
Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
February 28, 2024 – 1:00 PM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Mr. Stek
2. Roll Call/Conflict of Interest Question – Mr. Stek
3. Public Comment (Limited to agenda items only)
4. Consent Items:
Suggested Motion: To approve by consent the following items.
 - February 28, 2024, Board of Directors meeting agenda (*Attachment 1*)
 - January 24, 2024, Board of Directors meeting minutes (*Attachment 2*)
5. LRE FY22 Audit Review – Derek Miller, RPC (*Attachment 3*)
6. Reports –
 - a. LRE Leadership - Reviewed during Work Session
7. Chairperson’s Report – Mr. Stek
 - a. February 21, 2024, Executive Committee (*Attachment 4*)
8. LRE CEO Evaluation – Human Resources
Suggested Motion: To approve moving into closed session for the purpose of discussing the LRE CEO evaluation as requested by the LRE CEO
9. Action Items –
Suggested Motion: To approve the January 21, 2024, closed session meeting minutes.
10. Financial Report and Funding Distribution – Ms. Chick (*Attachment 5*)
 - a. FY2024, January Funds Distribution (*Attachment 6*)
Suggested Motion: To approve the FY2024, January Funds Distribution as presented.
 - b. Statement of Activities as of 12/31/2023 with Variance Reports (*Attachment 7*)
 - c. Monthly FSR (*Attachment 8*) –
11. CEO Report – Ms. Marlatt-Dumas
12. Board Member Comments
13. Public Comment
14. Upcoming LRE Meetings
 - March 14, 2024 – Community Advisory Panel, 1:00 PM
 - March 20, 2024 – Executive Committee, 1:00PM
 - March 27, 2024 – LRE Executive Board Meeting, 1:00 PM

Meeting Minutes
BOARD OF DIRECTORS

Lakeshore Regional Entity
January 24, 2024 – 1:00 PM

GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

WELCOME AND INTRODUCTIONS – Mr. Stek

Mr. Stek called the January 24, 2024, LRE Board meeting to order at 1:06 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Stek

In Attendance: Ron Bacon, Jon Campbell, Linda Dunmore, Patricia Gardner, Sara Hogan, Richard Kanten, Andrew Sebolt, Stan Stek, Jim Storey, Janet Thomas, Craig Van Beek

Absent: Janice Hilleary, Richard Kanten, Alice Kelsey, Ron Sanders

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 24-01 Motion: To approve by consent the following items.

- January 24, 2024, Board of Directors meeting agenda
- December 20, 2023, Board of Directors meeting minutes

Moved: Patricia Gardner

Support: Ron Bacon

MOTION CARRIED

LEADERSHIP BOARD REPORTS

LRE Leadership report is included in the packet for information.

- Ms. VanDerKooi gives an overview of the Customer Service Satisfaction Survey that is included in the packet. The survey asks individuals how satisfied they are with services that are provided to them within our region.
- A regional workgroup made up of Customer Service and Quality staff was formed to update the document. Input was given from LRE and CMHs Consumer Advisory Panels that was incorporated into the document.
- The data in the document is broken out regionally and by CMH. Also included are Health Services recommendations.
- The survey is provided to all individuals that are in service, but it is not mandatory. There is also a QR code that is available for individuals to utilize.

Q: Is there a report that suggests there are specific issues categorized by specific demographics?

A: There is not currently a report, but LRE can make that a next step.

CHAIRPERSON’S REPORT

January 17, 2024, Executive Committee (EC) Meeting Minutes are included in packet for information.

LRE CEO EVALUATION SUMMARY

Mr. Stek summarizes that annually the LRE Board engages in an evaluation of the LRE CEO. A limited 360 evaluation has been completed that included input from LRE Board members, CMH CEOs, and Chief level LRE staff. The results, averages of category measurements and a compilation of comments were reported to the Executive Committee (EC). The EC has completed a review of the appraisal report identifying the objectives of the CEO and the measurement of performance. The measurements (scores) have been distilled into an average grade.

Mr. Storey asks to be excused from the Board meeting prior to moving into closed session.

LRE 24-02 Motion: To approve moving into closed session to discuss the LRE CEO evaluation as requested by the LRE CEO.

Moved: Jon Cambell Support: Janet Thomas
ROLL CALL VOTE – UNANIMOUS
MOTION CARRIED

LRE 24-03 Motion: To approve moving out of closed session from discussing the LRE CEO evaluation as requested by the LRE CEO.

Moved: Ron Bacon Support: Jon Campbell
ROLL CALL VOTE – UNANIMOUS
MOTION CARRIED

ACTION ITEMS

LRE 24-04 Motion: To approve LRE Board Policy and Procedure

- i. 10.22 New Board Member Orientation Policy
- ii. 10.22a New Board Member Orientation Procedure

Moved: Ron Bacon Support: Janet Thomas
MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2024 December Funds Distribution

LRE 24-05 Motion: To approve the FY2024, December Funds Distribution as presented.

