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CMH Association and Member Activities:

New! Summit Pointe and partners receive justice and mental health grants

Below are excerpts from a recent press release announcing the receipt of grant funding, by Summit Pointe, a CMHA member, and their community partners, linking the justice community and the mental health service system.

The Battle Creek Police Department, in coordination with Summit Pointe and the Battle Creek Community Foundation, has received just over \$1 million in U.S. Department of Justice grants to fund crisis intervention and victim advocate programs.

One grant, in collaboration with the BCCF, is for \$276,000 under the Law Enforcement-Based Victim Specialist Program. This award that will fund a victim advocate – someone who can help victims of violent crime navigate the criminal justice process, and connect them with community resources.

“Since 2016, BCCF became involved in providing victim supports, as a result of the mass shooting in Kalamazoo involving an Uber driver, with four of the six victims from Battle Creek,” said Annette Chapman, senior vice president of the BCCF. “As we have worked in both communities, we identified a large gap in victim services and supports in Battle Creek.

“The BCPD’s award of this Office of Victim of Crime grant is an outstanding example of community partnering and capacity building that will result in the provision of additional services for the residents of Battle Creek.”

The other grant, in collaboration with Summit Pointe, is for \$750,000 under the Justice and Mental Health Collaboration Program. It will help fund the continuation of the Crisis Intervention Team program, training police to best respond to those with a mental illness, or who are in a mental health crisis. In particular, police plan to focus attention on local schools, and young neighbors.

The successes of the CIT program in Battle Creek and Calhoun County was touted nationwide as part of Battle Creek’s application to, and subsequent win, of the All-America City Award in 2019.

“This grant will allow our CIT program in Calhoun County to expand, with an emphasis on the youth in our community,” said Jeannie Goodrich, CEO of Summit Pointe. “CIT-Youth and Mental Health First Aid for Public Safety will assist law enforcement in Calhoun County on the challenge of working with youth in our community that they encounter, with the intention of getting families connected with supportive services offered in our community.”

In addition, the Kids Reaching Excellence Support Team will work collaboratively with the local court and probation systems to provide individualized treatment and supportive interventions, to decrease the time local youth will require court oversight.

Battle Creek Police Chief Jim Blocker said he is grateful for the many community partners that make these programs possible.

“We have great partners in Summit Pointe and our area hospitals, which work with our CIT-trained officers on how to divert people in crises to the help they need, instead of incarceration – which in most cases will not help as intended,” Blocker said of the Crisis Intervention Team. “Since 2017, we have seen a dramatic shift in arrest and use-of-force incidents. Out of nearly 600 CIT-specific calls for service, less than 1 percent were taken to jail; all others were diverted to receive the care they need, even in cases when a crime might have occurred.”

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The BCCF will employ the victim advocate – who will then work from the BCPD’s Community Fusion Center with first responders and other supporting agencies.

“Today we are building the capacity of the Fusion Center to address the complex challenges we face in our community, surrounding violent crime,” Blocker said. “We are grateful for our community partners and funders, who support this necessary, community-based approach.

“These are not just law enforcement challenges – they affect us all – and together we can fill these gaps effectively, and make positive change in our community.”

CMHA Committee Schedules, Membership, Minutes, and Information

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

News from Our Preferred Corporate Partners:

myStrength Launches Digital Nicotine Recovery Tools to Help Individuals Make Healthy Changes

[Request a Demo](#)

Cigarette smoking is the leading cause of preventable morbidity and mortality in the U.S., with a high prevalence among people with behavioral health disorders. Additionally, vaping/e-cigarette use has rapidly increased in recent years, especially among youth. Nearly seven in 10 smokers are interested in quitting, but most aren’t aware of the effective methods. To address this population, myStrength is pleased to introduce a Nicotine Recovery program to help people make healthy changes personalized to their needs. These digital self-care resources are designed to:

Offer evidence-based motivational and planning tools, personalized based on a person’s past experience, lifestyle, triggers, and unique needs

- Inspire action and reduce ambivalence about quitting via positive, non-judgmental and interactive activities, tools, resources, and customized plans
- Instill hope to help individuals surmount the guilt and shame associated with nicotine use
- Share the gold-standard treatment methods, including medication-assisted treatment (comprising a combination of nicotine replacement therapy (NRT) or quit medication and counseling)

Interactive and tailored web-based resources – like myStrength’s digital behavioral health platform – have been shown to increase quitting behavior for adult smokers 40% better than self-help booklets. myStrength has a unique opportunity to positively impact nicotine recovery, as our platform offers integrated support for behavioral health conditions that are often comorbid with nicotine dependence. This support addresses depression, anxiety, insomnia, substance use (opioid, alcohol and drugs), stress, and more – many of which can make the quitting process more complex.

