

# CMHA

## MAGAZINE



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Summer 2026

Volume 1 | Issue 1 | Inaugural Issue

CMHAM.org

A MESSAGE FROM THE CEO

# Welcome to CMHA Magazine



**Alan Bolter**

Chief Executive Officer  
Community Mental Health  
Association of Michigan

As we launch this inaugural issue of CMHA Magazine, I am proud to share the stories, achievements, and advocacy efforts that define Michigan's public mental health system. CMHA has long served as the unified voice for Community Mental Health boards across the state, and this publication represents a new chapter in how we communicate our mission, celebrate our members, and engage our partners.

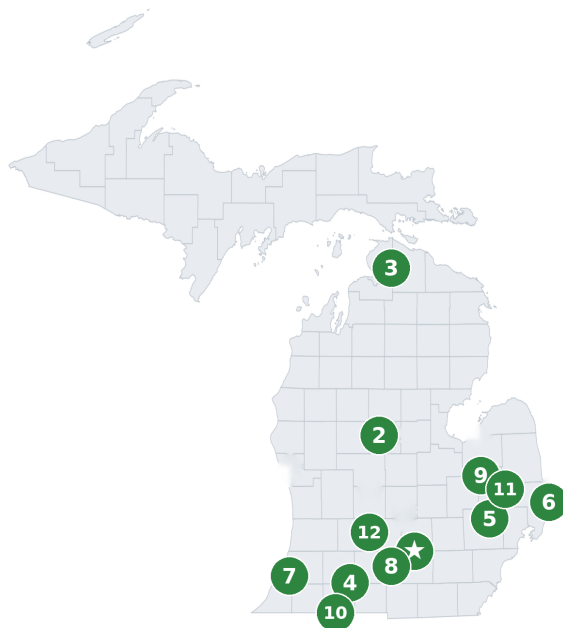
In the pages ahead, you'll find policy updates, member highlights, and stories of real impact happening in communities across Michigan — from innovative crisis response models to the personal connections that make our system truly exceptional.

Our public mental health system is one of the finest in the nation. Michigan consistently ranks among the top states for access to mental health services, and our community-based model of care has become a national example. But we also face significant challenges — from workforce shortages to policy proposals that could fundamentally reshape how services are delivered.

Thank you for your commitment to Michigan's public mental health system. I look forward to sharing this journey with you.

**Alan Bolter**

Chief Executive Officer



## The Corner Office Compass

Since joining CMHA, I've been on the road visiting member boards, attending conferences, and hearing directly from the people doing this work every day. Here's where I've been recently:

- ★ **HQ & MATCP Conference**  
*Lansing*
  - 3 **North Country CMH**  
*Petoskey*
  - 5 **OCHN**  
*Oakland County*
  - 7 **Riverwood CMH**  
*Berrien County*
  - 9 **Tuscola CMH**  
*Caro*
  - 11 **Lapeer CMH**  
*Lapeer*
  - ★\* **NACBHDD Conference\***  
*Washington, D.C.*
- 2 **Central Michigan CMH & MARO**  
*Mt. Pleasant*
  - 4 **CMHA Winter Conf. & SWMBH**  
*Kalamazoo*
  - 6 **St. Clair County CMH**  
*Port Huron*
  - 8 **LifeWays CMH**  
*Jackson*
  - 10 **Pivotal CMH**  
*St. Joseph County*
  - 12 **Right Door CMH**  
*Ionia*
  - ★\* **NatCon 2026**  
*National Conference*

\*Panel speaker — Washington, D.C. · National conferences not pictured

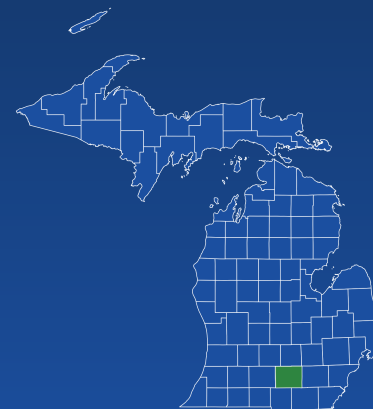


MEMBER HIGHLIGHT

# Embedding Mental Health Support in Law Enforcement

How a LifeWays clinician is transforming crisis response at Jackson Police Department

LIFEWAYS COMMUNITY MENTAL HEALTH | JACKSON, MICHIGAN



**W**hen law enforcement officers respond to calls involving individuals in crisis, they often face situations beyond traditional policing. Without immediate access to mental health professionals, officers frequently deal with untreated mental illness, substance use disorders, or housing instability — leading to repeated calls without long-term solutions.

To address this gap, the Jackson Police Department partnered with LifeWays to embed a mental health clinician directly within the department, integrating clinical expertise into everyday policing.

The introduction of clinician Nikki Winans has significantly improved outcomes. Working closely with officers, Winans participates in calls, provides on-site assessments, and ensures individuals receive appropriate care — reducing repeat calls and connecting people to lasting services.