Moved: Ron Bacon
MOTION CARRIED

Support: Patricia Gardner

Statement of Activities as of 11/30/2023 with Variance Report-

Included in the Board packet for information.

- FY24 Quality and Performance bonuses are not received until FY25.
- LRE is working with CMHs on revised CCBHC projections.

Monthly FSR-

Included in the Board packet for information.

Q: In regard to CCBHC, what is a DCO?

A: A DCO is Designated Collaboration Organization, a network provider that is used to provide services under CCBHC. There are separate regulations/rules tied specifically to the DCO agreement which is different than a standard network provider contract.

CEO REPORT

Included in the Board packet for information. Ms. Marlatt-Dumas reports:

- There were many applicants for the open positions at LRE and interviews will be soon be scheduled.
- The Muskegon County lawsuit has been dismissed without prejudice.
- LRE has received 30 additional HSW slots from Midstate Health Network (MSHN). Another PIHP has also offered to transfer additional slots, but the state has put a hold on this as they are working on a re-allocation process with CMS. Ms. Marlatt-Dumas will schedule a meeting with MDHHS and will make another request for them to release the additional HSW slots.
 - This month LRE did not get paid for 18 slots for many different reasons, such as being put into a different funding bucket due to missing documentation and some individuals are either being put on a spenddown, or their spenddown was increased. MDHHS will send LRE a report showing what missing documentation must be completed to enable those individuals to be put back onto the Waiver.
 - A workgroup has been established that Ms. Marlatt-Dumas is participating in to gather data regarding enrollees falling off Medicaid. There were 2 PIHPs that have used \$500 thousand from their General Fund to cover the individuals that had fallen off.
 - The PIHPs, as a group, will gather information showing the gap.
- LRE is concerned that there will be regional cashflow issues within 60 days. This was reported to MDHHS.
- The State continues to work with LRE on cost settling FYs 18-21.
- LRE/N180 have a presentation that they will give to the state on a short-term solution to Autism issues.

- Due to a higher number of enrollees falling off Medicaid after the end of the PHE than Milliman projected the rates are too low.
- CMHAM has Board Works videos that can assist in understanding the role of Board members. <https://cmham.org/education-events/boardworks/>

BOARD MEMBER COMMENTS

NA

PUBLIC COMMENT

NA

UPCOMING LRE MEETINGS

- February 21, 2024 – Executive Committee, 1:00PM
- February 28, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

Mr. Stek adjourned the January 24, 2024, LRE Board of Directors meeting at 2:22 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

Lakeshore Regional Entity

Financial Statements

September 30, 2022





Independent Auditor's Report

To the Members of the Board
Lakeshore Regional Entity
Norton Shores, Michigan

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the business-type activities, each major fund, and the aggregate remaining fund information of Lakeshore Regional Entity (the Entity), as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the Entity's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities, each major fund, and the aggregate remaining fund information of the Entity, as of September 30, 2022, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Entity and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Change in Accounting Principle

As discussed in the notes to the financial statements, during 2022 the Entity adopted new accounting guidance, GASB Statement No. 87, *Leases*. Our opinions are not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Entity's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions.

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery,

Lakeshore Regional Entity
Statement of Net Position
September 30, 2022

	Enterprise Funds		Internal Service Funds	Total Proprietary Funds
	Mental Health Operating	Public Act 2	Medicaid Risk Reserve	
Current assets				
Cash and cash equivalents	\$ 98,696,844	\$ 13,432,176	\$ 2,425,324	\$ 114,554,344
Due from affiliates	63,859,199	23,616	-	63,882,815
Due from MDHHS	14,626,842	-	-	14,626,842
Due from others	23,075	12,223	-	35,298
Due from other funds	26,979,969	554,016	52,956,715	80,490,700
Prepaid expenses	8,956	-	-	8,956
Total current assets	204,194,885	14,022,031	55,382,039	273,598,955
Noncurrent assets				
Capital assets - depreciable, net	165,689	-	-	165,689
Total assets	204,360,574	14,022,031	55,382,039	273,764,644
			PY Total assets	185,909,060
Current liabilities				
Accounts payable	5,232,359	226,127	-	5,458,486
Accrued payroll and benefits	164,888	-	-	164,888
Due to affiliate	106,888,987	-	-	106,888,987
Due to MDHHS	15,441,786	-	-	15,441,786
Due to other funds	53,401,488	-	27,089,212	80,490,700
Unearned revenue	14,526,688	-	-	14,526,688
Compensated absences	359,727	-	-	359,727
Direct borrowing, due within one year	89,416	-	-	89,416
Total current liabilities	196,105,339	226,127	27,089,212	223,420,678
			PY Total liabilities	163,895,221
Net position				
Net investment in capital assets	76,273	-	-	76,273
Restricted	-	13,795,904	28,292,827	42,088,731
Unrestricted	8,178,962	-	-	8,178,962
Total net position	\$ 8,255,235	\$ 13,795,904	\$ 28,292,827	\$ 50,343,966
PY Total net position	5,104,093	12,089,004	4,820,742	22,013,839