Relias Announces Suicide Prevention Resources

According to the Suicide Prevention Resource Center, comprehensive suicide prevention plans should include the following:

- Rules for screening, assessment, intervention and referral
- Training for all staff in care practices and policies
- Rules for ensuring continuity of care

Relias provides training on suicide care, including the use of screening tools and risk assessments, prevention and treatment. We also make it easy to maintain and communicate organizational policies and procedures on the care and monitoring of individuals identified as at risk for suicide.

How prepared is your organization? Request a meeting to discuss how Relias can support your suicide prevention efforts.

[Request a Meeting](#)

New! Relias Webinar- The Substance Use Professionals of the 2020's

Join us for a webinar on October 23rd as Aaron Williams from the National Council for Behavioral Health speaks about the evolving role of substance use professionals heading into the 2020's.

This webinar will focus on how organizational leadership can ensure that their clinical staff possess and can apply the core competencies needed for effective practice in the decade to come.

The Substance Use Professionals of the 2020's

Wednesday, October 23rd, 2019

2:00 pm - 3:00 pm EST

After this webinar, you'll be able to:

- Prioritize workforce development needs
- Understand the importance of role clarity within a recovery-oriented system of care
- Understand clinical best practices in substance use treatment and the use of medication-assisted treatment (MAT) in recovery

Register online http://go.relias.com/WBN2019-10-23SUDSProfessionalofthe2020s_Registration.html?utm_source=partner_silver&utm_medium=email&utm_campaign=wb_n_2019-10-23_suds-professional-of-the-2020s_recovery

State and National Developments and Resources:

New! MDHHS kicks off Health Endowment Fund supported jail-mental health initiative

Below is a summary of a recently initiated effort, by MDHHS and funded by the Michigan Health Endowment Fund to improve the coordination of physical and mental health care for jail inmates.

MDHHS received a planning grant from the Michigan Health Endowment Fund to do the following:

MDHHS is interested in helping county jails with overcoming the barriers to sharing mental health and substance use disorder information. During this project, MDHHS would collaborate with county jails and other stakeholders to (1) review requirements for obtaining consent to share mental health and substance use disorder information, (2) identify best practices for sharing mental health and substance use disorder information between jails and publicly funded mental health and substance use providers, (3) identify barriers to sharing mental health and substance use disorder information between jails and publicly funded mental health and substance use providers, and (4) identify actions to remove these barriers to align with national best practices while still protecting the confidentiality of individuals. Improved sharing of behavioral health information would allow for better coordination of care for patients with the goal of improving mental health and substance use disorder treatment outcomes. This will allow for better outcomes for patients and reduce overdose deaths.

By breaking down barriers to sharing mental health and substance use disorder information, this project will allow jails, external payers, and providers to collaborate more effectively and improve the coordination of care for individuals with mental health and substance use disorders. MDHHS would seek to align education and outreach efforts as part of this project with statewide health care transformation initiatives such as the State Innovation Model, Section 298 Initiative, Michigan Diversion Council, and Michigan Psychiatric Care Improvement Project to support greater clinical integration of physical health and behavioral health services. This project could also be a starting point for improved sharing of health data beyond just substance use disorder data.

MDHHS hired MPHI to facilitate the planning process with stakeholders. Dr. Sheryl Kubiak from Wayne State University was hired to provide technical assistance. During the planning phase, MDHHS would work with MPHI and stakeholders to review the scale and scope of implementation. This review would include determining if a pilot location is needed or whether the department could proceed with broader implementation. MDHHS will determine if a pilot location is needed based on the input of stakeholders. MDHHS will determine a potential location based on input from stakeholders.

