

December 7, 2018

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CMH Association and Member Activities:

Northeast Guidance Center announces open house

OPEN HOUSE
For Our New
**Behavioral & Physical
Healthcare Center**

Northeast Guidance Center
& Detroit Community Health Connection
cordially invite you
to attend the ribbon cutting ceremony of our new
INTEGRATED HEALTH CENTER

Please Join Us
Open House & Refreshments
Wednesday, Dec. 12, 3-6pm
Dr. Peter Slaughter Health Center
20303 Kelly Rd., Detroit

 **northeast
GUIDANCE CENTER**
313.308.1400
BEHAVIORAL HEALTHCARE

 **Detroit
Community
Health
Connection, Inc.**
**Dr. Peter Slaughter
Health Center**
313.347.2116
PEDIATRIC & ADULT HEALTHCARE

RSVP by Dec. 7th to
scommon@neguidance.org or 313.308.1416

CMHAM Committee Schedules, Membership, Minutes, And Information

Visit our website at <https://www.macmhb.org/committees>

News from Our Corporate Partners:

Mystrength: 2018 – a year of continued innovation

It's been a busy year at myStrength! As we look toward our product plans for 2019, we wanted to provide a quick year-end summary of product highlights from 2018:



New and Expanded Focus Areas

Mindfulness and Meditation

Our popular mindfulness and meditation library expanded in 2018 with new topics ranging from anger to self-esteem. These are now grouped in a new focus area, making them easy to find. We also rolled out new **5-day challenges** that encourage participants to build their daily mindfulness practice. [Try the 1-Minute Meditation activity.](#)

Opioid Recovery

In 2018, we introduced new tools to support recovery from opioid use disorder. Emphasizing medication-assisted treatment (MAT), the new resources apply to those questioning their opioid use, worried about a loved one, or already engaged in treatment. [View the quick overview video.](#)

Dialectical Behavior Therapy

myStrength introduced the new **Balancing Intense Emotions** focus area in 2018, which is grounded in evidence-based DBT (developed by Marsha Linehan, PhD). DBT is widely used to treat depression, PTSD, anxiety, suicidal intensity, eating disorders, and more. [Start the Traveling Light activity.](#)

Relias outlines key trauma-informed framework

Unfortunately, implementing a trauma-informed framework at your organization is not as simple as bringing in experts, gathering staff for training and then riding the wave of motivation and excitement into the sunset. It involves a cultural shift at your organization, ongoing focus and training, and a commitment from leadership.

Read the white paper to learn five, key elements of a successful and sustainable trauma-informed care implementation at your organization. We also include links to organizational assessments and other resources to help you get started:

https://www.relias.com/wp-content/uploads/2018/09/WhitePaper_Relias_HHS_BH_TIC.pdf?utm_source=marketo&utm_medium=email&utm_campaign=eb_2018-12-04_tic-wp-wbn-trigger_trauma-informed-care&mkt_tok=eyJpIjoiWmpGaFlqWTJNVFZqTURWaClslInQiOiJCTkFpZURGa3lFZ0F3MVZtdGVLYjBXTWNqc0xXUmJKVHk2dINUZzVOK3RQcmZSY1c0ODJWSWxxZzYzYjhEMTh3YjhMY3NLZmhSTVc4WXBmUIBnYUQzYkdwYXVjc1BSTE5yYVwvWWRjandvb2FYWGJjUDJJZDI5dkJTaUs2ZngyalwvIn0%3D

State and National Developments and Resources:

Youth suicide in Michigan is rising, but teacher training bill stalled

Below are excerpts from a recent Lansing State Journal article on youth suicide and related legislations.

The number of young people dying by suicide in Michigan is on the rise, but the state is no closer to requiring suicide prevention training for K-12 teachers.

Two bills introduced more than a year ago that would change that are no closer to becoming law.

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The legislators who introduced them, State Sen. Curtis Hertel, D-Meridian Township, and State Rep. Sam Singh, D-East Lansing, say both measures — [Senate Bill 0464](#) and [House Bill 4772](#) — are stuck in committee. The bills will expire at year's end if they aren't acted on.