Lakeshore Regional Entity
Statement of Revenues, Expenses, and Changes in Net Position
For the Year Ended September 30, 2022

	Enterprise Funds		Internal Service Funds	Total Proprietary Funds
	Mental Health Operating	Public Act 2	Medicaid Risk Reserve	
Operating revenues				
Medicaid	\$ 368,976,108	\$ -	\$ -	\$ 368,976,108
Healthy Michigan	45,797,345	-	-	45,797,345
Incentive payments	3,636,839	-	-	3,636,839
CCBHC	693,898	-	-	693,898
State and federal grants	9,756,961	-	-	9,756,961
Contributions - local match drawdown	1,523,820	-	-	1,523,820
Other operating revenues	3,471	-	-	3,471
PA2 revenues	-	3,138,463	-	3,138,463
Total operating revenues	430,388,442	3,138,463	-	433,526,905
			PY Operating revenues	390,419,205
Operating expenses				
Funding for affiliate partners				
Medicaid	301,576,882	-	-	301,576,882
Healthy MI	33,435,923	-	-	33,435,923
CCBHC	30,388,375	-	-	30,388,375
SUD block grant	6,779,458	-	-	6,779,458
Incentive payments	2,819,234	-	-	2,819,234
PA2 liquor tax	-	505,457	-	505,457
Total funding for affiliate partners	374,999,872	505,457	-	375,505,329
Other contractual obligations				
Contracted services - prevention	2,637,723	935,261	-	3,572,984
Hospital rate adjuster	10,876,096	-	-	10,876,096
Local match expense	1,523,823	-	-	1,523,823
IPA assessment	4,234,391	-	-	4,234,391
Total other contractual obligations	19,272,033	935,261	-	20,207,294
Administrative expenses				
Board per diem	13,966	-	-	13,966
Capital outlay - under \$5,000	100,727	-	-	100,727
Depreciation expense	133,135	-	-	133,135
Dues and memberships	12,398	-	-	12,398
Insurance	21,853	-	-	21,853
Legal and accounting	250,576	-	-	250,576
Meeting expense	6,970	-	-	6,970
Professional contracts	5,347,365	-	-	5,347,365
Rent	9,755	-	-	9,755
Salaries and fringes	3,544,841	-	-	3,544,841
Supplies	46,182	-	-	46,182
Travel and training	42,929	-	-	42,929
Utilities	41,057	-	-	41,057
All other costs	7,549	-	-	7,549
Total administrative expense	9,579,303	-	-	9,579,303
Total operating expenses	403,851,208	1,440,718	-	405,291,926
			PY Operating expenses	361,979,524
Operating income (loss)	26,537,234	1,697,745	-	28,234,979
Non-operating revenues (expenses)				
Gain on sale of capital assets	7,150	-	-	7,150
Interest income	84,082	9,155	2,020	95,257
Interest expense	(7,259)	-	-	(7,259)
Total non-operating revenues (expenses)	83,973	9,155	2,020	95,148

Lakeshore Regional Entity
Statement of Revenues, Expenses, and Changes in Net Position
For the Year Ended September 30, 2022

	Enterprise Funds		Internal Service Funds	Total Proprietary Funds
	Mental Health Operating	Public Act 2	Medicaid Risk Reserve	
Transfer in (out)				
Transfer in	\$ -	\$ -	\$ 27,698,636	\$ 27,698,636
Transfer (out)	(27,698,636)	-	-	(27,698,636)
Change in net position	(1,077,429)	1,706,900	27,700,656	28,330,127
			PY Change in net position	28,468,924
Net position, beginning of year (as restated)	9,332,664	12,089,004	592,171	22,013,839
Net position, end of year	\$ 8,255,235	\$ 13,795,904	\$ 28,292,827	\$ 50,343,966

Lakeshore Regional Entity
Notes to the Financial Statements
September 30, 2022

NOTE 9 - DUE TO AFFILIATES

Due to affiliates as of September 30th consists of the following:

Description	Amount
Allegan County Community Mental Health	293,543
HealthWest	39,934,749
Network180	50,349,009
Ottawa Community Mental Health	7,619,403
West Michigan Community Mental Health	8,692,283
Total	106,888,987

NOTE 10 - DUE TO MDHHS

Due to MDHHS as of September 30th consists of the following:

Description	Amount
Taxes Payable	1,120,600
Block Grant	4,260
Direct Care Wages Lapse	13,817,777
Other	499,149
Total	15,441,786

NOTE 11 - UNEARNED REVENUE

Unearned revenue as of September 30th consists of the following:

