CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

February 1, 2019

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CMHAM Committee Schedules, Membership, Minutes, and Information

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

News from Our Corporate Partners:

American Phone Companies Are Literally Letting Their Networks Fall Apart

Once as important as the American railroad and electrical grid, American phone companies aren't quite what they used to be. The article below addresses some trends our offices are seeing across the country:
Rural areas are still struggling for reliable high-speed connectivity with decaying facilities.
The breakdown and transition of traditional carrier networks from copper to fiber.
The migration of customers from carriers to cable.
Many aging networks, built on taxpayer subsidies, still remain in use and slower expensive DSL can sometimes be the only broadband service available in rural areas.

Many phone companies have attempted to shift their business models toward new, more profitable sectors as the use of copper-based landlines has plummeted over the past few years. As VoIP services became more common in the early 2000's, the nation's phone companies used this surge in voice competition to convince state and federal lawmakers that meaningful oversight was no longer necessary.

With no local competition and local and federal oversight eroded by lobbying, there is often little interest in upgrading their aging networks.

Cable operators certainly appreciate phone companies' apathy. Consumers with an actual choice in broadband providers are fleeing to cable at an unprecedented rate. This shift to cable operators has allowed them to raise their rates, impose arbitrary usage caps, and struggle with customer service.

And while next-gen wireless networks may provide an additional competitive option to some of these neglected customers, wireless won't be a magic bullet for many due to geographical limitations, bandwidth usage restrictions, and potential higher prices.

To help you determine your best option for your voice and data networks, contact your Abilita consultant today: Dan Aylward; Managing Consultant; 517-853-8130 daylward@abilita.com

State and National Developments and Resources:

Special Report: Emergency Rooms Fill Up with Psych Patients — And Then They Wait

Crain's Detroit Business recently published a special report on the lack of access to inpatient psychiatric services, in Michigan and across the country. Below are excerpts from that report.

Throughout emergency rooms in Southeast Michigan, there are patients in the midst of a psychological crisis — and they're waiting, sometimes for days.

And health care organizations report that the amount of time it takes for people to go from diagnosis to being admitted to a hospital psych ward is growing, partly because of shortage of available beds and partly because of growing demand in a state where suicide rates and substance abuse are rising.

Solutions exist, but they will have to overcome obstacles that have minimized people with those problems, placing them at a lower priority for funding and treatment than those with similar physical conditions such as diabetes, heart disease or cancer.

And the problem goes beyond treating the patients themselves. While waiting in the emergency room, patients may become disruptive, interfering with care for other patients. They sometimes become combative and pose a safety risk for themselves, staff or other patients.

Finally, hours later — studies show 21 hours or more on average in Wayne County for difficult patients — an inpatient psychiatric bed is found that fits their diagnosis.

The long waits are sometimes referred to in the industry as "ER boarding," housing patients for long periods while they wait for an available psychiatric bed.

Lack of a timely admission and even just waiting for a diagnosis also leads to poorer outcomes for behavioral health patients and other patients in the typical ER, Sanford Vieder, D.O., chair of emergency medicine at Beaumont Health, and other experts tell Crain's.

Vieder said that last fall, Beaumont Hospital in Farmington Hills had 16 patients in its ER who waited more than 48 hours each because the hospital had no available psychiatric beds or could not find other hospitals willing to take them. Beaumont has a 25-bed behavioral unit in Farmington Hills and 30 beds in the psych unit at the flagship Royal Oak hospital. They are almost always full. The system operates 87 psychiatric beds and is building a new 75-bed psychiatric hospital in Dearborn. (See story.)

And demand is rising. In 2018, Beaumont's eight hospital ERs saw 18,000 patients with a mental health diagnosis, up 13 percent from 16,000 in 2017.

"The greater the numbers, the greater the stresses on the system," Vieder said. "The unfortunate piece is the ER is a safe place for patients who are having an acute issue, but not the best place for (those with behavioral problems). They may be acting out and violent. We try to separate them out from other patients and make sure they are safe and get them definitive treatment for their specific issues as fast as we can. It is complex because sometimes they have other medical problems."

In more than a dozen interviews with local experts, Crain's found multiple opinions on how long it takes to get insurance approvals and then actual bed placements for psychiatric patients that ranged from eight hours to more than 48 hours, depending on the severity of the patient's condition.

