Utilization reviews are done to make sure the right types and amounts of care are provided. Approved care must be based on each person's medical needs.



A CELEBRATION OF RESILIENCY



On May 2nd, SWMBH CEO Bradley Casemore attended the graduation ceremony for the Haven of Rest (Battle Creek) Women's Life Recovery Program (WLRP). Seven graduates were celebrated by their loved ones, WLRP staff, Battle Creek Mayor Mark Behnke, and Michigan House representative Steve Frisbie. SWMBH is a proud financial supporter of the Haven programs.

The Women's Life Recovery Program is a 6-to-12-month program designed to help women, with or without children, overcome their addictions, while identifying self-defeating behaviors and maximizing their potential to live and work in the community. The program is designed to keep families together and help them recover together.

Casemore says "Being a part of this joyful and touching celebration of individuals and families dedicated to recovery is a powerful reminder of why we do what we do, which is to improve the lives of persons served and their families and to strengthen our communities. We are grateful to The Haven Board, Executive Director Daniel Jones and the top-notch dedicated staff providing the programs."



STATE AND FEDERAL UPDATES

Federal:

The threat to public behavioral health services resulting from the White House and Congressional reconfiguration and reduction of federal Medicaid funding is ongoing. As recently as June 24, the Health Subcommittee of the House Energy & Commerce Committee held a hearing to examine the HHS FY26 budget, which remains an unresolved document. While the 2026 budget is still being determined, US Health and Human Services has cancelled COVID era Block Grants previously awarded.

Shortly after the announcement Southwest Michigan Behavioral Health (SWMBH) received a stop work order from the Michigan Department of Health and Human Services (MDHHS) regarding American Rescue Plan Act (ARPA) Grants, which represented unspent funds of \$125,000 that were earmarked for Substance Use Disorder (SUD) providers in our region. The SWMBH Board approved the use of up to \$125,000 of SWMBH local funds to continue services and minimize the impact on our beneficiaries and providers.

Centers for Medicare and Medicaid Services (CMS) is taking action to ensure federal subsidies support only statutory requirements and goals of the Affordable Care Act (ACA). This includes prohibiting coverage of the cost of specified sex-trait modification procedures and reinstating the 2012 interpretation of “lawfully present” to exclude Deferred Action for Childhood Arrivals (DACA) recipients from eligibility and enrollment in ACA Exchange coverage and Basic Health Program (BHP) coverage.

State Developments

An Update on the Competitive Procurement Process for the State’s Pre-Paid Inpatient Health Plan (PIHP) Contracts: Current PIHPs do not qualify to apply in the upcoming procurement process.

Anticipated contract requirements were released on May 23, 2025, detailing differences from the current PIHP system.

There will be a new geographical configuration of PIHP regions. Regions will decrease from ten regions to three. Region 4 (SWMBH) will be in the “Central” region along with Lakeshore, Mid-State Health Network, CMH Partnership of Southeast MI, and Region 10 PIHP. A new “Metro” region will be created with Detroit Wayne Mental Health Authority, Oakland Community Health Network, and Macomb County CMH Services. The “Northern” region will include NorthCare Network and Northern Michigan Regional Entity. When bidding for the PIHP contracts, proposals must cover a full region and may include one or more of the regions.

Another of the criteria provided in the release is regarding the governance structure of bidders which must be independent of any Medicaid providers. The board structure may not be shared with providers. An additional requirement that will have a significant impact on our partner

Community Mental Health (CMH) agencies is that PIHPs may not delegate managed care functions to provider entities.

The expected start date of the new PIHP regions is October 1, 2026. The Request for Proposal (RFP) is expected to be released in the summer of 2025.

Certified Community Behavioral Health Clinic (CCBHC) Demonstration

The previous day, May 22, 2025, the Michigan Department of Health and Human Services (MDHHS) notified PIHPs that effective October 1, 2025, PIHPs will have no active role in the oversight or administration of the Certified Community Behavioral Health Clinic (CCBHC) demonstration. MDHHS will be managing this demonstration directly.

In the SWMBH region, seven of our eight CMH partners are a part of the CCBHC demonstration. This demonstration covers a set of 9 core services for all people with a mental health or substance use disorder diagnosis. In this demonstration, the state has developed a Prospective Payment System (PPS) through which each CCBHC has a daily rate based on their individualized expected cost of care. This means that the base capitation portion for CCBHC services will be removed from the PIHP capitation. CCBHCs will be providers billing through CHAMPS. They will receive payment directly from MDHHS.

Mental Health Framework

June 12, 2025, MDHHS issued a release outlining that the Mental Health Framework will determine whether a PIHP or a Michigan Health Plan (MHP) is responsible for coverage and care. The goals of this framework include improving access to and coordination of mental health care as well as to ensure MHPs are more accountable for the continuum of care for beneficiaries with lower levels of mental health need.