Description	Amount
Medicaid and Healthy Michigan Savings	14,492,931
Other unearned revenues	33,757
Total	14,526,688

NOTE 12 - LONG-TERM LIABILITIES

Changes in the long-term liabilities are as follows:

Description	Beginning Balance	Additions	Reductions	Ending Balance	Due within one year
Compensated absences	207,404	183,434	(31,111)	359,727	359,727
Direct borrowings	-	174,506	(85,090)	89,416	89,416
Total	207,404	357,940	(116,201)	449,143	449,143

NOTE 13 – LEASE LIABILITY

During the current fiscal year, the Entity entered into a 2-year lease agreement as lessee for the use of building space. An initial lease liability was recorded in the amount of \$174,506 during the current fiscal year. As of year-end, the value of the lease liability was \$89,416. The Entity is required to make monthly principal and interest payments of \$7,696. The lease has an interest rate of 6.0%. The value of the right-to-use asset as of the end of the current fiscal year was \$87,253 and had accumulated amortization of \$87,253. The future principal and interest lease payments as of year-end were as follows:

Fiscal Year Ended September 30,	Principal	Interest	Total
2023	89,416	2,933	92,349

NOTE 14 - NET INVESTMENT IN CAPITAL ASSETS

Net investment in capital assets as of September 30th consists of the following:

Net investment in capital assets	Amount
Capital assets being depreciated	165,689
Capital related long-term liabilities	(89,416)
Total	76,273

NOTE 15 – RETIREMENT AND OTHER POST EMPLOYMENT BENEFIT PLANS

Defined Contribution Retirement Plan – 401(a)

Plan Description

The Entity offers all employees a retirement plan created in accordance with the Internal Revenue Code, Section 401(a). The assets of the plan were held in trust for the exclusive benefit of the participants (employees) and their beneficiaries. ICMA acts as the custodian for the plan and holds the custodial account for the beneficiaries of this Section 401(a) plan.

The assets may not be diverted to any other use. The Mission Square Retirement are agents of the employer for purposes of providing direction to the custodian of the custodial account from time to time for the investment of the funds held in the account, transfer of assets to or from the account and all other matters. Plan balances and activities are not reflected in the Entity’s financial statements.

Plan provisions are established or amended by Board resolution. This plan is funded by both employer and employee contributions.

Eligibility

All full-time employees are eligible.

Contributions

Contributions in lieu of Social Security: The Entity contributes 5% of the employee’s compensation in lieu of Social Security. Employees are required to contribute 6% of compensation.

Contributions to retirement plan: The Entity contributes 10% of the employee’s compensation regardless of the employee contribution. If the employee irrevocably elects to contribute 2% of compensation, the Entity will match the employee’s contribution with an additional 2%.

Normal Retirement Age & Vesting

Retirement age as defined by the plan is 62 years of age. Contributions are 100% vested after one year of employment.

Forfeitures

Forfeitures of employer contributions (due to the employee not having obtained one year of employment) are used

NOTE 19 – TRANSFERS

The Mental Health Operating Fund transferred \$27,698,636 to the Medicaid Risk Reserve Fund during the year for the purpose of covering the risk associated with the Medicaid Managed Care Specialty Services Program Contract.

NOTE 20 – RESTATEMENT

As of year-end, the beginning net position of the Mental Health Operating Fund was restated as follows:

Balance September 30, 2021 Previously Reported	Restatement	Balance September 30, 2021 as Restated
5,104,093	4,228,571	9,332,664

As of year-end, the beginning net position of the Medicaid Risk Reserve was restated as follows:

Balance September 30, 2021 Previously Reported	Restatement	Balance September 30, 2021 as Restated
4,820,742	(4,228,571)	592,171

A restatement of beginning net position was made to move additional risk associated with fiscal year 2018 and fiscal year 2019 operations from the Mental Health Operating Fund to the Medicaid Risk Reserve Fund.

NOTE 21 – SUBSEQUENT EVENTS

In July 2019, MDHHS sent a formal notice to the Entity that MDHHS would be cancelling the Specialty Prepaid Inpatient Health Plan contract with the Entity effective September 30, 2019. In its formal notice, MDHHS stated that the Entity is in material default related to not having a viable risk management strategy in accordance with MDHHS standards. The Entity sent a response to MDHHS which disputed the cancellation of its PIHP contract, demanding for a retraction of the notice, and meeting with key stakeholders. MDHHS responded to the Entity which stated that MDHHS will not be retracting the notice of cancellation.

A hearing date with the Administrative Law Judge (ALJ) was scheduled for October 17, 2019. However, MDHHS reached out to the Entity in September of 2019 with the intent of working out a settlement agreement that would address their concerns moving forward and allow continuation of the contract with the Entity. A deferral of the hearing with the ALJ was requested and received.

