

HOW CASE MANAGEMENT WORKS WITHIN TEAM BASED CARE

Together, you and your case manager will discuss services offered and available at Community Mental Health For Central Michigan. In partnership with you, your natural supports, and your CMHCM treatment team you will create your person-centered plan. You and your case manager will decide what services are clinically appropriate and how often the services need to occur.

Your plan will be a detailed road map of your journey, and your treatment team will be with you on your road to recovery. Your plan can be updated any time you and your team decide a change in direction is needed based on your goals.



Customer Service 1.800.317.0708 or
989.772.5938
Michigan Relay 7-1-1
24 HOUR CRISIS Telephone
Convenient Office Locations and Hours

Clare County

789 North Clare Avenue
Harrison, MI 48625
989.539.2141

Isabella County

301 South Crapo Street
Mt. Pleasant, MI 48858
989.772.5938

Gladwin County

655 East Cedar Street
Gladwin, MI 48624
989.426.9295

Mecosta County

500 South Third Street
Big Rapids, MI 49307
231.796.5825

Midland County

218 East Ice Drive
Midland, MI 48642
989.631.2320

Osceola County

4473 220th Avenue
Reed City, MI 49677
231.832.2247



CMHCM receives financial support from the
Michigan Department of Health and Human Services.



WELCOME TO CASE MANAGEMENT

The responsibility of a case manager is to help attain recovery goals while receiving services at Community Mental Health for Central Michigan.

A case manager will help access appropriate public mental health services, including community-managed mental health services if required. They will work to receive the best services necessary for recovery. This will include offering a range of treatments, including recreational and rehabilitation activities.



**Community
Mental Health**
FOR CENTRAL MICHIGAN

WELCOME TO CMHCM

MISSION STATEMENT

To promote community inclusion and whole-person wellness through provision of comprehensive and quality integrated services to individuals with a mental illness, developmental disability, and/or substance use disorder.

VISION

Communities where all individuals experience fulfilled lives.

STATEMENT OF VALUES

- The dignity and worth of each individual
- Consumer involvement and empowerment
- Person-centered planning and self-determination
- Diversity
- Advocacy and public education
- Community inclusion
- Responsiveness to local community needs
- Quality services that are affordable, accessible, and available
- Creativity, innovation, and evidence-based practices
- Behavioral/physical health integration
- Prevention and wellness
- Competent staff and providers
- Continuous quality improvement
- Participative management
- Ethical practices
- Efficient utilization of resources
- Fiscal integrity

FUNCTIONS OF A CASE MANAGER

Case managers often form the front line of treatment. They coordinate care and track the progress of consumers who suffer from severe and debilitating mental health disorders or developmental disability. Their role is to help consumers navigate the complex network of clinics, doctors and community resources that can be daunting to consumers and their families.

A case manager's chief function is to arrange continuous, integrated care. Duties can range from helping consumers access treatment resources to actively participating in the consumers care. Case managers see themselves as advocates for consumers. Their expertise in the mental health care system helps them guide consumers to the right resources in a community treatment setting.

For consumers with a serious and persistent mental illness case managers help provide a path to recovery. The paths to recovery are as different as the individuals who seek a better future and case managers are uniquely qualified to help in that quest.



PERSON-CENTERED PLANNING



All services at Community Mental Health for Central Michigan are driven by a person centered plan. The process is used to design your individual plan of mental health supports, service, or treatment is called “Person-Centered Planning”.

- The process begins when you determine whom, beside yourself, you would like at the person-centered planning meeting. You will also decide when and where the meeting will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meeting.
- During the meeting, you will be asked what are your hopes and dreams, and will be helped to develop goals or outcomes you want to achieve. Additionally, you help decide what supports, services, or treatment you need, who you would like to provide this, how often you need the service, and where it will be provided.