Both bills have bipartisan support, but two education committee chairs charged with deciding whether the measures will get a hearing, State Sen. Phil Pavlov, R-St. Clair Township, and State Representative Tim Kelly, R-Saginaw, have not set hearings.

Republican lawmakers who support the bills say the effort to require teacher training in suicide prevention isn't a partisan issue.

A representative with an association that represents more than 100,000 teachers in the state said its members have no objections to it.

The full article can be found at:

<https://www.lansingstatejournal.com/story/news/local/2018/11/29/youth-suicide-michigan-training-bill/1668680002/>

Group to Address Issue of Incarceration of People with Disabilities

The National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD) and Benchmark Human Services (Benchmark) have partnered to co-sponsor an initiative to bring national attention to the needs of persons with intellectual and developmental disabilities (I/DD) as they relate to the criminal justice system.

This call to action is to address the policy vacuum that currently exists regarding persons with I/DD involved with the criminal justice system. While there is considerable activity at federal and state levels to address the needs of persons with mental illness involved with the criminal justice system, there is no similar initiative to address the needs of persons with I/DD interacting with this system. A major goal is to bring national attention to this growing need and to develop a Hill Briefing tentatively scheduled for the period March-May, 2019.

The two organizations recently hosted a meeting in Washington D.C. to establish objectives, note key issues, and develop a plan to highlight critical issues. Those in attendance included Valerie Bradley, President Emerita, The Human Services Research Institute (HSRI); Eileen Elias, Director Disability Services Center; Senior Policy Advisor, JBS International; Vijay Ganju, Independent Consultant and former Secretary General of the World Federation of Mental Health; Alyssa George, Fellow at the Bazelon Center for Mental Health Law; Mary Lee Fay, Executive Director of the National Association of State Director of Developmental Disabilities Services (NASDDDS); Ron Manderscheid, Executive Director of NACBHDD; Jeff Cross, President of Public Solutions, Benchmark, and Nikki Ford, Director of Development Strategies, Benchmark. The work group will be expanding to include executives from the ARC and national law enforcement associations.

"The growing incidence of persons with I/DD being incarcerated in local jails is a significant concern across the country," said Jeff Cross. "These individuals frequently have a dual diagnosis of I/DD and mental illness but have little access to behavioral health services. There is an acute need for policy changes and increased support to local law enforcement and service provider agencies to address this issue."

Ron Manderscheid added, "This effort addresses the new and disconcerting problem of incarceration of transition age youth with I/DD in our county and local jails—an issue that needs immediate attention. Our effort will bring potential solutions to the attention of the new Congress after they convene in January."

To learn more, please contact: Ron Manderscheid
rmanderscheid@nacbhd.org
202-553-1827

Driving a Cross-Agency Focus on Equity and Access: Indiana's Office of Healthy Opportunities

In early 2018, Indiana's Family and Social Services Administration (FSSA) created its new Office of Healthy Opportunities. Dedicated to ensuring "*equitable access to the social and physical supports needed to promote health from birth through end-of-life*," the office has three goals: (1) identify the health care related social needs of Hoosiers; (2) connect those in need with state and community organizations; and (3) create new policies and programs to provide services where they do not currently exist.

This case study explores how FSSA is seeking to achieve these goals and optimize the integration and delivery of health and social services for Medicaid beneficiaries. It is a product of the [Medicaid Leadership Institute](#) (MLI), an initiative of the Robert Wood Johnson Foundation directed by CHCS. **Allison Taylor, Indiana's Medicaid Director**, brought this innovative, cross-sector effort to CHCS' attention during her MLI Fellowship because of its consonance with the Foundation's focus on social determinants of health and the need to support a 'Culture of Health' across communities.

Read the case study at:

https://www.chcs.org/resource/driving-a-cross-agency-focus-on-equity-and-access-indianas-office-of-healthy-opportunities/?utm_source=CHCS+Email+Updates&utm_campaign=46f6d14b23-Indiana+Case+Study+12%2F4%2F2018&utm_medium=email&utm_term=0_bbc451bf-46f6d14b23-152144421

Can we stop suicides?

Below are excerpts from a recent opinion piece in the New York Times.

Can we stop suicides? It's been too long since there was a new class of drugs to treat depression. Ketamine might be the solution.