The first meeting occurred on September 23, 2019 with representatives from MDHHS, the Entity and its Board, and CMHSP Participants. Going into FY20, progress was made on terms of an agreement. However, in March 2020, these negotiation meetings were deferred due to the urgency of the COVID-19 pandemic. The hearings remained on deferral with periodic updates to the ALJ. In FY21 the Entity's Board approved a tactical plan to address several key issues noted during its negotiation meetings with MDHHS along with a proposal to resolve all past liabilities. The proposal was submitted to MDHHS for review, and a response was expected by the summer of 2021.

The administrative action was dismissed on January 28, 2022 after the parties reached a settlement. On September 7, 2022, Lakeshore filed a lawsuit against MDHHS in the Court of Claims seeking a declaration that it may use ISF Funds, current dollars, or Medicaid Savings Funds to reimburse its member CMHs for prior year deficits. On March 23, 2023, the Court granted summary disposition in favor of Lakeshore.

NOTE 22 - CHANGE IN ACCOUNTING PRINCIPLE

For the year ended September 30, 2022, the Entity implemented the following new pronouncement: GASB Statement No. 87, *Leases*.

Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases*, was issued by the GASB in June 2017. The objective of this Statement is to increase the usefulness of governments' financial statements by

requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use the underlying asset. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities.

NOTE 23 - UPCOMING ACCOUNTING PRONOUNCEMENTS

GASB Statement No. 96, *Subscription-based Information Technology Arrangements*, was issued by the GASB in May 2020 and will be effective for the Entity's fiscal year ending September 30, 2023. This Statement provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs) for government end users (governments). This Statement (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA. To the extent relevant, the standards for SBITAs are based on the standards established in Statement No. 87, *Leases*, as amended.

GASB Statement No. 101, *Compensated Absences*, was issued by the GASB in June 2022 and will be effective for the Entity's fiscal year September 30, 2025. The objective of this Statement is to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures.

This Statement requires that liabilities for compensated absences be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. This Statement requires that a liability for certain types of compensated absences—including parental leave, military leave, and jury duty leave—not be recognized until the leave commences. This Statement also establishes guidance for measuring a liability for leave that has not been used, generally using an employee's pay rate as of the date of the financial statements.

EXECUTIVE COMMITTEE SUMMARY

What Wednesday, February 21, 2024, 1:00 PM

Present: Ron Bacon, Richard Kanten, Stan Stek, Jim Storey, Janet Thomas

LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi, Stacia Chick

WELCOME and INTRODUCTIONS

- i. Review of February 21, 2024, Meeting Agenda
- ii. Review of January 17, 2023, Meeting Minutes

The February 21, 2024, agenda and the January 17, 2024, meeting minutes are accepted as presented.

MDHHS UPDATES

- i. Meetings
 - Network180 (N180) Autism Corrective Action Plan
 - Synopsis: Network180 corrective action plan has been ongoing for about 2 years due to a waitlist for Autism services. Because of the volume of Autism cases in Kent County, N180 did not have the provider network capacity to cover the individuals. Many are school age children that are in school during the day and need evening appointments without enough providers to cover evening appointments. Some individuals would like specific providers and do not take the offered provider. There is a current waitlist of about 300 children. There have been many attempts to reduce and eliminate the waitlist, such as putting out an RFP and contracting numerous additional providers and standing up a utilization management department to ensure medical necessity is met without excess and appropriately discharging into long term support services. Ms. Marlatt-Dumas reports that N180 has completed intakes for about 200 children but the list grows as fast as they complete intakes.
 - During a meeting with MDHHS, N180 presented a plan to eliminate the Autism waitlist. The Department is meeting on what was presented to them tomorrow, after which they will provide feedback. Ms. Marlatt-Dumas is hoping to have an update by the Board meeting.
- ii. HSW Slots Update
 - LRE received formal notification that the HSW slots have been transferred. The plan is to enroll 10 individuals each month over the next 3 months (February-April). This will keep from overloading the LRE and MDHHS.

- LRE had 3 original slots open up so in February we will submit 13 packets to fill all of those slots. LRE will ask CMHs for additional packets and we will also provide them with a list of potential individuals that may be eligible for a slot.
- Region 10 was willing to give LRE 30 slots, but MDHHS has not approved that as they are looking at updating the allocation process.

N180 FUNDING REQUEST UPDATE

- The request is still waiting to be addressed as there has not been an opportunity to have a meeting with all CMH CEOs present. As this effects the entire region it is essential to have each CMH CEO present during the discussion.

BOARD MEETING AGENDA ITEMS

- CEO Evaluation
- FY22 Finance Audit Review – Derek Miller

BOARD WORK SESSION AGENDA

- QAPIP Annual Effectiveness Evaluation

CEO EVALUATION/SALARY REVIEW

All present except the Executive Committee, Human Resources and Ms. Marlatt-Dumas were asked to leave during this discussion.

