Who we are

Shiawassee County Community Mental Health Authority is a governmental non-profit Michigan Mental Health Authority serving residents in Shiawassee County.

Affiliated with the Mid-State Health Network.

Member of Michigan Association of Community Mental Health Boards Financial support from the Michigan Department of Human Services and the Shiawassee County Board of Commissioners.

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Published by the SCCMHA Board of Directors
Greetings!

About Us

This Handbook is designed to assist Shiawassee County Community Mental Health board members, staff and volunteers to send a consistent message community-wide. The following pages will offer important information to assist in communicating with individuals who have little or no knowledge about Shiawassee County Community Mental Health issues.

Our Mission

To improve the overall health and quality of life for the community and individuals we serve by inspiring hope, supporting self-determined lives, encouraging recovery, promotion prevention and effectively integrating care.

We Value

* Dignity, respect and courtesy for all individuals
* Upholding the public trust with integrity and accountability
* Opportunities for individuals to reach their potential
* Fiscal responsibility, regulatory compliance and efficiency of resources
* A well-trained and culturally sensitive workforce
* The use of Evidence Based Practices

References

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Depression and Bipolar Support Alliance  http://www.dbsalliance.org
Families USA  http://www.familiesusa.org
Health Education Answers, Eli Lilly
Jordan Institute for Families, 1999
Mental Health Association of Connecticut  http://www.mhact.org
Michigan Association of Community Mental Health Boards  http://www.macmhb.org
Michigan Department of Community Health  http://www.michigan.gov/mdch
Michigan Medicaid Regulations
Michigan Partners for Parity  http://www.mha-mi.org/MPP
The Person Centered Planning Education Site  http://www.ilr.cornell.edu/ped/tsal/pcp/
President's New Freedom Commission on Mental Health  http://www.mentalhealthcommission.gov
Robert Wood Johnson Foundation, Boston, MA

If you would like to comment on this handbook or seek additional information, please contact the Shiawassee County Community Mental Health Authority at 989.723.6791 or visit www.shiacmh.org.
Support group: a type of therapy in which at least two or more people talk about their own problems and each other’s problems with a talk therapist or peer-led group

Therapist: a person who has been trained in ways such as talk therapy to treat mental illness

Treatment team: all the people who work with a person to help him or her recover from an illness

Wraparound Services: are an individually designed set of services provided to children with serious emotional disturbance or serious mental illness and their families that includes treatment services and personal support services or any other services necessary to maintain the child in the family home

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Who Are Mental Health Ambassadors?

By definition an ambassador is an intermediary, or messenger, a diplomatic agent with a mission. In this context, anyone working for, or involved with, Shiawassee County Community Mental Health Authority can be an ambassador, and can deliver a message to others who consider the field of mental health unfamiliar territory. As ambassadors it is important to use consistent and powerful messages when speaking about mental health. If everyone uses the same effective messages and talking points, our diplomatic mission to increase our community’s connection to Community Mental Health and the people we serve will be accomplished. So, in this sense, you are a mental health ambassador and your mission is to send a clear and consistent message to our community about mental health.

What will this handbook help us do?
The Mental Health Ambassador messages and phrases included in this kit will help all of us:

♦ Develop more effective and powerful oral and written communications - from one-on-one conversations, to speeches in front of large groups, to grant and scholarship proposals;

♦ Improve the effectiveness of discussions about Community Mental Health to elected officials, media or potential service partners; and

♦ Train staff about key messages and the initiatives of Community Mental Health.

MH: Mental Health
MI: Mental Illness
ODCP: Office of Drug Control Policy
Over-The-Counter-medications (OTC): drugs available for sale without needing a prescription
PCP: Person-Centered Planning
Pharmacist: a healthcare professional who fills and dispenses prescription medicines and discusses medications with patients and healthcare team
PIHP: Prepaid Inpatient Health Plan
Psychiatrist: a medical doctor who specializes in treating mental disorders and conditions and may prescribe medications
Psychosocial rehabilitation: a process that offers the opportunity for individuals who are impaired, disabled, or handicapped by a mental disorder to reach their optimal level of independent functioning in the community. May take place in a Drop-In Center or clubhouse.
Psychotherapy: (also called talk therapy) a process in which a person talks with a psychiatrist, psychologist, social worker, or licensed counselor about a mental health condition
Rehabilitation: help in regaining educational, vocation, or living skills
SA: Substance Abuse
SAMHSA: Substance Abuse and Mental Health Services Administration
SED: Serious Emotional Disturbance
Side effect: an unwanted reaction to a medication
SPMI: Serious and Persistant Mental Illness
Stigma: a mark of shame or disgrace. When people are treated unkindly, as if they have a stigma, they might feel embarrassed
Stress: a physical, chemical, or emotional factor causing bodily or mental tension. Stress might be a possible factor in causing disease
A Quick Clarification