**"Individuals who previously required multiple police responses in a single day are now receiving consistent support, leading to measurable improvements."**

— LT. PETER POSTMA, JACKSON POLICE DEPARTMENT

Winans operates on a flexible schedule aligned with both day and night shifts. Her workday begins with a briefing from the supervising sergeant, then she is paired with an officer for co-response, actively engaging in crisis situations.

This allows her to assess individuals in real time, de-escalate tense situations, and determine next steps — from shelter services to detox support to medication access.



**"By combining law enforcement and clinical support, the program breaks cycles of repeated crisis and connects people to lasting care."**

A key aspect of Winans' role is follow-up care. Between calls, she reconnects with individuals she has previously assisted to ensure they are accessing services and maintaining progress.

One example highlights the program's impact: an individual experiencing homelessness and untreated mental illness had frequent interactions with police. After Winans engaged, she coordinated shelter placement, psychiatric care, and medication access. Within weeks, his emergency calls decreased significantly.

Beyond direct response, Winans collaborates with community organizations to provide education and outreach, contributing to a reduction in unnecessary emergency calls.

The program's referral system is another critical component. Officers can submit referrals when they identify individuals who may benefit from mental health services. In its first eight months, the program generated 89 referrals, reflecting consistent engagement.

The partnership has also influenced officer training, integrating mental health awareness into departmental culture and building new competencies for responding to behavioral health crises.

For officers, the presence of a clinician means less time spent managing situations outside their expertise. For the community, it means faster access to care and fewer repeat crises.

The Jackson model offers a blueprint for other Michigan communities. By demonstrating that a single, well-supported clinician can measurably reduce crisis calls, improve outcomes, and strengthen the relationship between law enforcement and communities, the partnership provides compelling evidence for co-response models. ♦

**About LifeWays Community Mental Health:** LifeWays serves Hillsdale, Jackson, and Lenawee counties with comprehensive behavioral health services. Learn more at [lifewaysmi.org](http://lifewaysmi.org)

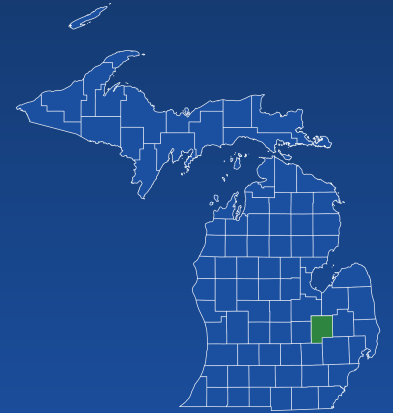


MEMBER HIGHLIGHT

# Around-the-Clock Crisis Care in Genesee County

How Genesee Health System built a 24/7 Behavioral Health Urgent Care to fill critical gaps in the community safety net

GENESEE HEALTH SYSTEM | FLINT, MICHIGAN



**F**or over 60 years, Genesee Health System has served as the Community Mental Health Authority for Genesee County, providing essential services to more than 13,000 residents annually. The organization is dedicated to delivering trauma-informed, evidence-based, and integrated physical and behavioral health care for adults, youth, and families experiencing mental illness, substance misuse, and intellectual or developmental disabilities.

In May 2024, GHS relocated from a building it had occupied for more than six decades to establish its new Main Campus. This move centralized operations, allowing for expansion, new services, and an improved environment supporting the well-being of both consumers and staff.

**"We're here to help, 24/7/365."**

GENESEE HEALTH SYSTEM

Building on this progress, in August 2025, GHS expanded its Behavioral Health Urgent Care and law enforcement co-response crisis teams at the Main Campus. BHUC provides the Genesee County community with around-the-clock access to both in-person and virtual support.

Services include 24/7 telehealth, a Mobile Crisis Team, and the Urgent Care Mobile Response Team, which serves school locations. In-person services are designed for individuals with urgent behavioral or mental health needs, including crisis intervention and preadmission screening.



*A calming patient room at the BHUC features nature-inspired design elements to support recovery and comfort.*

Mobile services meet individuals where they are during times of crisis. All services are available at no cost, regardless of insurance status.

New to this location is a certified 16-bed Crisis Stabilization Unit and a licensed 8-bed Crisis Residential Unit. The CSU provides voluntary, short-term, intensive care for individuals experiencing a mental health or behavioral crisis.

Guests at the CSU may stay for up to 72 hours. As a Michigan Pilot Model, the CSU is one of only three such units in the state. The CRU offers a safe, supportive environment with stays up to 14 days.



*The welcoming lobby at GHS's Behavioral Health Urgent Care was designed to reduce stigma and provide comfort during moments of crisis.*

Through these services, BHUC helps fill critical gaps in the community safety net, ensuring residents receive compassionate and immediate assistance during times of crisis. ♦



**Genesee Health System** remains committed to serving the community with innovation, compassion, and trauma-informed care.