In May of 2017, Louise decided that her life was just too difficult, so she'd end it. In the previous four years, three siblings and a half-sibling had died, two from disease, one from fire and one from choking. Close friends had moved away. She felt painfully, unbearably alone. It would be the fourth time Louise (I'm using her middle name to protect her privacy), then 68, would attempt suicide, and she was determined to get it right.

She wrote a letter with instructions on where to find important documents and who should inherit what. She packed up her jewelry and artwork, addressing each box to particular friends

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and family members. Then she checked into a motel — homes where people have committed suicide lose value and she didn't want hers to sell below market — put a plastic sheet on the bed, lay down and swallowed what she figured was an overdose of prescription pills with champagne.

A few days later, she woke up in a psychiatric ward in Albuquerque. The motel maid had found her. "I was very upset I had failed," she told me recently. So she tried to cut her wrists with a bracelet she was wearing — unsuccessfully.

The suicide rate has been rising in the United States since the beginning of the century, and is now the 10th leading cause of death, according to the Centers for Disease Control and Prevention. It's often called a public health crisis. And yet no new classes of drugs have been developed to treat depression (and by extension suicidality) in about 30 years, since the advent of selective serotonin reuptake inhibitors like Prozac.

The full opinion piece can be found at:

<https://www.nytimes.com/2018/11/30/opinion/sunday/suicide-ketamine-depression.html>

State Legislative Update:

2018 Lame Duck Legislation

The second week of session is completed, two more weeks are scheduled. Below is a brief update regarding the legislative items of interest to the public mental health system:

HB 5625 – allows mediation to start immediately with a rights dispute and not waiting until after the investigation is closed. – **Passed the Full House on Thursday.**

HB 5828 – Creates the school safety commission – **NO ACTION this week.**

HB 5806 – 5808 – Creates legislative framework on juvenile mental health court – **Passed out of the Full House on Wednesday.**

HB 6252 – create a Suicide Prevention Commission to work with state departments and nonprofit organizations on researching causes and underlying factors of suicide, and to prepare a report for the legislature with recommendations for reducing risk factors with yearly updates thereafter, and would sunset the Commission at the end of 2026 – **Reported out of the House Judiciary Committee on Tuesday.**

SB 745 - clarify when you need to license an adult foster care home... We want to make sure home that are currently unlicensed (if you own or rent your own home) remain unlicensed. – **Not going to move, HB 5505 is moving and has the same language to resolve the AFC licensing issue as SB 745 proposes by not requiring licensure for settings of up to 4 adults receiving benefits from a CMH services program, BUT HB 5506 is also moving and it 5506 includes transferring the cost**

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of the FBI criminal history checks to AFC licensees beginning January 1, 2020. This cost transfer is proposed under HB 5506 – **HB 5505 & 5506 passed out of the FULL House on Wednesday.**

SB 962 - The bill would allow certain facilities to be dually licensed as adult foster care facilities and substance use disorder programs so that an individual seeking treatment for a substance use disorder and mental health issues could be treated at a single facility, as long as the facility was approved as a co-occurring enhanced crisis residential program. **Placed on third reading on House floor, should move next week.**

SB 641 – The bill would redefine limited licensed psychologists as a “psychological associate”. **Passed the full Senate on Tuesday.**

Raise the age package (HBs 4607, 4653, 4662, 4664, 4676, 4659, 4650 & 4685) – Michigan is one of only four remaining states in the United States where 17-year-olds are automatically considered adults for criminal offenses. To align with standard national practices, Michigan should raise the age of juvenile court jurisdiction to 18 – **NO ACTION this week.**

SB 1171 – Revised version of minimum wage bill passed in September – **Passed both Chambers and sent to the Governor.**

SB 1175 – Earned Sick time – **Passed both Chambers and sent to the Governor. Changes the maximum amount of paid sick leave a person can earn to 36 hours a year, as opposed to the 72 hours in the original proposal and exempt businesses with 50 or less employees – Passed both Chambers and sent to the Governor.**

SB 1243 – Designed to make the new recreational marijuana law look more like the regulation that governs medical marijuana so Michigan does not have two different sets of regulation – **Introduced and Referred to Senate Govt Ops Committee**