New! As suicides rise, insurers find ways to deny mental health coverage

Below is a recent news story underscoring the impact on access to mental health care when the care is managed by private health plans.

Red tape and a lack of in-network providers frustrate those seeking treatment.

The U.S. is in the midst of a mental health crisis. In 2017, 47,000 Americans died by suicide and 70,000 from drug overdoses. And 17.3 million adults suffered at least one major depressive episode. The Mental Health Parity and Addiction Equity Act, a landmark law passed more than a decade ago, requires insurers to provide comparable coverage for mental health and medical treatments. Even so, insurers are denying claims, limiting coverage, and finding other ways to avoid complying with the law.

The full article can be found at [this link](#).

New! New National Initiative on Advancing Integrated Models for People with Complex Needs Announced

Below is a recent announcement from the Center for Health Care Strategies on integrated care for persons with complex health and social needs.

The Center for Health Care Strategies (CHCS) today announces Advancing Integrated Models (AIM), a national, multi-site demonstration promoting innovative, person-centered strategies to improve care for adults and children with complex health and social needs. Made possible with support from the Robert Wood Johnson Foundation and led by CHCS, AIM will assist eight health system and provider organizations in designing and piloting novel approaches to integrate care for people with complex needs with a focus on improving health outcomes and fostering health equity.



This multi-site demonstration will accelerate opportunities to align best practice approaches in care delivery for children and adults with complex health and/or social needs, including: (1) complex care management; (2) trauma-informed care; (3) physical and behavioral health integration; and (4) mechanisms to address health-related social needs. While many organizations have implemented one or more of these strategies, few have adopted all and even fewer have effectively aligned these efforts internally or externally with community partners.

“There is enormous energy across the complex care field to implement various strategies to improve health and social service delivery for people with complex needs; however, these strategies are typically siloed in isolated programs,” said Allison Hamblin, MSPH, president and chief executive officer at CHCS. “Advancing Integrated Models seeks to promote greater integration of these approaches and create sustainable partnerships and financing pathways to support this work.”

The full article can be found at [this link](#).

State Legislative Update:

New! House and Senate Introduce Supplemental Bills

Late Tuesday, a total of 47 supplemental bills totaling \$256 million in spending were introduced in the House and Senate to restore specific pieces of the FY20 budget. Unlike typical supplementals, where line-items are packed into one or two bills, Republicans are separating the spending items into individual bills to make the potential future votes on specific priorities.

The new supplemental bills come a week after the Governor eliminated \$947 million through line-item vetoes in the roughly \$60 billion FY20 budget to drive Republicans back to the negotiating table to talk about raising additional revenue for road improvements. The supplementals do not reflect a deal or agreement with the Governor, said legislative leaders. The bills have been described as “what-ifs”, having bills ready for possible action, but no guarantees.

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Below are the specific details of the bills introduced:

- SB 545 & HB 5077 – Restores funding to the Michigan tuition grants to prospective students looking to attend private universities and colleges -- \$38 million (\$3,925,500 General Fund)
- SB 555 & HB 5078 – Funding increase for charter schools to the same \$8,111 maximum per pupil as traditional public schools -- \$35 million (School Aid Fund)
- SB 554 & HB 5064 – Critical access hospital rate increases -- \$34,265,100 million (\$5,099,100 million General Fund)
- SB 546 & HB 5083 – Payment in lieu of taxes (PILT) payments to local governments -- \$27.35 million
- SB 550 & HB 5063 – Rural and sole hospital in a community pool -- \$16,625,400 million (\$13,904,800 General Fund)
- SB 556 & HB 5080 – Career and technical education equipment funding increase -- \$16 million
- SB 549 & 5084 – Municipal airport grants for PFAS monitoring and testing -- \$15 million
- SB 558 & 5079 – A summer school reading program to assist mostly kids in grades K-2 get to grade level in reading -- \$15 million (School Aid Fund)
- SB 560 & HB 5074 – Secondary road patrol grants to mostly rural counties -- \$13,074,300 (\$2 million General Fund)
- SB 559 & HB 5065 – Pediatric psychiatric increases -- \$10,743,600 million (\$3,861,300 General Fund)
- SB 561 & HB 5081 – Statewide Secure Schools grants for safety upgrades of school buildings -- \$10 million (\$4.8 million General Fund, \$5.2 million School Aid)
- SB 563 & HB 5062 – Rural obstetrician pool -- \$7,995,200
- SB 553 & HB 5066 – Neonatology rate increases -- \$5.2 million
- SB 547 & HB 5069 – Childcare fund payments to counties -- \$4.2 million
- SB 562 & HB 5076 – Grants to county veteran services -- \$4 million
- SB 564 & HB 5067 – Autism navigators -- \$1,025,000
- SB 548 & HB 5071 – Opioid response grant for high schools -- \$600,000 (federal)
- SB 551 & HB 5072 – Opioid response grant for community recovery organizations -- \$600,000 (federal)
- SB 566 & HB 5069 – Senior citizen program grants for aging and adult services agencies to support health-related senior programs -- \$500,000