**Call:** 810-257-3705 | **Text:** GHS to 934688 | **Visit:** 1040 W. Bristol Rd., Flint, MI 48507



STATE POLICY

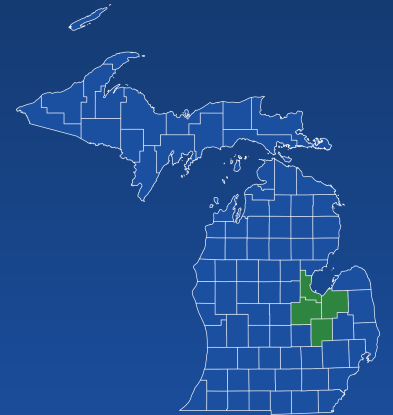


REP. BIERLEIN

# Time to Act: Strengthening Michigan's Behavioral Health System

Findings from the House Oversight Subcommittee investigation into Michigan's behavioral health infrastructure

STATE REP. MATTHEW BIERLEIN



**T**imely intervention is needed to bolster Michigan's mental health care system and connect our communities with the care they need. One in five adults across the United States experiences some level of mental illness every year, and nearly 1.5 million Michiganders report having some form of behavioral health condition. Our policies in state government should reflect it.

Beginning roughly a year ago, the House Oversight Subcommittee on Public Health and Food Security, which I chair, launched an investigation into the underperforming behavioral health system in Michigan. We heard testimony from physicians, therapists, judges, jail administrators, hospital executives, and community mental health leaders.

MICHIGAN RANKS

# 47th

in psychiatric bed availability

Michigan is below the national average of 30 beds per 100,000 residents

We explored the effect of closing a dozen state psychiatric facilities in 1997, leaving our state with insufficient infrastructure. Emergency rooms, psychiatric units, courtrooms, and county jails have all been struggling to fill the gap since.

We focused on Michigan's psychiatric bed shortage. Our investigation found that a shortage of beds does not necessarily mean a bed isn't physically there, but that a lack of adequate staffing can have the same effect. Without reforms to prioritize staffing and retention, emergency room doctors or corrections officers have to serve as pseudo psychiatrists, creating safety issues.

**"This practical framework emphasizes flexibility, proactiveness and building a better system for patients and providers both now and in the future."**

REP. MATTHEW BIERLEIN

How our state government delivers positive mental health outcomes was also under the microscope. The report found that rigid regulatory requirements, a lack of administrative support, and inconsistent guidance make it difficult to increase beds, relocate them between sites, or acquire new facilities.

Unfortunately, untangling these bureaucratic hurdles in Lansing causes delays and lapses in care capability. The experts who testified also noted care "deserts" in northern Michigan and the Upper Peninsula. Hardworking taxpayers in every corner of our state should have access to these vital services.

Our subcommittee's report made several recommendations involving policy initiatives and budgeting strategies. These include allowing providers greater operational flexibility, streamlining the process for reallocating beds, giving local communities more control, and modernizing data sharing between hospitals.

The report also recommends devoting state funding toward staff training, safety and educational incentives to grow and keep behavioral health professionals in Michigan — and the creation of a Northern Michigan Behavioral Health Campus to increase access and reduce travel time.

Teamwork is part of any big change, and this will require coordination between state agencies, providers and the Legislature. I look forward to putting our subcommittee's findings into motion. What's critical now is taking action — the moment demands it. ♦

**About Rep. Bierlein:** Second term in the Michigan House. Chairs the House Oversight Subcommittee on Public Health and Food Security. Vice Chair of the House Oversight Committee. Serves on the House Health Policy Committee.

**CMHA Members in the 97th District:** Bay-Arenac Behavioral Health Authority, Genesee Health System, Saginaw County CMH Authority, and Tuscola Behavioral Health Systems.



## FEDERAL POLICY

## Work Requirements Under H.R.1: What to Expect and How to Prepare

How new Medicaid "community engagement" requirements will impact behavioral health providers and the patients they serve

NATIONAL COUNCIL FOR MENTAL WELLBEING

**A**s many of you likely know by now, H.R.1, the "One Big, Beautiful, Bill Act" passed by Congress last summer, included many substantial changes to Medicaid. Most of these changes impact the Medicaid expansion population: adults ages 19-64 who do not qualify for traditional Medicaid. One of the key provisions is the implementation of new "community engagement" requirements, commonly known as work requirements.

Under H.R.1, all Medicaid expansion enrollees will generally be required to complete 80 hours of qualifying activities per month. These include work, community service, work release programs, or a combination of these activities, or an educational program if enrolled at least half-time. The law also includes exemptions for individuals who meet certain conditions.

For enrollees experiencing behavioral health challenges, the most notable exemptions are those for individuals with a "disabling mental disorder" or a substance use disorder, as well as an exemption for those participating in a drug addiction or alcoholic treatment and rehabilitation program.

**"During a nine-month period in Arkansas, more than 18,000 Medicaid enrollees lost coverage — and roughly one-third reported being unaware of the requirement."**

NATIONAL COUNCIL FOR MENTAL WELLBEING

H.R.1 requires CMS to issue a rule providing additional guidance on Medicaid work requirements by June 1, 2026, and many stakeholders expect the rule to clarify what qualifies as a disabling mental disorder or substance use disorder for purposes of the exemptions.