The interviews also uncovered a number of recommended solutions to address the growing numbers of more serious psychiatric patients who are boarded in hospital ERs. They include:

- Standardized procedures where hospitals, agencies and payers evaluate patients the same way and agree on common tests and labs for insurance approval and bed placement.
- Expansion of community mental health crisis centers or psychiatric urgent care centers that can take on some of the patients entering hospital ERs. People would use these centers for walk-in care, or hospitals could transfer medically cleared patients to screening units at the centers to wait for a bed and for treatment, rather than having them sit and wait in an ER.
- Changing certificate-of need bed regulations to force hospitals that "hoard" psychiatric beds and don't staff or operate enough of them to "use them or lose them." This would potentially free up licensed beds for facilities that will use them. Or the state could simply increase the number of psychiatric beds allowed in a region with shortages.
- Creating an online psychiatric bed registry where hospitals would be required to report on open beds and what type of patients they can take, which would speed the process of locating beds for patients.
- Increasing payment for behavioral patients admitted to the hospital and creating more inpatient psychiatric reimbursement codes for patients with worse problems. For example, new psychiatric "ICU"

reimbursement level codes could give hospitals a financial incentive to open higher-acuity beds and provide additional revenue for appropriate staffing.
- Expanding training programs for psychiatrists, psychologists, psycho-pharmacologists, advanced practice nurses and social workers to staff hospital ERs and crisis centers, and paying higher salaries and expanding benefits for these professionals.
- Developing new technologies to help manage ER clearance and transfer protocols. Expand psychiatric telemedicine programs to get quicker diagnoses, especially in small or rural hospitals that don't have access to in-house expertise.

Marianne Udow-Phillips, executive director with the Center for Health Research and Transformation in Ann Arbor, said the basic problem is behavioral health services are underfunded and there aren't enough available inpatient psychiatric beds for seriously and chronically ill patients.

Udow-Phillips said there is a great need for outpatient crisis centers that can serve people under mental stress. "We need more places people can go before they go to a hospital ER," she said. "The only places doctors can send people is to hospital ERs."

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Why hospitals refuse psychiatric admissions

There are other reasons why hospitals refuse to admit some patients.

Hegira Health Executive Director Carol Zuniga said some hospitals are leery about admitting some patients because they "fear it will be difficult to discharge them, especially if they don't have somewhere to live." Hospitals also say their units are not always designed and staffed for the type of patients seeking admission. Or the patient has been at the hospital before and caused damage or attacked staff. "I sense it is an excuse, but I have to empathize with the hospitals," Zuniga said. "Some patients are very difficult people."

Peltzer-Jones agreed that hospitals sometimes refuse to accept psychiatric patients because they are too difficult.

"It is not the diagnosis. We accept patients who are medically sicker. We have medical ICU beds that are staffed two patients for one nurse. No one argues that," she said. "For some reason we don't mimic that for mental health patients. We know patients need more intervention, but we won't fund in the same way."

Hospitals, on the whole, have enough beds for moderately ill patients. "There are not enough beds for patients who have co-occurring problems or those who are highly aggressive," she said.

Vieder agreed. He said hospitals need higher funding levels from all payers. "If insurance companies understood we need more funding for our high acuity patients that would be a big help," he said. "Another is we need more physical beds in Southeast Michigan. That number has declined over the years" after many state psychiatric hospitals closed.

The full report can be found at:
https://www.crainsdetroit.com/special-report/special-report-emergency-rooms-fill-psych-patients-and-then-they-wait?utm_source=crain-s-health-care-extra&utm_medium=email&utm_campaign=20190128&utm_content=article1-readmore

Address the Opioid Use Crisis by Treating Depression

Below are excerpts from a recent article in Behavioral Healthcare Executive, written by Ron Manderscheid, the Executive Director of the National Association of County Behavioral Health and Developmental Disability Directors (of which this association is a board member and officer).

I have written extensively about the linkage between depression and opioid use and addiction. In these commentaries, I have stressed the causal importance of this linkage, and the role that appropriate treatment of depression can play in addressing our national opioid crisis. Here, I would like to provide a summary of the evidence documenting this linkage, evidence on treatment for these co-occurring conditions, and some recommended actions and next steps.

Read more at: https://www.behavioral.net/blogs/ron-manderscheid/prescription-drug-abuse/address-opioid-use-crisis-treating-depression

Peer Respite, Recovery, and Michigan

Peer respites are voluntary, short-term, overnight programs that provide community-based, non-clinical crisis support to help people find new understanding and ways to move forward. They operate 24 hours per day in a homelike environment. Peer respites are staffed and operated by people with psychiatric histories or who have experienced trauma and/or extreme states.

In the 1990's, peer respite homes began forming in upstate New York and other parts of the northeast. Eventually the model spread to California, Georgia, and several other states. Currently 35 peer respite homes exist in 15 states, with the most recent home opening in Toledo, OH, in 2018.

Peer respite homes provide an important part of a comprehensive mental health crisis services continuum as depicted in the graphic below. They exist as a well-aligned component of a recovery-oriented system of care.