**Mental Illness** is a term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) that are all mediated by the brain and associated with distress and/or impaired functioning. Mental disorders spawn a host of human problems that may include personal distress, impaired functioning and disability, pain, or death. These disorders can occur in men, women, and children of any age and in all races and ethnic groups. They can be the result of family history, genetics, or other biological, environmental, social, or behavioral factors that occur alone or in combination.

**Developmental Disabilities** result when the brain does not develop or work the way that is typically expected. Mental impairments make it very difficult to learn. Physical impairments may prevent people from being able to control their movements or to speak clearly. Some developmental disabilities are a combination of both. These disabilities appear before a person is 22 years of age.

There is no "quick fix" for mental illness or "cure" for developmental disability. However, the Shiawassee County Community Mental Health system has a full array of supports and services that can be of help to children and adults with mental illness and developmental disabilities.

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**Glossary & Common Acronyms**

- **ABW**: Adult Benefit Waiver
- **ADL**: Advanced daily living skills; training in self-care, cooking, housekeeping, and other skills needed in daily living, to enable consumers to function more independently
- **AFC**: Adult Foster Care
- **Assertive Community Treatment (ACT)**: the treatment team (psychiatrist, nurse, case manager, therapist and/or supportive employment and sometimes others), based on the need of the consumer, which goes to the consumer to provide treatment
- **Case Manager**: also called Case Coordinator or Supports Coordinator, is a trained professional who helps coordinate a person's overall healthcare treatment programs and support
- **CMHSP**: Community Mental Health Services Program
- **CMS**: Centers for Medicare and Medicaid Services
- **Compliance**: a measure of the extent to which a person follows the recommendations of their physician, nurse, case manager, etc.
- **Cultural Competence**: addressed the values, behaviors, attitudes and practices integrated into the practice methods of a system, agency, or its professionals, that enables them to effectively work with sensitivity to the person's culture
- **MDCH**: Michigan Department of Community Health
- **DD**: Developmental Disabilities
- **DHHS**: Department of Health & Human Services
- **Evidence Based Practice**: the use of research and empirically based interventions.
- **Home based services**: intensive family treatment provided in a family's home for children involved in multiple systems and at risk of out of home placement.
What Does CMH Do?

At Shiawassee County Community Mental Health Authority, we are responsible for treating every person, without exception, with respect and compassion. We see it everyday - those triumphant moments when someone takes a step toward independence. Perhaps the step is small, perhaps it is larger. But it is always magnificent and every single time, the benefit achieved by the individual is also of benefit to the community as a whole.

At Shiawassee County Community Mental Health Authority, we cultivate hope. The hope that someone has when taking their first small step toward recovering from a mental illness. We nurture dreams. The dream of much larger steps, toward becoming gainfully employed or living independently. Simply put, Shiawassee Community Mental Health Authority helps grow human potential.

The Shiawassee County Community Mental Health Authority is accountable to citizens through the Shiawassee County Board of Commissioners, which appoint a twelve-person board. Volunteer board members establish policy direction for each program, consistent with state and federal law, standards and guidelines. Furthermore, at least 1/3 of the board membership is comprised of consumers.

Where Else Can I Get Information?