As we await additional CMS guidance, it's helpful to keep in mind historical context. In 2018, Arkansas implemented a Medicaid work requirement for a nine-month period. More than 18,000 enrollees lost coverage, and analysis found the requirements failed to increase employment while producing significant coverage losses.

Similarly, Georgia received approval in 2020 for a Medicaid demonstration requiring certain adult beneficiaries to meet work requirements. Despite having one of the highest uninsured populations in the nation, just over 4,000 individuals enrolled in the first year — well below the projected 100,000. Georgia reported approximately \$80.3 million in total spending, with about \$54.2 million on administrative activities alone.

As these examples illustrate, implementation of work requirements can present significant fiscal and operational challenges. The National Council for Mental Wellbeing has developed several recommendations for behavioral health clinics:

**Strengthen eligibility navigation:** Identify someone within the organization responsible for monitoring eligibility deadlines and tracking coverage-related issues.

**Partner early with workforce and social services:** Establish MOUs with local workforce development boards, community colleges, and volunteer organizations to clarify referral processes.

**Offer reporting assistance:** Host periodic on-site or virtual "reporting days" where clients receive hands-on help completing required Medicaid tasks.

**Track coverage loss impacts:** Monitor missed appointments, growth in uncompensated care, and interruptions in medication access — and report these indicators to state Medicaid agencies.

**Develop written internal policies:** Adopt policies describing how staff will identify patients subject to work requirements, assess exemptions, and document functional limitations.

**Use AI-assisted documentation:** Configure EHR systems to automatically route flagged notes to the eligibility team, and use AI to generate standardized letters for patients who need proof of a condition.

**Use evidence-based approaches:** Position options like the Common Elements Treatment Approach to improve functional capacity and readiness for qualifying activities. ◆

#### Implementation deadline: January 1, 2027

The National Council for Mental Wellbeing will continue to monitor federal and state implementation developments and support its members through this transition.



#### National Council for Mental Wellbeing:

Represents nearly 3,400 mental health and substance use treatment organizations serving over 10 million people. [TheNationalCouncil.org](https://www.thenationalcouncil.org)

VIEWPOINT · FROM THE CEO

# Mental Health Framework: A Solution in Search of a Problem

*The MDHHS is pursuing another costly proposal that adds bureaucracy without improving care. Michigan's public mental health system already works — the state should reinforce it, not undermine it.*



**By Alan Bolter**

Chief Executive Officer, CMHA of Michigan

AS PUBLISHED · THE DETROIT NEWS

**W**hen your car is working, you don't generally take it to your mechanic and demand they replace the engine, or the transmission. Yet Michigan's Department of Health and Human Services (MDHHS) is proposing to do just that by pushing to enact new unnecessary layers of bureaucracy for many Michigan mental health patients.

Unfortunately, this is now the second instance of the MDHHS advancing a costly proposal without regard for true need, financial cost or human impact. Just last year, we fought a legal battle against the MDHHS proposal to bid out the management of the state's public mental health system. The deeply flawed and legally dubious proposal added complexity and failed to address real concerns. The MDHHS spent more than \$3 million aggressively pursuing that RFP process only to pull it after a judge ruled it unlawful.

Now, the MDHHS continues to pursue a similarly ill-informed idea known as the "Mental Health Framework." As designed, this effort will likely introduce additional layers of bureaucracy and new hurdles for individuals seeking mental health services. The agency is proposing to pass individuals with mild to moderate mental health needs off to private health insurance companies — a dangerous departure from the current structure that allows local CMH agencies to provide expert support.

By definition, the framework's focus on "mild to moderate" conditions raises questions about the types of services being discussed. Services such as psychiatric inpatient care, crisis residential treatment, or intensive targeted case management are designed for individuals experiencing severe symptoms. It is difficult to understand how these services would apply to individuals whose needs are categorized as mild or moderate.

**"In an attempt to reduce a few small issues between health plans, the MDHHS's answer is to impose a large administrative burden on the entire mental health system — truly a 'solution' in search of a problem."**

ALAN BOLTER, CMHA

The proposal introduces new assessments, administrative processes and shifting lines of responsibility between CMH agencies and private Medicaid health plans. For someone already struggling to navigate the system, additional steps can easily become barriers to care rather than improvements.

Importantly, the framework also disrupts a system that already has clearly defined responsibilities under Michigan law. The Michigan Mental Health Code outlines that CMH agencies are responsible for coordinating services, including psychiatric inpatient admissions. Sound clinical decisions depend on working knowledge of available community-based alternatives, and Michigan's CMH system is the only entity with both the responsibility and infrastructure to manage that coordination effectively.

Equally troubling is the lack of clarity around why this sweeping change is being proposed. There has been no clear explanation as to how the MDHHS framework proposal will improve care. Period. Care providers, CMH agencies, hospitals and advocacy organizations have all raised concerns.