TBD Solutions has conducted extensive research on peer respite programs and developed relationships with peer respite providers across the country. In 2018, TBD Solutions provided training and staff development for peers at the newly opened Wellness & Recovery Center in Toledo. TBD also hosted a national "Alternatives to Hospitalization" Conference in October 2018 which included peer respite providers as presenters and attendees.

Since delivering its "National Update on Crisis Services" presentation at the 2018 CMHAM Fall Conference, TBD Solutions has been approached by several CMHs and PIHPs inquiring about the peer respite level of care, and three peer service providers in Michigan have approached TBD Solutions to engage initial discussions on developing peer respite services in Michigan.

TBD Solutions is interested in facilitating further dialogues between interested providers and CMHs/PIHPs to bring peer respite services into Michigan. Contact Travis Atkinson at TravisA@TBDSolutions.com , or (616) 228-0762 for further information.

CMHA WEEKLY UPDATE

State Legislative Update:

State of the State Date Change

On Tuesday, Governor Gretchen Whitmer announced her first State of the State address has been moved to **Tuesday, February 12** at 7:00 p.m. due to President Trump's State of the Union address now being on February 5th.

Michigan Moves to Intervene in Federal ACA Case

Attorney General Dana Nessel, with the support of and in coordination with Gov. Gretchen Whitmer, has filed a motion on behalf of the state to intervene in a federal lawsuit that seeks to defend the Affordable Care Act (ACA).

Joining Nessel were two other newly elected Attorneys General -- Colorado's Philip J. WEISER and Nevada's Aaron FORD -- along with Iowa's Attorney General Thomas MILLER.

The four intervening states are seeking the court's permission to join 16 other states and the District of Columbia in their opposition to the decision of the U.S. District Court for the Northern District of Texas that held the ACA, also known as Obamacare, unconstitutional.

As stated in the motion, Michigan, Colorado, Nevada and Iowa "seek to defend the ACA to protect their existing health care infrastructure and the orderly operation of their health care systems, which would be thrown in disarray if the ACA were ruled unconstitutional."

Federal Update:

State Medicaid Facts

The Center on Budget and Policy Priorities has released **new state-by-state Medicaid fact sheets**, showing how Medicaid helps millions of families and individuals across the country. These resources offer health care advocates important data and talking points about their state's Medicaid program. Click here to learn about how Medicaid contributes to your state.

Education Opportunities:

CMHAM Annual Spring Conference

Save the Date: The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace
Novi, Michigan

Note: Hotel reservation and Conference registration are not available at this time.

Second Annual Michigan CIT Conference Save-the-Date

Crisis Intervention Teams (CIT) were established in 1988 in response to an officer killing a young man experiencing a mental health crisis. Since that event, crisis interventions teams across the country have formed to develop better ways to actively intervene real time with individuals in a mental health crisis and establish improved community partnerships that support community members to obtain mental health treatment first rather than involvement with the judicial system.

The first annual Michigan CIT conference was hosted by Riverwood Community Mental Health in Berrien County. After this conference, a state collaborative was formed to support Michigan CIT programs and to establish standards for CIT initiatives across the state. The next conference will be hosted by Summit Pointe Community Mental Health in Battle Creek. Law enforcement personnel, corrections personnel, behavioral health professionals, persons living with behavioral health disorders, family members, advocates, judges / court personnel, public defenders / prosecutors and policy makers are encouraged to attend!

Mark your calendars and join us in Battle Creek for the second annual CIT: Crisis Intervention Team Conference October 2-4, 2019. Hear from various presenters on strategies to start your CIT in your community, or ways to improve your existing program. Also, learn more about how CIT is benefiting communities in our state and how to collaborate with other counties. CIT is more than just a training! We look forward to seeing you at our conference as we 'Bring it All Together'. For more information, please email MICITConference2019@gmail.com.

Administration for Community Living (ACL) Announces HCBS Resource

Below is a recent announcement from the federal Administration for Community Living (ACL) regarding a set of newly developed HCBS resources.

> As you may know, the Administration for Community Living (ACL) is putting on a series of webinars on topics related to the HCBS Settings Rule. The second in the three-part series took place on November 29th. If you were unable to participate, we want to make sure you have access to the slide deck used for the webinar. You will also see links to other resources, and a reminder regarding the third and final webinar, in the ACL message below.

Dan Berland; Director of Federal Policy; NASDDDS

Recap of Webinar 2 of 3: "Promising State Strategies for Working with Providers to Meet the HCBS Settings Criteria & Promote Optimal Community Integration" (November 29, 2018)

For those that participated in the 11/29/2018 webinar, please complete the following 3-minute survey: https://www.surveymonkey.com/r/P25Z8TR. We value your feedback, and it helps ACL strengthen its technical assistance offerings in the future.