- American Psychiatric Association  www.psych.org
- American Psychological Association  www.apa.org
- Michigan Association of Community Mental Health Boards  www.macmbh.org
- Michigan Department of Community Health  www.michigan.gov/mdch
- Michigan Psychological Association  www.michpsych.org
- National Alliance for the Mentally Ill  www.nami.org
- National Institute of Mental Health  www.nimh.nih.gov
- National Mental Health Association  www.nmha.org
- Substance Abuse & Mental Health Services Administration  www.samhsa.gov

Statewide Activities

- The Mental Health Association in Michigan Annual Conference  Contact 248-647-1711
- Michigan Association of Community Mental Health Boards  Ongoing trainings/conferences/Walk a Mile in My Shoes  Register online at www.macmbh.org or call 517-374-6848
- Michigan Psychological Association—Trainings/Conferences  Register online at www.michpsych.org
- NAMI Michigan Conference—Annual event  Contact 800-331-4264 for details
- NAMI Walks – For the Mind of America  Annual event held in May  Contact the NAMI Michigan Hotline at 248-531-2404
- SAMHSA's National Mental Health Information Center  Search for events/trainings by topic or month  www.mentalhealth.samhsa.gov/calendar
Myth: People with a mental illness can "pull themselves out of it."

Fact: A mental illness is not caused by personal weakness, nor can it be "cured" by personal strength. Proper treatment is necessary.

“Myth: Mental illnesses do not affect the average person.”

Fact: No one is immune to mental illness. The National Institute for Mental Health’s statistics show that 5 million adults and 7.5 million children in America have some form of mental illness in any given year.

Who Does SCCMHA Serve?

Carol, an independent minded young woman, would love nothing more than to move out of her mother's home and into her own place.

With a broad smile, John will describe with enthusiasm what he has done to seek employment. John wants to work outdoors, even if the work is hard.

Mike, on the other hand, enjoys socializing while playing board games. Mike looks forward to the rest and relaxation he has discovered at New Directions, the local Drop In Center.

These descriptions paint a portrait of who is served by Shiawassee County Community Mental Health Authority. We serve individuals who want to live, work and play in our community - just like you. They have hopes, dreams, desires and expectations - along with the added challenge of a mental illness or developmental disability.

In general, the Shiawassee County Community Mental Health Authority serves individuals with:

* Serious and persistent mental illness (adults)
* Serious emotional disturbance (children)
* Developmental disability (adults/children)

The Shiawassee County Community Mental Health system ensures that individuals who are insured by Medicaid, uninsured, underinsured, or with little or no income can receive the help they need.
What Has Changed?

Person-Centered Planning

Person-Centered Planning (PCP) is a process-oriented approach adopted by Shiawassee County Community Mental Health Authority to empower people with mental illnesses and/or developmental disabilities. It focuses on the person and his or her needs by putting them in charge of defining the direction of their lives, not on the systems that serve them. This ultimately leads to greater inclusion as valued members of both community and society.

In the past, Medicaid or other such regulatory standards governed the process of planning. These standards drove the planning process through requirements based on the types of assessments that needed to be completed and the professionals who needed to be involved. PCP is a different approach in that the individual directs the planning process with a focus on what he or she wants and needs.

Since 1996, Person-Centered Planning has been required by law. It is as easy as listening to people, or their families, about things like where the individual would like to live and spend time during the day, who they would like to spend time with and their hopes and dreams for the future. It is also about supporting people in making flexible life choices regarding their non-family and family relationships, community involvement, respect for cultural differences, personal strengths and weaknesses, finances, scheduling daily activities, employment, education, legal and safety concerns, and health.

Don't plan about me, without me!

Myth: People with developmental disabilities lack the ability to determine what is best for them.

Fact: Although individuals with severe cognitive impairments may need greater support and advocacy services, this does not preclude their right to participate actively in all spheres of life’s choices, including physical, mental, emotional, spiritual, political, sexual and financial decisions that affect their lives.

Myth: People with disabilities do not have the same feelings as other people.

Fact: People with disabilities have the ability to feel love, joy, disappointment, rejection, etc. just like everyone else and demonstrate their reaction in many different ways.
Myth: People with mental illnesses cannot work or contribute to society.

Fact: Often people with brain disorders find effective treatment through medicine, therapy or both. Treatment that works allows individuals with brain disorders to contribute to society. It is the stigma of mental illness that prevents individuals from seeking treatment.

Myth: Adults with disabilities are really children in adult bodies.

Fact: Adults with developmental disabilities experience the same physical maturation as everyone else. IQ levels are not the only indicator of adulthood. People with disabilities are often kept in the child role through other people’s expectations and stereotypes.