We are open to sharing our perspective to help make the process more seamless for patients and practitioners. But any proposed changes must prioritize affordability and ensure resources are directed toward direct services. We are urging the MDHHS to forgo yet another pointless proposal and join with us in looking for collaborative opportunities to drive meaningful change. ♦

CMHA MEMBERS

# CMHA Provider Alliance

A network of nonprofit mental health agencies delivering direct services to thousands across Michigan in partnership with community mental health boards. **62 member organizations.**

Addiction Treatment Services  
 Adult Learning Systems – U.P.  
 All Well-Being Services  
 Arab Community Center for Economic & Social Services (ACCESS)  
 Arbor Circle Corporation  
 Assured Family Services  
 Bay Human Services, Inc.  
 Beacon Specialized Living Services, Inc.  
 Bear River Health at Walloon Lake  
 Blue Water Developmental Housing, Inc.  
 CARE of Southeastern Michigan  
 Centria Healthcare Autism Services  
 Cherry Street Health Services  
 Clubhouse Michigan  
 CNS Healthcare  
 Community Housing Network, Inc.  
 Community Living Options  
 Community Living Services  
 Comprehensive Youth Services, Inc.  
 Consumer Direct Michigan

David's House Ministries  
 Easter Seals MORC  
 Elmhurst Home, Inc.  
 FWOGC, Inc.  
 Flint/Saginaw Odyssey House  
 Great Lakes Recovery Centers, Inc.  
 Harbor Hall, Inc.  
 Heartland Center for Autism  
 Hegira Health, Inc.  
 Heritage Homes, Inc.  
 Hope Network  
 Innovative Housing Development Corp.  
 Judson Center Autism Connections  
 Lincoln Behavioral Services  
 Macomb County Provider Alliance  
 MiSide  
 MOKA  
 Oakland Family Services  
 Perfectly Autistic, LLC  
 Phoenix House, Inc.  
 Pine Rest Christian Mental Health Services

Protocol Services  
 Provider Alliance of Wayne County  
 Recovery Technology, LLC  
 Rose Hill Center  
 Saginaw Psychological Services, Inc.  
 Segue, Inc.  
 Services to Enhance Potential  
 Spectrum Community Services  
 Sunfield Institute  
 Taylor Life Center  
 TelepsychHealth  
 Ten Sixteen Recovery Network  
 The Children's Center of Wayne County  
 The Guidance Center  
 Thrive Abundance, LLC  
 Training and Treatment Innovations  
 Trinity Health – Behavioral Services  
 Turning Leaf Behavioral Health Services  
 Vista Maria  
 Wayne Center  
 Wellness, Inc.

PARTNERS IN THE WORK

## Moving Michigan's mental health system forward — together.

CMHA's Provider Alliance and Affiliate Members work alongside our 46 CMH boards to deliver care, transport, technology, and advocacy across the state — the connective tissue of behavioral health in Michigan.

From crisis services to clinical staffing, from technology platforms to specialized transport, our network turns advocacy into action and policy into care.

*Interested in joining the network?*  
 Visit [cmham.org/become-a-member](http://cmham.org/become-a-member)

### Behavioral Health Transport (BHT) Service



Dedicated to providing safe, comfortable, and respectful transport of clients requiring mental health services by using a proven, cost-effective platform to address client safety, dignity, medical necessity compliance and transport availability.

**Trained, experienced staff & innovative, safety enhanced passenger compartment including real time video & GPS**



Throughout Michigan & Beyond

For more information, please call

888 - Life EMS  
 or visit  
[lifeems.com](http://lifeems.com)



CMHA MEMBERS

# CMHA Affiliate Members

Industry partners, vendors, and individual affiliates supporting CMHA's mission across Michigan. **44 affiliates** at Gold and Silver tiers.

**GOLD 11 AFFILIATES**

**SILVER 33 AFFILIATES**

- Apex Insurance Services SILVER
- Assoc. for Children's Mental Health SILVER
- Rodney Barnes SILVER
- Behavioral Health Connections MI GOLD
- Blue & Co., LLC SILVER
- Care Provider Solutions GOLD
- Clinically AI GOLD
- Dionne Collins SILVER
- Kate Dahlstrom SILVER
- Deon Health GOLD
- Mioara Diaconu SILVER
- Dykema Gossett, PLLC SILVER
- Eisenhower Center GOLD
- Harbor Oaks Hospital SILVER
- Henry Ford Allegiance Health GOLD
- Wesley Johnson SILVER
- Kalamazoo Behavioral Health Hosp. SILVER
- Life EMS Ambulance SILVER
- LoveJoy Community Services SILVER
- Maner Costerisan SILVER
- Mend GOLD
- MAADAC SILVER

- MI Association of Counties SILVER
- MCBAP SILVER
- MiHIN SILVER
- Mutual of America SILVER
- NAMI Michigan SILVER
- New Paths, Inc. SILVER
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- PAS – Personal Accounting Services GOLD
- Professional Counseling Center SILVER
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Interested in becoming an affiliate? Visit [cmham.org/become-a-member](http://cmham.org/become-a-member)



SUPPORT THE

## Political Action Committee

### Keep mental health at the table in Lansing.

The CMH Political Action Committee gives to candidates for elective office — across the aisle — who support and advocate for Michigan's publicly funded mental health system. By donating, you ensure the issues important to mental health are never left out of the conversation in Lansing.