OTHER

UPCOMING MEETINGS

- February 28, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- March 20, 2024, 2024 – Executive Committee, 1:00PM
- March 27, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

Lakeshore Regional Entity Board Financial Officer Report for February 2024 2/28/2024

- **Disbursements Report** – A motion is requested to approve the January 2024 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through December is included as an attachment. This is a preliminary report. Figures may change based on the final FY2023 financial statements due to accruals, other year-end entries, the external audit, and the CMHSP final FSRs.
- **LRE Combined Monthly FSR** – The December LRE Combined Monthly FSR Report is included as an attachment for February’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual **surplus** through December of \$10.4 million, a projected annual **deficit** of \$13.1 million and a budgeted **deficit** of \$2.2 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month’s report. All CMHSPs have an actual surplus. All CMHSPs have a projected surplus, except Network180 with a projected **deficit** of \$17.1 million, and West Michigan with a projected **deficit** of \$584 thousand. All CMHSPs have a budgeted surplus, except Network180 with a budgeted **deficit** of \$7 million.

CCBHC activity is included in this month’s report showing an actual **deficit** of \$3.7 million and a projected **deficit** of \$5.2 million, which the CCBHCs will retain and use in subsequent years. A budgeted **surplus** of \$5.4 million is shown.

Lakeshore Regional Entity
 FY2024 FSR Monthly Comparison of Surplus/(Deficit)

Actual	Oct	Nov	Change	Dec	Change
HW	1,026,730	3,107,460	2,080,730	5,579,467	2,472,007
N180	165,809	759,302	593,493	289,272	(470,030)
OnPoint	358,611	925,043	566,432	1,450,703	525,000
Ottawa	3,447,859	4,673,590	1,225,731	2,874,179	(1,799,411)
WM	146,548	323,797	177,249	196,638	(127,159)
Total	5,145,557	9,789,192	4,643,635	10,390,259	601,067

Projection	Oct	Nov	Change	Dec	Change
HW	4,668,224	3,624,722	(1,043,502)	2,921,274	(703,448)
N180	(6,972,029)	(22,055,426)	(15,083,397)	(17,050,789)	5,004,637
OnPoint	8,048	(477,886)	(485,934)	708,344	1,180,230
Ottawa	(595,855)	388,401	984,256	931,628	543,227
WM	467	(264,270)	(264,737)	(584,357)	(320,087)
Total	(2,891,145)	(18,784,459)	(15,893,314)	(13,073,900)	5,710,559

Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change
HW	4,668,225	4,668,225	-	4,668,225	-
N180	(6,972,029)	(6,972,029)	-	(6,972,029)	-
OnPoint	8,048	8,048	-	8,048	-
Ottawa	79,645	79,645	-	79,645	-
WM	467	467	-	467	-
Total	(2,215,644)	(2,215,644)	-	(2,215,644)	-

Base Capitation Only. Does not include CCBHC activity.

This was not prepared or reviewed by Finance ROAT on February 21, 2024 or reviewed by Operations Advisory Council on February 21, 2024 due to two CMHSPs turning in their reports past the due date.

- **Cash Flow Issues** – No Member CMHSP has reported any cash flow issues.
- **FY 2024 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are below. There have been 2 updates to Revenue Projections since the December projections. The first update was a CCBHC update to daily visits which resulted in a \$3.7 million decline in Revenues. Additionally, there was a change in the Enrollment assumptions. Previous assumptions were based on an expected 70% of PHE growth disenrollment. Current assumptions for January were based on actual enrollment trending through December of 2023 and applied through June of 2023. The January Revenue Projections amount was \$423,481,128 and was \$35,067 greater than the update following the December CCBHC daily visit update. Overall, there has been a \$17,117,632 decline in projected revenue from the initial projections due to faster-than-expected enrollment declines and issues with CCBHC daily visit projections. CCBHC projections are based on MDHHS’s PPS-1 rates and projected utilization (daily visits) provided by the CCBHCs.

	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change
MCD - MH	\$ 207,190,112	\$ 200,763,205	\$ (6,426,907)	-3.10%
MCD - SUD	\$ 8,537,141	\$ 8,232,038	\$ (305,102)	-3.57%
HMP - MH	\$ 17,316,375	\$ 17,378,580	\$ 62,205	0.36%
HMP - SUD	\$ 10,968,901	\$ 11,073,155	\$ 104,254	0.95%
Autism	\$ 43,425,979	\$ 42,331,289	\$ (1,094,690)	-2.52%
Waiver	\$ 54,702,000	\$ 51,825,168	\$ (2,876,831)	-5.26%
CCBHC MCD Base Cap	\$ 28,080,950	\$ 23,389,790	\$ (4,691,160)	-16.71%
CCBHC HMP Base Cap	\$ 8,816,400	\$ 6,046,769	\$ (2,769,631)	-31.41%
CCBHC MCD Supplemental	\$ 33,570,184	\$ 34,550,918	\$ 980,734	2.92%
CCBHC HMP Supplemental	\$ 9,710,407	\$ 9,822,186	\$ 111,778	1.15%
LRE Admin	\$ 13,922,556	\$ 13,922,556	\$ -	0.00%
ISF	\$ -	\$ -	\$ -	-
IPA	\$ 4,392,823	\$ 4,180,541	\$ (212,281)	-4.83%
Total Region	\$ 440,633,827	\$ 423,516,195	\$ (17,117,632)	-3.88%