SB 1245-1247 – Bills would give law enforcement officials the ability to access the MAPS (Michigan Automated Prescription System) when they deem it necessary in an investigation. The bills were introduced by the Michigan State Police and being pushed by the Governor’s office – **Passed the Full Senate on Thursday.**

FY19 Supplemental Budget – NO ACTION

HOUSE CARES TASK FORCE

HB 5085 – dedicates 4% of the unmarked money raised through Michigan’s liquor sales and fees and earmark it specifically for substance use disorder treatment and prevention services. HB 5085 could provide more than \$17 million a year to combat alcohol-related disorders, opiate addiction and other substance use disorders. **NO ACTION**

HB 5439 – requires the DHHS to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis that is accessible through the DHHS website. **NO ACTION**

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HB 5460 – require that programs and curricula for paramedics or medical first responders include training in treating drug overdose patients that is equivalent to training provided by the American Heart Association Basic Life Support (BLS) for Health Care Providers. **NO ACTION**

HB 5461 – Current law allows peace officers to possess and administer an opioid antagonist if they have been trained in its proper administration and have reason to believe that the recipient is experiencing an opioid-related overdose. The bill would stipulate that the training required before administration of an opioid antagonist must meet the requirements set out in HB 5460. **NO ACTION**

HB 5524 – requires that the Department of Education (MDE), in conjunction with the DHHS to develop or adopt a professional development course for teachers in mental health first aid. **NO ACTION**

HB 5487 – establishes a uniform credentialing requirement for individuals who provide medical services through a contract health plan. **NO ACTION**

HBs 5450-5452 – allows those once convicted of some minor felonies and misdemeanors would be allowed to work in some mental health care jobs (nursing homes, psychiatric facilities, & adult foster care homes) . **NO ACTION**

HB 5810 – revising Kevin’s Law, court-appointed outpatient and inpatient care, increasing accessibility. **NO ACTION**

HB 6202 – MI CARES hotline would create a statewide 24 hour/7 day a week referral system for individual who are seeking services. **NO ACTION**

Federal Update:

Trump Administration Approves Kentucky Work Requirements for Second Time

The Centers for Medicare and Medicaid Services (CMS) re-approved Kentucky’s request to add work requirements to the state’s Medicaid program last week, following a federal judge’s ruling earlier this year that overturned the first iteration of these requirements. These changes would require the population covered by Kentucky’s Medicaid expansion to report 80 hours of work or “work-related activities” each month, or face losing their coverage for a six-month lockout period. The approved 1115 waiver, which takes effect April 1, 2019, is almost identical to the state’s previously overturned application, and has been projected to result in at least 95,000 Kentuckians losing Medicaid coverage over the next five years.

BACKGROUND In June of this year, District Court Judge James Boasberg blocked Kentucky’s original waiver request on the grounds that CMS had not properly considered whether the initiative would violate Medicaid’s central objective of providing medical assistance to the state’s citizens, nor had the agency adequately addressed concerns about the expected total loss of coverage for thousands of Kentuckians. The decision did not outlaw Medicaid work requirements outright, but rather required CMS to carefully assess each Medicaid Section 1115 waiver for its impact on individuals’ health care coverage. In response, CMS reopened a public comment period on the waiver, during which the

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National Council [submitted comments](#) strongly opposing work requirements and [other harmful provisions](#) included in the waiver.

In a letter to Kentucky's Medicaid Director re-approving the 1115 waiver, CMS Chief of Staff Paul Mango outlined the agency's assertion that work requirements and other measures included in the waiver "seek to improve beneficiary health and financial independence, improve the well-being of Medicaid beneficiaries and, at the same time, allow states to maintain the long-term fiscal sustainability of their Medicaid programs and to provide more medical services to more Medicaid beneficiaries." He noted that CMS had considered public comments on the waiver, and that it had determined that the waiver was consistent with the goals of the Medicaid program. The letter also justifies experts' projections that 95,000 Kentuckians will lose coverage by contending that they account for a small percentage of total Medicaid enrollees, and their disenrollment will likely be due to a variety of factors beyond the institution of work requirements, such as transitioning to commercial coverage.