DONATE ONLINE

[cmham.org/public-policy/cmh-pac](http://cmham.org/public-policy/cmh-pac)

OR MAIL A CHECK

CMH PAC · 507 S. Grand Ave., Lansing, MI 48933

Please make all checks payable to CMH PAC



SCAN TO GIVE

Every contribution strengthens the voice of community mental health across Michigan.

## CONNECTIONS CORNER

# "A Love That Never Leaves"

By Cathy Kellerman · Board Member, Newaygo County Mental Health · 2nd Vice President, CMHA Board of Directors

wrote this up about my journey through mental health with my son, Chad, from blessed memory. It doesn't matter how long it's been, because the story never leaves me.

My husband and I adopted Chad in 1972, when he was 3 months old. I never used any form of birth control, just never got pregnant. I felt the Lord led us to Chad. He was a wonderful baby and toddler. He never cried. Checking in on him while he slept was the only way I knew he had woken up from his nap.

Chad was so smart and deep thinking, even as a little tot. What a joy he was, and my heart was full to bursting. Then, one day, everything came crashing down. I began getting weird phone calls from women or would answer a phone call which went to a deadline when I picked up the call.

Making matters worse, there was a big empty field behind my house, and sometimes, I would see headlights heading for my door. It was a very frightening time. My husband worked second or third shift at Buick Motors. I was alone with my child all night most of the time.

Ten years after adopting Chad, I learned I was pregnant. I was ecstatic! When my husband finally arrived home, I opened up my front door and yelled outside that I was pregnant. His reaction totally burst my bubble of happiness. He actually told me it wasn't a good time to have a baby, and I should get an abortion. That is when I realized I had to face that something was wrong.



Cathy Kellerman (left) and her son Chad, from blessed memory.

Chad was 11 years old at this time. Even though I still had my head buried in the sand, Chad would tell me something was wrong. One day, riding his three-wheeler with his dad, a girl appeared. His dad told him she was a neighbor. Somehow Chad realized she was the one his dad was being unfaithful with, and when he told me, he felt so disloyal.

***"It doesn't matter how long it's been, because the story never leaves me."***

CATHY KELLERMAN

It took me a long time to get Chad to understand it wasn't his fault, and he was not the cause of my pain. I kept the pregnancy and stayed in the marriage. I went through nine months with absolutely no emotional support from my husband, falling into a deep depression.

Throughout my pregnancy, Chad and his best friend were my support. They walked two miles with me every day and kept me company when I needed it the most. When Brett was born, Chad and I were so excited! When I accepted the cheating was ongoing, the situation escalated and my husband became physically abusive. I believe God intervened at that time. I called my sister. She and her eldest son arrived to pick me and my children up. This began our journey through mental health.

**"A LOVE THAT NEVER LEAVES" — CONTINUED**

Chad began acting out and developed a love/hate relationship with his dad. When Brett was about 2 years old, I met my current husband, Alex. He was so understanding and considerate. We became friends before we ever dated. When we finally married, we had to deal with the effects all this had on Chad.

I had him at the FOX Center at the St. Joseph Hospital campus in Bloomfield Hills. It was a great program that seemed to be helping. Unfortunately, Chad's biological dad was supposed to have therapy with Chad, but on two occasions he did not show up. His not showing up was a huge setback. He was diagnosed with juvenile diabetes and when the allowed number of visits were up, he was released. He was not ready, but insurance companies don't really care.

Years passed with many scary episodes. One day Chad threatened to take his life. His younger brother Brett came out of his room and smashed his beloved guitar while yelling at Chad. I went into the bathroom and called 911. By this time Chad had his own home in Flint. At 3 AM, he called me and didn't know what to do. I told him to go to CMH in Genesee County.

Despite everything, Chad managed to graduate from Baker College with a degree in Health Sciences. He wanted to help others. He never gave into his challenges, always trying to move forward. Alex and I would visit once a month. We'd take Chad shopping, sometimes buy something special like salmon or crab legs, go back to his home and cook dinner together.

He was very interested in food and cooking, so we'd experiment with different herbs and spices. Everything was actually going quite well. Then, one day, I received a call and learned that Chad was in the hospital, on full life support. He stopped breathing at dialysis. He remained on life support for 48 days. I resigned myself to the fact that I had lost him already, without even a chance to say goodbye.

Eventually a doctor came in and said we'd have to make a decision soon because Chad was not responding. I went to the chapel and talked to the Lord for a couple of hours. A mother can't be expected to say, "Let my son go. Turn off the machines." When I went back up to his room the nurses were getting him set up on partial life support. So, I thanked the Lord.