Beginning October 2025, all qualified mental health provider practices who are contracted with a Michigan Health Plan (MHP) or PIHP will need to incorporate into use a new referral platform for mental health services. They will also need to use the following standardized assess

ment tools: Michigan Child and Adolescent Needs and Strengths (MichiCANS) Screener for children and youth (under 21) and the Level of Care Utilization System (LOCUS) for adults (21 and older).

Beginning October 2026, providers of inpatient psychiatric care, crisis residential services, partial hospitalization services, and targeted case management will need to prepare to contract with both MHPs and PIHPs as MHPs will begin covering these services for beneficiaries whose assessments indicate they have a lower level of mental health need.

LTSS

Long-term services and supports (LTSS) assist with an individual's everyday activities of living to help them remain as independent as possible. LTSS services are provided to people of all ages with disabilities, functional limitations, and/or chronic illnesses who need additional support. This is for the primary purpose of supporting the ability of the beneficiary to live or work in the setting of their choice. Michigan Department of Health and Human Services (MDHHS) identifies Medicare and Medicaid participants in its Home and Community Based Services (HCBS) Waivers as recipients of LTSS. HCBS provides opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted population groups such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.

Southwest Michigan Behavioral Health (SWMBH) and its network serves beneficiaries receiving LTSS through the following HCBS Waivers:

- Children's Waiver Program (CWP)
- Waiver for Children with Serious Emotional Disturbances (SED)
- Habilitative Supports Waiver (HSW)
- 1915 (i)SPA

SWMBH is dedicated to ensuring the quality and appropriateness of care to all beneficiaries. The assessment of care provided to our LTSS members is evaluated regularly and throughout the year using a variety of methods and activities. Examples of the methods used are performance measure monitoring, survey analysis, and audit activities. Additionally, regulation 42 CFR § 438.66(e) requires states to submit a Managed Care Program Annual Report (MCPAR). As part of the MCPAR reporting, we are required to identify an LTSS user for several reasons. Those reporting requirements are: appeals and/or grievances filed on behalf of LTSS users, the number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed an appeal and/or grievance, resolved appeals related to long-term services and supports (LTSS). For this report, an LTSS user is defined as an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed).

To help identify members who are receiving LTSS services, SWMBH identifies beneficiaries who receive the following services as LTSS recipients:

- Care Coordination/Targeted Care Management
- Respite Services
- Community Living Supports (to promote participation in the community)
- Home Modifications
- Nursing Services
- Personal Emergency Response Systems
- Family and Non-Family Training
- Enhanced Pharmacy
- Overnight Health and Safety Supports

Please see this website for more information: [Managed Long-Term Services and Supports \(MLTSS\) \(michigan.gov\)](https://michigan.gov/managed-long-term-services-and-supports). Please reach out to SWMBH with any questions about LTSS services, reporting, or assessment of care.

Southwest Michigan Behavioral Health complies with applicable Federal and State civil rights laws and does not discriminate on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identification, gender expression, sex characteristics, and pregnancy. Southwest Michigan Behavioral Health does not exclude people or treat them differently because of any of these categories.

Southwest Michigan Behavioral Health:

Provides **free** aids and services to people with disabilities to communicate effectively with us, such as:

- o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, Braille, other formats)
- § Provides **free** language services to people whose primary language is not English or have limited English skills, such as:
- o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Customer Services.

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:

Customer Services
5250 Lovers Lane, Suite 200
Portage, MI 49002
P: 800-890-3712 (TTY: 711)
F: 269-441-1234
customerservice@swmbh.org

If you are an individual who is deaf or hard of hearing, you may contact the MI Relay Service at 711 to request their assistance in connecting you to Southwest Michigan Behavioral Health. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Customer Services is 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. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You may also file a grievance electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, D.C., 20201
1-800-368-1019

In order to establish a method for identifying prevalent non-English languages spoken by enrollees and potential enrollees in each PIHP service area the list on the next page is provided. SWMBH provides taglines in the prevalent non-English languages in its particular service area included in the list on the next page.

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. Call us at 1-800-890-3712 (TTY: 711).

[illegible]

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

Resources

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

Suicide & Crisis Lifeline: 988 (Call or text)

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: 1-800-799-7233, 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

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

**Southwest Michigan
Behavioral Health
(SWMBH)
Customer Service**

**5250 Lovers Lane, Suite 200
Portage, MI 49002**

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

TTY: 711 MRC

Email: customerservice@swmbh.org

**Main Phone: 800-676-0423
Fax: 269-441-1234**

**Monday-Friday
8:00 AM—5:00 PM
Excluding Legal Holidays**

Southwest Michigan Behavioral Health Board Meetings 2025

**Air Zoo Aerospace & Science Museum
6151 Portage Rd, Portage, MI 49002**

August 8, 2025 (9:30am-11:30am)

September 12, 2025 (9:30am-11:30am)

October 10, 2025 (9:30am-11:30am)

November 14, 2025 (9:30am-11:30am)

December 12, 2025 (9:30am-11:30am)

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

SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275

SWMBH does not limit or restrict the rights of the press or other news media.

Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision, and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.



**"Quality and Excellence
through Partnerships"**