CONCERNS FROM THE FIELD CMS's reapproval of Kentucky's work requirements comes amid massive coverage losses for over 12,000 Arkansans operating under similar Medicaid restrictions as well as calls from many groups for CMS to halt approvals of new waivers that include work requirements. The Medicaid and CHIP Payment and Access Commission (MACPAC), a Congressionally-chartered body that advises Congress and CMS on Medicaid issues, submitted a [formal request](#) to Health and Human Services Secretary Alex Azar to cease approving these waivers.

Additionally, the National Council has joined many efforts to oppose work requirements, including [submitting official comments](#) on the Kentucky requirements, and sending a [letter](#) alongside other groups such as the Center on Budget and Policy Priorities, the Georgetown University Center on Children and Families and the March of Dimes, urging Secretary Azar to take immediate action to halt work requirements in the face of unnecessary coverage losses for Medicaid enrollees. Leonardo Cuello, Director of Health Policy at the National Health Law Program, one of the advocacy groups involved in the lawsuit which resulted in the initial blockage of these requirements said, "We do not believe HHS's reapproval corrects the serious legal defects Judge Boasberg cited in his first opinion."

WHAT'S NEXT?

Before the waiver goes into effect on April 1, 2019, Judge Boasberg will consider CMS's reapproval of the Kentucky waiver, as well as the agency's approval of the similar waiver currently active in Arkansas. Stay tuned to [Capitol Connector](#) each week for continued updates on Medicaid work requirements and their impact on individuals living with mental illness and substance use disorders.

Education Opportunities:

CMHAM & Michigan Health Endowment Fund Present New Training Series: Managed Care Contracting from a Position of Strength!

Many behavioral health agencies mistakenly believe that they lack leverage with the MCOs to negotiate fair provisions in their participation agreements, overlooking legal protections available under state and federal law. In addition, many behavioral health agencies fail to position themselves to participate under value-based payment arrangements with MCOs, foregoing potential revenue streams. This full-day training will assist behavioral health agencies negotiate favorable participation agreements with MCOs. The training will address the following topics:

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- Preparing for contract negotiations by identifying and assessing potential leverage points, such as regulatory leverage, market power, and competing on value;
- Evaluating managed care contracts using a team-based approach, considering an MCO's operational and financial stability;
- Negotiating strategies and tips to make the most persuasive case; and,
- Understanding common contract terms and what language is most advantageous.

FEATURING: ADAM J. FALCONE, JD, MPH, BA, PARTNER, FELDESMAN TUCKER LEIFER FIDELL, LLP Based in Pittsburgh, PA, Mr. Falcone is a partner in FTLF's national health law practice group, where he counsels a diverse spectrum of community-based organizations that render primary and behavioral healthcare services. He counsels clients on a wide range of health law issues, with a focus on fraud and abuse, reimbursement and payment, and antitrust and competition matters.

WHO SHOULD ATTEND:

- Nonprofit mental health providers and those mental health providers serving within the public mental health network interested in negotiating contracts with managed care organizations
- Limited attendance: only 2 people per agency may attend

REGISTRATION: \$100 per person. The fee includes training materials, continental breakfast and lunch.

ADDITIONAL INFO: <https://macmhb.org/education>, cward@cmham.org; or 517-374-6848.

TO REGISTER, CLICK ON YOUR DATE & LOCATION:

[January 15, 2019 - Detroit Marriott, Livonia](#)

[January 16, 2019 - Holiday Inn & Suites, Mt. Pleasant](#)

[January 23, 2019 - Drury Inn & Suites, Grand Rapids](#)

[January 24, 2019 - West Bay Beach Holiday Inn](#)

SAMHSA announces sequential intercept mapping workshops

Sequential Intercept Mapping Workshops Focusing on Improving and Expanding Diversion Opportunities at Intercepts 2 and 3

Sequential Intercept Mapping (SIM) Workshops are designed to allow local, multidisciplinary teams of people from jurisdictions to facilitate collaboration and to identify and discuss ways in which barriers between the criminal justice, mental health, and substance use systems can be reduced and to begin development of integrated local strategic action plans. This year's SIM Workshops will be focused on improving and expanding diversion opportunities at Intercept 2 and 3 of the Sequential Intercept Model, with particular emphasis on specialty/treatment courts (e.g., drug/recovery courts, DUI/DWI courts, mental health courts, veterans treatment drug courts, family treatment drug courts, tribal healing to wellness courts) and improving coordination and collaboration among judges, prosecutors, defense attorneys, treatment court coordinators and case managers, community corrections, behavioral health treatment provider agencies and organizations, and other community-based services and supports. The GAINS Center will offer the SIM Workshops free of charge to selected communities between March and August 2019.