	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change
MCD - MH			
OnPoint	\$ 17,284,157	\$ 16,226,230	\$ (1,057,928)
Healthwest	\$ 40,828,236	\$ 39,578,024	\$ (1,250,211)
Network180	\$ 106,864,576	\$ 105,358,994	\$ (1,505,582)
Ottawa	\$ 28,947,323	\$ 27,189,290	\$ (1,758,033)
West Michigan	\$ 13,265,820	\$ 12,410,668	\$ (855,152)
Total MCD - MH	\$ 207,190,112	\$ 200,763,205	\$ (6,426,907)

	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change
MCD - SUD			
OnPoint	\$ 710,483	\$ 673,898	\$ (36,586)
Healthwest	\$ 1,744,259	\$ 1,675,807	\$ (68,451)
Network180	\$ 4,367,218	\$ 4,279,900	\$ (87,319)
Ottawa	\$ 1,139,694	\$ 1,063,410	\$ (76,284)
West Michigan	\$ 575,487	\$ 539,023	\$ (36,463)
Total MCD - SUD	\$ 8,537,141	\$ 8,232,038	\$ (305,102)

Total CMHSPs				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change
OnPoint	\$ 39,564,765	\$ 38,068,579	\$ (1,496,186)	-3.78%
Healthwest	\$ 88,836,402	\$ 89,123,860	\$ 287,458	0.32%
Network180	\$ 202,488,593	\$ 190,667,796	\$ (11,820,797)	-5.84%
Ottawa	\$ 58,464,588	\$ 55,935,217	\$ (2,529,371)	-4.33%
West Michigan	\$ 32,964,100	\$ 31,617,646	\$ (1,346,454)	-4.08%
Total CMHSPs	\$ 422,318,448	\$ 405,413,097	\$ (16,905,351)	-4.00%

HMP - MH				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	
OnPoint	\$ 1,562,109	\$ 1,285,578	\$ (276,531)	
Healthwest	\$ 3,506,666	\$ 3,166,731	\$ (339,935)	
Network180	\$ 8,581,263	\$ 9,575,867	\$ 994,604	
Ottawa	\$ 2,937,540	\$ 2,725,185	\$ (212,355)	
West Michigan	\$ 728,797	\$ 625,219	\$ (103,578)	
Total HMP - MH	\$ 17,316,375	\$ 17,378,580	\$ 62,205	

HMP - SUD				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	
OnPoint	\$ 992,950	\$ 826,419	\$ (166,530)	
Healthwest	\$ 2,304,644	\$ 2,086,386	\$ (218,257)	
Network180	\$ 5,420,235	\$ 6,088,452	\$ 668,217	
Ottawa	\$ 1,776,945	\$ 1,655,124	\$ (121,821)	
West Michigan	\$ 474,127	\$ 416,773	\$ (57,354)	
Total HMP - SUD	\$ 10,968,901	\$ 11,073,155	\$ 104,254	

Average PMPM				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	
OnPoint	\$ 129.34	\$ 131.07	\$ 1.73	
Healthwest	\$ 126.38	\$ 132.94	\$ 6.56	
Network180	\$ 108.60	\$ 107.36	\$ (1.23)	
Ottawa	\$ 107.13	\$ 108.04	\$ 0.90	
West Michigan	\$ 131.36	\$ 132.55	\$ 1.19	
Total CMHSPs	\$ 115.07	\$ 116.06	\$ 0.99	

Autism				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	
OnPoint	\$ 3,869,583	\$ 3,762,730	\$ (106,853)	
Healthwest	\$ 8,901,598	\$ 8,688,052	\$ (213,546)	
Network180	\$ 21,692,163	\$ 21,179,639	\$ (512,524)	
Ottawa	\$ 6,399,627	\$ 6,185,289	\$ (214,338)	
West Michigan	\$ 2,563,008	\$ 2,515,580	\$ (47,429)	
Total Autism	\$ 43,425,979	\$ 42,331,289	\$ (1,094,690)	

Member Month Projection			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change
OnPoint	305,898	290,454	(15,444)
Healthwest	702,952	670,426	(32,526)
Network180	1,864,549	1,775,892	(88,657)
Ottawa	545,720	517,742	(27,978)
West Michigan	250,952	238,537	(12,414)
Total Member Months	3,670,069	3,493,051	(177,018)