We have attached an accessible copy of the power-point presentation, and a recording of the webinar may be downloaded over the next two weeks through the following instructions:

Click on the link below, or if your email program does not allow linking, copy and paste the link into the address field of your Internet Browser.
https://resnet-garm.webex.com/resnet-garm/lsr.php?RCID=b43e4856e1175bf97995a2e37d4588c8

Once you have been redirected to the Download page, select the "Download" button.
When given the option to "Open" or "Save" the file; select the arrow next to the "Save" button then select "Save As".

Once the "Save As" window appears, choose the location where you would like to save the FTP file and select the "Save" button.

Please find the link to a copy of Minnesota's "Provider's Guide to Putting the HCBS Rule Into Practice".

A written transcript is also available upon request. These materials, along with additional written technical resources, will also be shared on ACL's website by January 2019.

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

2-Day Introduction to DBT Trainings

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

Dates/Locations:
February 21-22, 2019 | Detroit Marriott Livonia – *TRAINING FULL*
March 18-19, 2019 | Great Wolf Lodge, Traverse City
May 13-14, 2019 | Kellogg Center, East Lansing

Who Should Attend?
This event is sponsored by the adult mental health block grant and is only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:
$125 per person. The fee includes training materials, continental breakfast and lunch for both days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Dates/Locations:
May 20-24, 2019 | Detroit Marriott Livonia
June 3-7, 2019 | Best Western, Okemos
August 12-16, 2019 | Great Wolf Lodge, Traverse City

Training Fee:
$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019

Course Description:
Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.

Dates/Locations:
April 26, 2019 | Hotel Indigo, Traverse City
June 19, 2019 | Okemos Conference Center

Training Fee:
$65 per person. The fee includes training materials, continental breakfast and lunch.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Motivational Interviewing College Trainings for 2018/2019

4 Levels of M.I. Training offered together at 4 convenient locations!

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Dates/Locations:
February – DoubleTree Bay City *– Discounted hotel rate expires Feb. 3!*
- Basic: Monday & Tuesday, Feb. 25-26, 2019
- Advanced: Monday & Tuesday, Feb. 25-26, 2019
- Supervisory: Tuesday, Feb. 26, 2019
- Teaching MI: Wednesday & Thursday, Feb. 27-28, 2019

March – Weber's Ann Arbor *– Discounted hotel rate expires Feb. 8!*
- Basic: Monday & Tuesday, March 11-12, 2019
- Advanced: Monday & Tuesday, March 11-12, 2019
- Supervisory: Tuesday, March 12, 2019
- Teaching MI: Wednesday & Thursday, March 13-14, 2019

April – Shoreline Inn Muskegon
- Basic: Monday & Tuesday, April 8-9, 2019
- Advanced: Monday & Tuesday, April 8-9, 2019
- Supervisory: Tuesday, April 9, 2019
- Teaching MI: Wednesday & Thursday, April 10-11, 2019

June – Holiday Inn Marquette
- Basic: Monday & Tuesday, June 10-11, 2019
- Advanced: Monday & Tuesday, June 10-11, 2019
- Supervisory: Monday, June 10, 2019
- Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)
$125 per person for all 2-day trainings (Basic, Advanced
$69 per person for the 1-day Supervisory training.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

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.

- 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

Pain Management for Social Work and SUD Professionals Coming Soon!

Check back soon for more information and save-the-dates!

Miscellaneous News and Information:

Job Opportunity: Executive Director of Network 180

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over $140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: http://www.network180.org/en/employment/employment-opportunities.

Job Opportunity: Executive Director of Michigan Certification Board for Addiction Professionals

The Executive Director has responsibility and authority for the day-to-day management of the Michigan Certification Board for Addiction Professionals (MCBAP) business except those areas specifically reserved to the MCBAP Board of Directors. The Executive Director is responsible for maintaining communication with the Board of Directors to keep the body fully informed of activities, issues and organizational goals. The Executive Director is responsible for Administering the credentialing program, long-range planning, financial, human resource management, operations, public relations and marketing. Salary range: $57,000 to $73,000, commensurate with experience. Email resume and cover letter to info@mcbap.com by 1-31-19.

CMHAM Welcomes New Training and Meeting Planner Alexandra Risher

Alexandra comes to CMHAM with 5 years of association event planning experience. She graduated from Michigan State University with a Bachelor of Arts in Hospitality Business and earned her Certified Meeting Professional (CMP) certification in 2017. In 2016, Alexandra moved to Texas to pursue a master's in clinical Mental Health Counseling but had to return to Michigan before completion. She is excited to begin this new role as a Training and Meeting Planner at CMHAM because it allows her to further pursue her passion for mental health advocacy and event planning. In her spare time, she enjoys renovating her new house and spending time with her husband and 7-month-old son.

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

CMHAM Staff Contact Information:

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

Robert Sheehan, CEO, rsheehan@cmham.org
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
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
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