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- SB 565 & HB 5061 – A Dementia care and support program -- \$400,000
- SB 552 & HB 5082 – A pilot program to train people for intervention in autism -- \$350,000
- SB 567 & 5068 – An autism train the trainer program -- \$100,000
- SB 557 & HB 5073 – Project ECHO opioid intervention, a program designed for a 14-county consortium up north -- \$40,000

New! LPC Bill Passes the House

On Tuesday, the House Ways and Means committee voted out HB 4325, which would codify the current rules for LPCs. Later that afternoon the full House unanimously passed the bill 108-0-2. The bill now goes to the Senate, the Senate cannot take the bill up until next week. Chair of the Senate Health Policy committee Sen. Curt VanderWall has said he will act quickly – as soon as next week.

Link to the House passed version of the bill:

<http://www.legislature.mi.gov/documents/2019-2020/billengrossed/House/pdf/2019-HEBH-4325.pdf>

House DHHS Subcommittee to Hold a Series of Mental Health Hearings

Chair of the House DHHS Appropriations Subcommittee, Rep. Mary Whiteford has announced a series of behavioral health hearings October 2 – November 6. All hearings will be from 10:30am – noon in room 352, House Approps Room, 3rd Floor Capitol. Below are the following dates and topics:

- Wednesday, October 16 – CMH Perspective: Benefits and Challenges of the CMH, PIHP system including House Fiscal analysis of Michigan’s behavioral health carve out
 - Alan Bolter & Robert Sheehan – CMHA
 - House Fiscal Agency
- Wednesday, October 23 – The case for behavioral health integration from the former Medicaid Director of Arizona
 - Thomas Betlach – former Arizona Medicaid Director
- Wednesday, October 30 – Public Input
- Wednesday, November 6 – Public Input

Federal Update:

New! Executive Order Aims to Modernize Medicare

Last week, President Trump issued an [Executive Order](#) directing the Department of Health and Human Services (HHS) to advance a series of changes for the Medicare program. These changes aim to provide more health plan options for Medicare beneficiaries, modify Medicare fee-for-service (FFS) payments, and reduce regulatory burden, among others.

WHAT’S IN IT?

The Executive Order addresses several major provisions within Medicare, outlined below:

- Medicare FFS Reimbursement: Within 6 months, HHS must submit a report to the President that identifies approaches to modify Medicare FFS payments to more closely reflect the prices for services in Medicare Advantage and the commercial insurance market. Some policy analysts are concerned that this provision leaves open the possibility to make Medicare more expensive by partially tying Medicare provider payments to commercial insurance payments.
- Reducing Regulatory Burden: HHS must propose reforms to the Medicare program within one year to enable providers to spend more time with patients, with the goal of eliminating regulatory billing requirements, supervision requirements, and all other Medicare licensure requirements that are more stringent than applicable Federal/State laws require and that limit professionals. This also includes a comprehensive review of policies that create disparities in reimbursement between physicians and non-physician practitioners.
- Improved Access through Network Adequacy: HHS must issue a regulation to adjust Medicare Advantage network adequacy requirements, and, in doing so, improve access to providers and plans.
- More Plan Choices for Seniors: The Order directs HHS to provide beneficiaries more diverse, affordable plan options within one year. This must include innovative Medicare Advantage benefit structures/plan designs, as well as improved telehealth services. These efforts must ensure that FFS Medicare is not promoted over Medicare Advantage.
- Alternative Payment Methodologies: The Order includes a statement of support for alternative payment methodologies that link to value, increased choice, and lower provider regulatory burdens.
- Eliminating Fraud, Waste, and Abuse: HHS must propose changes to the Medicare program, to take effect by January 1, 2021, that combat fraud, waste, and abuse in Medicare.