We were not out of trouble. Every day something else went wrong. Then the day came when he looked at me and mouthed, "Mom, please call Hospice." I could not argue with him. I know he fought as long as he could for me. He told me so. Chad got a big smile on his face, and that is how I always remember him — with that particular smile. ♦

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***"Chad, I loved you from the first moment I saw you. I've loved you all your life, and when God calls me home my soul will find yours and I will love you through eternity."***

— CATHY KELLERMAN

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In partnership with NAMI Michigan. **Connections Corner** shares stories from the heart of Michigan's public mental health system. Have a story to share? Contact CMHA at [cmham.org/connections](https://cmham.org/connections) — we want to hear from the boards, providers, clinicians, peers, and families whose work makes this system what it is.

SAVE THE DATES

# CMHA Summer Conference

JUNE 8 – 10, 2026

Grand Traverse Resort · Traverse City, Michigan

Featuring Keynote Speakers — Bethany Boik · Schwartz Precil · Baldly Bipartisan



TUES · JUNE 9  
KEYNOTE

## Bethany Boik, B.A.

Mental Health Advocate, Artist, and Author of *Diary of a Schizophrenic*

### Can You Hear the Voices? What Psychosis Feels Like

Bethany walks audiences through the treatment and management of voices in psychosis from the perspective of an advocate living with schizophrenia. Attendees will learn where voices come from, why they carry negative content, and how wraparound supports help — and how genetics and environmental factors play a role in the development of schizophrenia.

A graduate of the University of Michigan–Dearborn in Behavioral Sciences and two-term AmeriCorps alumna, she turned her own experience with schizoaffective disorder into advocacy, art, and authorship — winning a 2022 mini grant to publish her memoir, *Diary of a Schizophrenic*.

*"I've decided to live, because I've come too FAR / To fall now."* — Bethany Boik



WED · JUNE 10  
KEYNOTE

## Schwartz Precil

Founder, Hero Leadership Group · Speaker · Author

### Be Your Own Hero: Turning Adversity into Purpose

Schwartz Precil is the founder of Hero Leadership Group (HLG). His HERO framework empowers youth and young professionals to transform adversity into purpose through mentorship and social-emotional learning development. A former foster youth and college athlete, Schwartz overcame systemic barriers to become a dynamic speaker and author.

HLG has served over **35,000 students** and trained more than **800 educators and youth-serving professionals** across 28 states. Their evidence-based curriculum, developed in partnership with schools like William C. Abney Academy Charter School, equips participants with the skills and mindset needed for long-term success in education and beyond.



## FEATURED SESSION

## Baldly Bipartisan

With Adrian Hemond & John Sellek — two of Michigan's top political consultants and news analysts

### Civil Political Talk: What to Expect in 2026

Politics and public policy discussions today feel anything but civil. Adrian Hemond (Democrat) and John Sellek (Republican) prove otherwise — with a humorous, bipartisan conversation covering what to expect in 2026.

### Adrian Hemond

*CEO, Grassroots Midwest*

Adrian is the CEO of Grassroots Midwest, a public affairs and political consulting firm. A former political science instructor at Saginaw Valley State University, he served as Chief of Staff to the Michigan House Minority Leader and has advised candidates and causes across the state. He brings deep institutional knowledge of Michigan politics and a sharp wit to every conversation.

### John Sellek

*Chief Strategist & CEO, Harbor Strategic*

John is the Chief Strategist and CEO of Harbor Strategic, a Michigan-based public affairs firm. He has advised two Michigan Speakers of the House, served in a governor's policy shop, and managed a winning race for Michigan attorney general. A frequent commentator on state politics, John pairs strategic acumen with a grounded, practical view of how policy actually moves.



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TAKE A BREAK

# May Mental Health Word Search

May is Mental Health Awareness Month. Take a moment between sessions to find the twenty words below — each one reflecting a piece of the work, the care, or the community that defines Michigan's public mental health system.