Self-Determination

Self-determination is a process that supports people with disabilities having control of their lives. It supports individual’s rights as citizens to control their resources so they can make their own choices, be part of their community, and have meaningful relationships. Self-determination is another way of expressing freedom. It is a basic human right. Self-determination provides individuals who receive mental health and developmental disability services control of the resources needed for support, freedom of choice and the responsibility for their decisions and actions.

The 5 principles of self-determination are:

Freedom: the ability for individuals, with chosen family and/or friends, to plan a life with necessary supports, rather than purchase a program;

Authority: the ability for an individual with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of a social network or circle of friends, if needed;

Support: the arranging of resources and personnel (both formal and informal) to assist an individual with a disability to live a life in the community, rich in community associations and contributions;

Responsibility: the acceptance of a valued role in a person’s community through empowerment, affiliations, spiritual development, and general caring for others, as well as accountability for spending public dollars in ways that are life-enhancing.

Confirmation: recognizes that individuals with disabilities must have a significant role in redesign of the systems that support them. Essentially, it is nothing about me without me.
What is Changing?

Mental Illness Recovery

Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities.

For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual’s recovery.

Unfortunately, many people with serious mental illnesses do not seek or receive treatment. SAMHSA reports that about one in every two people who need mental health treatment does not receive it.

The common reasons people do not seek treatment include:

* Cost
* Fear
* Not knowing where to go for services
* Concern about confidentiality
* Opinions of family members, neighbors, and community

The fear of what people may think - the stigma that surrounds mental illness - is a serious barrier to treatment and recovery. Fortunately, everyone can do something to reduce stigma.

Myth: People who have a mental illness are dangerous.

Fact: Most people who have a mental illness are no more violent than someone suffering from cancer, diabetes, or any other serious illness. In fact, people with a mental illness are much more likely to be victims of violence than its cause.

“My disorder started during my childhood and my family did not understand me or know how to handle me. It was assumed that I was just an intentionally disobedient child.”

Myth: There is a lot you should learn and know before interacting with someone with a developmental disability.

Fact: There is no special training or knowledge required to interact with someone with a developmental disability. Sometimes getting to know someone with a disability can take time and sensitivity. Consider the person first, and the disability second.
Myths

**Myth:** Parents/families of people with disabilities are embarrassed and ashamed of their family member and do not really love or want their child/sibling.

**Fact:** Families love their children regardless of disabilities and have the same feelings of protectiveness and nurturing that all of us feel. For most families, love for one another is not dependent upon perfections.

"There is hope, but it is hard to recognize at first. But, I am so glad I made my way through all this and hope others can do so, too."

**Myth:** There is no effective treatment for mental illness.

**Fact:** Mental illnesses are brain disorders. As with most physical conditions, such as diabetes, most brain disorders can be successfully treated, allowing people to lead normal and productive lives.

Stigma

**What can we do to counter stigma?**

**Learn and share the facts** about mental health and developmental disabilities, especially if you hear or read something that is not true.

**Treat people** with mental illnesses and developmental disabilities with **respect and dignity**, as you would anybody else.

**Avoid labeling people** by using derogatory terms like "crazy," "wacko," "schizo," "loony," "psycho," "retard," "idiot," or "nuts."

**Support people** with mental illnesses and developmental disabilities by helping to develop community resources that assist them.

**Respect the rights of people** with mental illnesses and developmental disabilities. Do not discriminate against them when it comes to housing, employment, or education. Like other people with disabilities, people with mental illnesses and developmental disabilities are protected under Federal and State laws.

**Teach children about mental health** and help them realize that mental illnesses are like any other treatable health condition.

**Understand** that racially and ethnically diverse populations may especially be the targets of stigma.
Understand that diverse populations may frequently hold stigmatizing attitudes about mental illness and mental health services. Understand that shame, mistrust and discrimination also accompany incidences of stigma.

**Person-First Language**

Words are powerful. Old, inaccurate descriptors, and their inappropriate use, perpetuate negative stereotypes and reinforce an incredibly powerful attitudinal barrier. This invisible barrier can be the greatest obstacle facing individuals who have a mental illness or developmental disability. If we describe people by their diagnoses, we devalue and disrespect them as individuals. Even worse situations occur when a person’s diagnosis is used to define his or her potential and value! In the process, people's hopes and dreams can be crushed.