The Order notes that the administration will focus on improving market-based approaches in the current system as they move forward. The President directs Medicare to “adopt and implement those market-based recommendations” pursuant to his 2017 [Executive Order](#).

NEXT STEPS

The Order directs HHS to issue a series of regulatory reforms and policy changes in the next six months to one year. HHS has already begun to implement several of these required changes, including patient access to their health care data.

Education Opportunities:

Fall Pre-Conference Institute: Ethics for Professionals in Social Work, Psychology and Substance Use Disorders

This training qualifies for Social Work, MCBAP and Psychology Ethics Licensing Requirements.

- Qualifies for **6 CE Hours for Social Work + Specific MCBAP Education Contact Hours**
- 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. Those

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who attend the training and complete the **Michigan Psychological Association evaluation form** will receive **6 continuing education credits**.

Sunday, October 20, 2019

8:00am Registration

8:30am – 3:45pm Training

Grand Traverse Resort

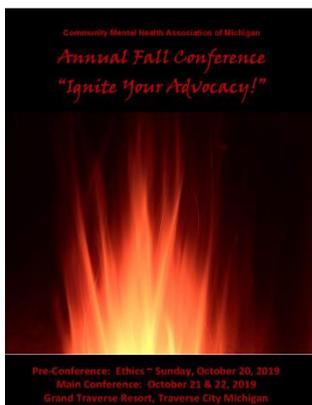
100 Grand Traverse Village Boulevard
Acme, MI 49610-0404

Registration Fees:

\$115 CMHA Members, \$138 Non-Members

For more information and to register now, [CLICK HERE](#).

Earlybird Deadline MONDAY, 10/14/19 - 2019 CMHA Fall Conference



Community Mental Health Association of Michigan

Annual Fall Conference "Ignite Your Advocacy!"

October 21 & 22, 2019

Grand Traverse Resort, Traverse City, Michigan

Earlybird Deadline: Monday, October 14, 2019

[CLICK HERE to Register for the Fall Conference!](#)

CONTINUING EDUCATION:

- The "Annual Fall Conference" course (10/21/19 & 10/22/19) qualifies for a **maximum of 7 Continuing Education Social Work hours**.
- **Substance Abuse Professionals** participating in the Annual Fall Conference (10/21/19 & 10/22/19) may receive a **maximum of 9 contact hours**.

PRE-CONFERENCE INSTITUTE:

Ethics for Professionals in Social Work, Psychology and Substance Use Disorders

Sunday, October 20, 2019 from 8:30am – 3:45pm

Qualifies for 6 Social Work, MCBAP and Psychology Ethics Requirements.

[CLICK HERE to Register for the Pre-Conference Institute on Ethics!](#)

KEYNOTE PRESENTATIONS:

State Legislative Panel - Key Policy Issues Facing Michigan

- *Senator Curt VanderWall (R-Ludington)*
- *Senator Jeff Irwin (D-Ann Arbor)*
- *Representative Mark Huizenga (R-Walker)*
- *Representative Donna Lasinski (D-Scio Township)*

Violence is Preventable: Empowering Two Generations

- *Lauren Levin, MPP, Vice President of Policy and Partnerships, Sandy Hook Promise*

Improving Mental Health Care in Michigan: Key Aspects of MDHHS's Agenda

- *Robert Gordon, Director, MI Department of Health and Human Services*

Building the Addiction Treatment System of the Future; How Not to Screw Up Our Last Best Chance!