A	J	K	A	N	U	C	R	C	S	F	M	Y	A	K	T	T	I	E	T	P	N	O	A	I	C	Z	K	O	R
G	F	O	J	G	E	M	D	H	Q	O	C	C	S	Q	T	E	J	U	Y	O	S	K	R	Y	G	H	O	E	H
J	G	I	Z	E	M	Z	R	E	K	C	W	Y	B	N	O	I	T	A	X	A	L	E	R	T	H	N	V	J	V
R	K	R	O	W	T	E	N	A	I	Y	C	O	P	O	B	F	G	I	S	Z	C	I	T	S	B	I	D	Y	A
G	M	O	E	K	N	N	D	L	T	R	B	X	B	B	Q	C	W	H	S	N	Y	D	F	A	A	T	Z	W	C
W	D	Q	M	A	T	W	B	I	B	H	N	J	P	P	I	V	S	S	E	N	E	R	A	W	A	T	X	K	G
O	X	O	U	H	Q	U	N	N	T	U	E	Y	J	K	E	L	P	I	N	X	G	M	E	D	I	C	A	I	D
G	R	X	G	C	P	U	L	G	R	A	S	N	J	N	F	M	L	Q	L	D	J	Q	T	V	H	H	S	N	M
C	M	J	G	M	M	Q	N	S	I	Q	T	X	G	S	G	I	D	Q	L	O	K	E	A	N	O	M	L	O	O
Q	X	P	Z	M	D	C	K	K	Y	R	O	I	E	S	S	K	R	Y	E	Q	B	J	C	S	Y	C	F	S	Z
J	G	Z	O	U	W	A	O	K	O	B	O	U	O	E	Z	V	F	Z	W	X	I	G	O	K	K	J	E	I	I
K	Q	C	L	R	D	C	R	P	O	U	S	P	R	N	T	V	C	K	P	G	B	S	V	K	I	R	R	R	X
P	L	I	U	G	K	R	P	M	I	N	H	E	O	L	R	C	O	F	T	U	N	O	D	J	J	Y	Z	Y	P
J	X	D	M	F	R	U	M	D	E	N	X	E	L	U	H	D	W	G	B	P	Y	V	A	I	R	B	Y	E	K
U	U	O	O	Z	S	G	S	C	B	Y	G	C	V	F	E	B	E	G	J	E	Z	L	Q	R	T	V	U	X	S
Z	C	Q	J	W	K	C	H	S	G	P	L	Z	Y	D	C	L	Q	Z	C	S	X	D	R	C	D	O	S	Q	G
E	I	X	U	X	P	H	Y	R	N	N	Y	I	J	N	N	A	L	V	B	X	K	D	Z	B	S	P	U	G	V
Y	T	R	R	C	X	H	L	B	G	Y	H	I	L	I	A	N	R	F	B	G	M	D	V	Y	I	V	O	N	W
D	S	N	A	M	D	Q	L	D	Z	U	L	Z	V	M	L	S	U	E	T	H	J	S	J	Q	H	W	J	B	Y
F	B	E	L	Y	U	A	A	E	L	N	I	V	Y	P	A	R	E	H	T	Y	E	H	H	Q	A	T	P	D	P
K	M	R	Y	S	U	Y	M	D	F	M	S	N	Z	J	B	H	P	U	K	T	N	C	E	N	G	N	B	K	V
P	D	C	I	F	Z	W	U	Z	H	N	P	M	W	C	N	B	I	X	F	B	J	S	T	Q	H	X	S	R	Z
U	U	H	Z	C	M	Z	O	U	S	I	W	U	K	Y	F	Z	M	R	E	I	Z	C	C	Y	D	Z	Y	A	W
H	E	C	K	V	E	U	T	F	C	X	A	Q	V	W	P	I	V	F	O	Q	N	O	Q	B	E	T	T	U	F
W	A	K	I	G	R	X	I	M	T	Q	X	V	T	Y	W	O	A	E	S	H	V	G	O	S	C	V	X	G	D
U	T	H	Z	V	X	O	H	K	N	R	L	N	L	O	V	V	D	Q	M	E	X	D	C	X	P	H	R	G	T
J	S	B	N	H	K	H	W	I	E	O	G	E	V	Z	D	R	S	J	U	K	W	C	G	L	D	G	R	F	H
L	O	O	W	U	L	D	Q	O	X	S	N	V	Q	E	Z	J	E	J	M	P	E	Y	D	G	H	R	X	R	Q
G	C	A	A	B	P	A	I	Y	I	Z	F	U	K	Y	T	T	N	B	M	Q	H	O	X	R	C	L	G	G	X
Y	I	L	V	N	F	L	H	J	N	C	I	Q	P	T	M	V	A	A	Q	B	S	I	P	U	G	B	C	E	O

- WELLNESS    BALANCE    RECOVERY    HEALING    AWARENESS    SUPPORT
- THERAPY    RESILIENCE    MINDFULNESS    MEDITATION    COPING
- RELAXATION    SELF-CARE    COMMUNITY    NETWORK    PUBLIC    WAIVER
- BOARD    ADVOCATE    MEDICAID

Words read forward, backward, up, down, and diagonally. Share your completed puzzle on social media with #CMHAMentalWellness.

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SAVE THE DATES

# 2026 Conferences & Events

<p><b>MAY 13–15</b> <b>Improving Outcomes Summer Conference</b> <i>Grand Traverse Resort, Traverse City</i></p>	<p><b>MAY 14–15</b> <b>3rd Annual ACT/IDDT Summit</b> <i>Sheraton Detroit Novi Hotel, Novi</i></p>
<p><b>JUNE 8–10</b> <b>CMHA Summer Conference</b> <i>Grand Traverse Resort, Traverse City</i></p>	<p><b>JULY 18–22</b> <b>Clubhouse Conference</b> <i>Shanty Creek Resort, Bellaire</i></p>
<p><b>AUG 3–5</b> <b>2026 Wraparound Conference</b> <i>Radisson Plaza Hotel, Kalamazoo</i></p>	<p><b>SEPT 16–18</b> <b>33rd Annual Recipient Rights Conference</b> <i>Crystal Mountain, Thompsonville</i></p>
<p><b>SEPT 27–29</b> <b>SUD Conference</b> <i>Lansing Center, Lansing</i></p>	<p><b>OCT 26–27</b> <b>CMHA Fall Conference</b> <i>Grand Traverse Resort, Traverse City</i></p>

Register and find full session details at [cmham.ce21.com](http://cmham.ce21.com)

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