Use Person-First Language. It is a way of showing that the focus is on the person, not their disability. For example, use "person with schizophrenia" instead of "a schizophrenic." Person-First Language also emphasizes the ability, rather than disability. For example, it is correct to say that a person is "a wheelchair user," or "uses a wheelchair," not "is wheelchair-bound." Person-First Language helps to reduce the stigma attached to disability.

People with disabilities are our nation’s largest minority group. It is the most inclusive group and, at the same time, the most diverse. Yet people who have been diagnosed with disabilities are all different from one another. The only thing they have in common is being on the receiving end of societal misunderstanding, prejudice, and discrimination.

**FACT:**

Healthy Michigan Plan provides health care coverage to low-income Michigan residents who are:

* Age 19-64 years
* Have a Modified Adjusted Gross Income at or below 133 percent of the federal poverty level
* Do not qualify for or are not enrolled in Medicare or Medicaid programs
* Are not pregnant at the time of application
* Are residents of the State of Michigan

**FACT:**

Federal law allows the state to cut "optional" services and "optional" categories of recipients. In Michigan, "optional" services include:

* Home care
* Most mental health services
* Prescription drugs
* Wheelchairs and other durable medical equipment

Who may be affected by these cuts in optional services?

* Low-income individuals who cannot afford this care themselves
* The elderly and people with disabilities with incomes below the poverty level
* Children and pregnant women with family incomes at just above the poverty level
* Children of middle class families with extreme medical needs who would otherwise live in state institutions

Most would say these service are not optional, but necessary.
Some Talking Points About Medicaid & Healthy Michigan

**FACT:**
Medicaid is a lean, efficient and cost-effective program - costs rose only 1.5 percent last year, less than state employees' and retirees' health insurance programs and far less than the auto companies health plans and Medicaid programs in other states.

**FACT:**
As Medicaid is cut there is an increased use of emergency room care. The cost is passed on to insurance premiums paid by businesses. With increased costs of doing business, Michigan companies find it more difficult to compete with other states.

**FACT:**
Medicaid is a boost to Michigan's economy - each $1 million that Michigan invests in Medicaid results in $2.5 million in new business activity and 25 new jobs; conversely, cuts to Medicaid will hurt Michigan's economy and lead to a less healthy state and less healthy workforce for our future.

**FACT:**
Medicaid is only for those truly in need. Financial eligibility is so strict that children, people with disabilities, and seniors (and a few very limited other categories of adults) with incomes around the poverty level are eligible for services.

**FACT:**
One in seven people (or 1.4 million) in Michigan depend on Medicaid for health coverage; the Medicaid rolls are now at an all time high because rising health care costs forces employers to cut benefits - at the same time increased unemployment fuels poverty.

Integrated Treatment for Persons with Co-occurring Mental Health and Substance Use Disorders.

Since the 1960’s, separate funding streams for substance abuse and mental health disorders spawned separate treatment systems, training programs, rights policies and recovery strategies. The perception that a professional could only do one thing or the other persisted, until it became apparent in the early 1990's that we could no longer separate the two disorders.

There has been a growing movement toward reducing the barriers to integrated treatment.

Recently, Michigan joined the Federal Government’s Substance Abuse and Mental Health Services Administration (SAMHSA) Policy Academy for Co-occurring Disorders (COD) and established its own policy team for the State.

This team has been subdivided into workgroups whose members are made up from Prepaid Inpatient Health Plans (PIHPs) and substance abuse coordinating agencies (CAs) across the State. They are charged with the task of studying the work force development, outcomes and evidence based COD programs that will ensure a continuum of care at all levels to improve the quality of life for persons with dual diagnosis.
What Needs To Change?

Parity

Despite the widespread existence of mental disorders in our nation, significant insurance discrimination exists against persons experiencing such conditions.

The U.S. Bureau of Labor Statistics has reported that 96% of insurance plans impose limits on mental health care that they do not place on physical health care. This discrimination has been seen with respect to available benefits, requirements for co-pays and deductibles, and allowable annual and lifetime dollar expenditures.