- *Corey Waller MD, MS, FACEP, DFASAM, Principal, Health Management Associates; Formerly Senior Medical Director for Education and Policy at the National Center for Complex Health and Social Needs*

HOTEL RESERVATIONS:

Grand Traverse Resort:

100 Grand Traverse Village Boulevard, Acme, MI 49610-0404

As of October 1, condos are the only room type available.

To be placed on a waiting list, please call 800-236-1577.

Additional Hotels:

Sleep Inn & Suites

5520 US 31 North, Building A, Acme, MI 49610

The hotel is 1.8 miles from the Grand Traverse Resort – a 5-minute drive.

Free Parking and Deluxe Continental Breakfast.

Call (231) 938-7000 and use the code: Community Mental Health Association of Michigan to receive the discounted rate

Rate: \$90/night + taxes

Deadline for discounted price is: October 16, 2019

Holiday Inn Express & Suites

3536 Mt. Hope Road, Williamsburg, MI 49690

The hotel is 1.8 miles from the Grand Traverse Resort – a 5-minute drive.

Free Parking and Deluxe Continental Breakfast.

Call (231) 938-2600 and use the code: Community Mental Health Association of Michigan to receive the discounted rate

Rate: \$94.56/night + taxes

Grand Traverse Resort:

To make online reservations: [CLICK HERE to book your stay at Grand Traverse Resort](#)

There will be NO PHONE RESERVATIONS.

When making your reservations, you will be charged one-night **NON-REFUNDABLE deposit**.

2019 Room Rates: *Rates below do not include 6% state tax, 5% city assessment, or \$14.95 nightly resort fee*

Cancellation Deadline: You must **cancel 3 days prior to your arrival**, or you forfeit your payment for your entire stay.

Save the Date for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019 at the Kellogg Hotel & Conference Center located at 55 South Harrison Road, East Lansing 48823. **Registration will be open soon.**

Conference Objective: This conference will provide technical assistance and training on the implementation and maintenance of the Children's Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference will provide training in ASD, evidence-based services, highlight programs across the state, and provide technical assistance on implementation of the Medicaid/MiChild Autism Benefit.

Who Should Attend: This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, CMH administrative or clinical staff, providers, HCBS or waiver coordinators, individuals receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

Overnight Accommodations: The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University. The discounted room block of \$85 per night plus tax has been filled. Other upgraded rooms choices are available for \$145 group rate. For Room Reservations: Call 517-432-4000 and provide the discount code of 1911DCH&MA. The deadline for room discounts is October 10, 2019. Additional Overflow Hotel Details will be available the week of October 7th.

Special Rate: A special \$20 conference rate will be offered for people receiving waiver services and their family members. **A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and childcare. To request a scholarship form, contact Anne Wilson at awilson@cmham.org or 517-374-6848.**

Questions? Call 517-374-6848 OR email awilson@cmham.org

New! Psychiatric Pharmacogenomics: A Practical Guide to Gene-Drug Interactions and Tests (Mon, 10/28/19 - Mon, 11/11/19)

Interested in how to use pharmacogenomic testing to select psychiatric meds? The University of Michigan Department of Psychiatry and College of Pharmacy are offering a live videoconference CME course on psychiatric pharmacogenomics. Pharmacogenomics (PGx) is the practice of using information about an individual's genome to select medications that are likely to be most effective and result in the fewest number of side effects. Upon conclusion of the course, clinicians will be able to: 1) describe basic PGx concepts; 2) distinguish which gene-drug relationships have the most evidence supporting their implementation in the clinic; 3) identify which PGx tests to order; and 4) confidently formulate medication plans using PGx test results. The course meets online for 3 weekly sessions on Monday evenings, with each session 1.5 hours (6:00-7:30pm). Sessions are a combination of interactive lectures and case-based discussion. The course is approved to offer 4.5 AMA PRA Category 1 Credits.

For more information and to register, visit: <https://ummentalhealth.info/?r=epsych>



Miscellaneous News and Information:

CMH Association's Officers and Staff Contact Information:

CMHA 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: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

CMH Association staff can be contacted at (517) 374-6848 and via the e-mail addresses below:

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
Audrey Daul, Administrative Assistant, adaul@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Janessa Nichols, Accounting Assistant, acctassistant@cmham.org
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