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To apply for a SIM workshop, please download the solicitation and submit a completed application form no later than December 21, 2018

[Download the SIM Workshop Solicitation](#)

Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.

This training fulfills the MCBAP approved treatment ethics code education – specific.

Trainings offered on the following dates.

- *Training Full:* January 23 – Lansing [Click Here to Register for January 23](#)
- February 20 – Lansing [Click Here to Register for February 20](#)
- March 13 – Lansing [Click Here to Register for March 13](#)
- April 24 – Troy [Click Here to Register for April 24](#)

Training Fees: (fee includes training material, coffee, lunch and refreshments.

\$115 CMHAM Members

\$138 Non-Members

Miscellaneous News and Information:

Job Opportunity: Michigan Healthy Transitions (MHT) Project Director

Purpose: To coordinate a grant-funded initiative to provide the Transition to Independence Process (TIP) model in Kalamazoo and Kent counties by collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA), MDHHS, the Association for Children's Mental Health (ACMH), the Community Mental Health Services Providers (CMHSPs) in Kalamazoo and Kent counties, Stars Training Academy (TIP model purveyor), the MPHI Evaluation Team and the MHT Leadership Team and stakeholders.

Experience: Experience with supervision and oversight of an evidence-based practice. Familiarity with Transition to Independence Process Model preferred. Experience providing community-based mental health services to children and their families. Public mental health system experience preferred. Excellent written and oral communication skills. Demonstrated coordination and organizational skills.

For more information, [Click Here!](#)

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director

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Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director to lead this non-profit organization responsible for providing legally-based protection and advocacy services that advance the rights of individuals with disabilities in Michigan. The position is located in Lansing, MI. MPAS' next Executive Director will continue to advance the high-quality advocacy, legal representation, and connection with the disability rights and social justice communities in the state. Must have a commitment to the mission of MPAS and to the rights of people with disabilities.

Minimum Qualifications:

- Candidates with strong non-profit or legal services experience and a Bachelor's Degree from an accredited college in Business Management, Psychology, Social Work, Public Administration, or another human service related field with minimum of ten years of experience, or Master's Degree or JD and seven years' experience.
- A minimum of seven to ten years of leadership experience in a complex organization that includes engaging in strategic planning, management, development and supervision of personnel, financial planning, and monitoring internal controls for a multi-funded budget.

Application Process:

- Candidates should send a current resume and cover letter detailing the candidate's interest in the position, describing any experience with people with disabilities, and noting relevant leadership experience to mbrand@mpas.org
- Electronic submissions are preferred. Mailed submissions may be addressed to Michele Brand, Michigan Protection & Advocacy Service, Inc., 4095 Legacy Parkway, Suite 500, Lansing, MI 48911 or via fax at 517-487-0827.
- MPAS offers a competitive salary and benefits package. Position is open until filled.
- MPAS is an equal opportunity employer with a commitment to diversity. People with disabilities are encouraged to apply.

For more information, please visit our website: <https://www.mpas.org>.

CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284

First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219

Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124

Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972

Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451

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Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact information:

Alan Bolter, Associate Director, abolter@cmham.org

Christina Ward, Director of Education and Training, cward@cmham.org

Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org

Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org

Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org

Dana Owens, Accounting Clerk, dowens@cmham.org

Michelle Dee, Accounting Assistant, acctassistant@cmham.org

Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org

Carly Sanford, Training and Meeting Planner, csanford@cmham.org

Annette Pepper, Training and Meeting Planner, apecpper@cmham.org

Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org

Anne Wilson, Training and Meeting Planner, awilson@cmham.org

Robert Sheehan, CEO, rsheehan@cmham.org