Most, but not all, private health insurance includes some coverage for mental health services. Federal law requires that if a policy covers mental health services, there must be parity in annual and lifetime monetary limits for mental health and physical health benefits. Some small insurance plans are not covered by federal law. Even policies covered by parity law manage to limit coverage for mental health services in other ways. For example, there may be annual limits on the number of visits to a mental health professional or there may be higher co-pays for mental health services than physical health services.

Virtually every economic study done in recent years by accounting firms, government agencies and private institutions has found that the direct, short-term costs of mental health insurance equality (or parity) to employers and insurers is relatively small, while the long-term cost savings that employers, insurers, and all of society can gain from mental health insurance parity are enormous.

Avoid Stigmatizing Mental Illness & Developmental Disabilities

Persons with mental illness and developmental disabilities have been dealing with severe social stigmas for a long time, based on the assumption that they have a moral deficiency. Today, professionals recognize that most individuals with mental illness and developmental disabilities have biological anomalies, not character defects. Stigma is what keeps many people from getting the help and support they need. Help and support that is effective and available. For those with development disabilities, stigma can appear in the form of glorifying their ordinary accomplishments, or by isolation and avoidance. For those with mental illness, stigma can result in awkward pauses in conversation, uneasiness on the part of others, and often with open discrimination. Stigma can limit opportunities, stand in the way of a job, increase feelings of loneliness, and cause many other unfortunate outcomes. Yet, stigma can be exposed and overcome by practicing these easy steps:

* Use respectful language
* Speak in person-first language by saying "person with schizophrenia or autism"
* Emphasize abilities, not limitations
* Tell someone if they express a stigmatizing attitude
* Provide opportunities for participation and inclusion when you can.

Focus on Strengths

Persons with mental illness and developmental disabilities are sometimes seen as crises waiting to happen. This leaves others to focus on their problems and view their situation as hopeless. Rather than focusing on negatives, you will meet with more success and reduce stigmatization if you seek to find and emphasize the particular strengths of each individual.
Working with People with Disabilities

Learn About Mental Illness & Developmental Disabilities
Consider reading further about mental illness and development disabilities, especially any particular illness that affects the persons with whom you work. Learning about mental illness and developmental disabilities can help you work with people and avoid stigmatizing persons.

Learn How a Person’s Race, Ethnicity or Culture Impacts the Delivery and Receipt of Quality and Appropriate Services
Historically, racially and ethnically diverse persons with mental illness and developmental disabilities have had difficulty receiving affordable, accessible, appropriate and responsive mental health services. To increase the likelihood of these populations receiving quality and appropriate services, mental health professionals, volunteers and advocates who serve them must undergo appropriate self-assessment and reflection. It is important that they receive cultural competence, anti-racism, and diversity training to best offer culturally competent services.

Treat Everyone as a Person
It is best to approach persons with mental illness and developmental disabilities in the same way you would relate to anyone - with respect.

Confidentiality
Keep in mind that only information essential to the treatment of consumers and the safety of staff, consumers, and other individuals can be shared with other professionals; and only people legally allowed to have such information should get it.

Funding & Risks
Under the current funding model, for every 1% cut in funding ($18,991,598), 2,174 citizens will have their care cut completely or compromised significantly.

Those most at risk are persons with no insurance, largely represented by the working poor.

Failure to provide appropriate services will result in cost shifts to state facilities and the Michigan Department of Corrections.

According to the President George W. Bush’s New Freedom Commission on Mental Health, mental health expenditures are predominantly publicly funded at 57% compared to 46% of overall health care expenditures. Between 1987 and 1997, mental health spending did not keep pace with general health care because of declines in private health spending under managed care and cutbacks in hospital expenditures.

“The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.”
Michigan’s public mental health system has a long history of serving those in need. Through contracts with the Michigan Department of Community Health, Community Mental Health Service Programs (CMHSPs) are the local community providers and/or managers of services and supports for persons with serious and persistent mental illness, developmental disabilities, and additive disorders who have Medicaid, or are uninsured, or have little or no income.

In Michigan there are 46 CMHSPs.

The CMHSPs are grouped into 10 regional Prepaid Inpatient Health Plans (PIHP). Each PIHP is responsible for coordinating the mental health, developmental disability and addictive disorder services for people with Medicaid in their region. While some CMHSPs are under the authority of their local county government, Shiawassee County Community Mental Health Authority exists as a separate entity.