Waiver				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	
OnPoint	\$ 6,882,345	\$ 6,095,997	\$ (786,348)	
Healthwest	\$ 13,617,785	\$ 12,692,866	\$ (924,919)	
Network180	\$ 21,763,578	\$ 20,991,030	\$ (772,548)	
Ottawa	\$ 8,734,882	\$ 8,588,343	\$ (146,539)	
West Michigan	\$ 3,703,410	\$ 3,456,934	\$ (246,477)	
Total Waiver	\$ 54,702,000	\$ 51,825,168	\$ (2,876,831)	

CMHSPs Breakdown - CCBHC

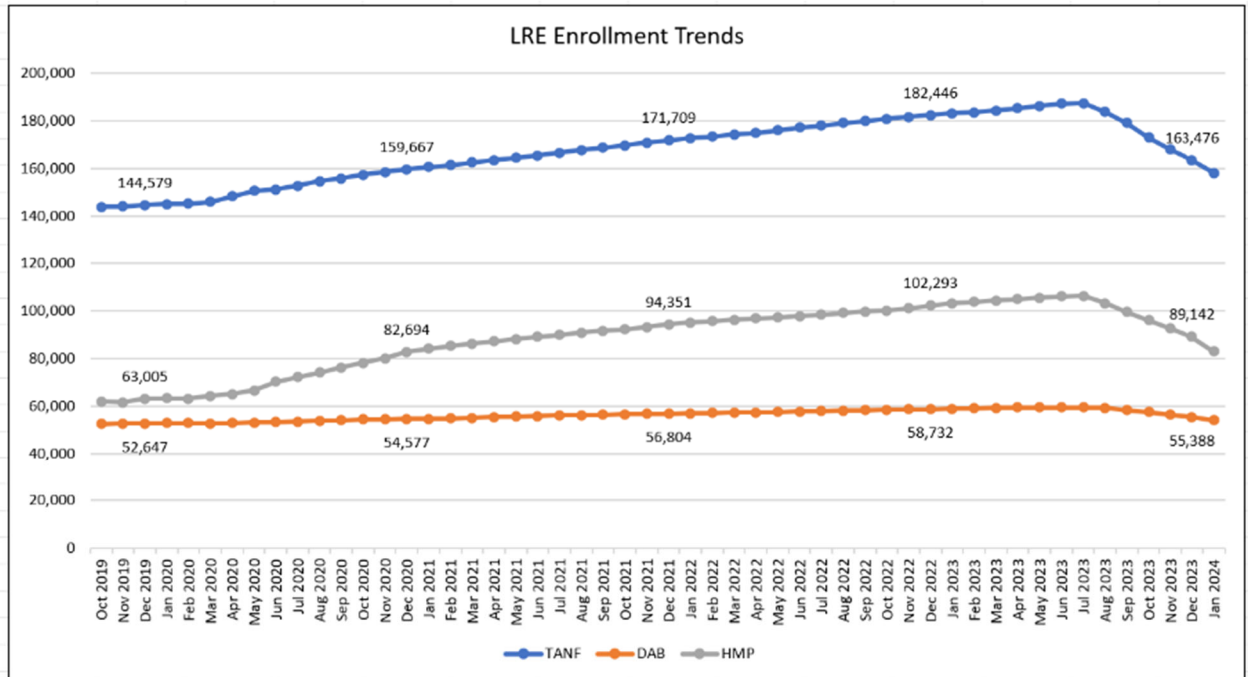
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Intitial to Current Change
MCD - CCBHC Base Capitation			
OnPoint	\$ 1,847,952	\$ 1,881,018	\$ 33,065
Healthwest	\$ 7,178,609	\$ 6,336,673	\$ (841,936)
Network180	\$ 12,411,447	\$ 8,529,158	\$ (3,882,289)
Ottawa	\$ 2,763,358	\$ 2,763,358	\$ -
West Michigan	\$ 3,879,583	\$ 3,879,583	\$ -
Total	\$ 28,080,950	\$ 23,389,790	\$ (4,691,160)

HMP - CCBHC Base Capitation			
OnPoint	\$ 297,906	\$ 532,594	\$ 234,688
Healthwest	\$ 1,631,905	\$ 1,608,943	\$ (22,962)
Network180	\$ 4,808,317	\$ 1,826,960	\$ (2,981,357)
Ottawa	\$ 662,433	\$ 662,433	\$ -
West Michigan	\$ 1,415,840	\$ 1,415,840	\$ -
Total	\$ 8,816,400	\$ 6,046,769	\$ (2,769,631)

MCD - CCBHC Supplemental Revenue			
OnPoint	\$ 5,073,882	\$ 5,071,207	\$ (2,675)
Healthwest	\$ 7,321,626	\$ 10,199,499	\$ 2,877,873
Network180	\$ 12,586,316	\$ 10,691,851	\$ (1,894,464)
Ottawa	\$ 3,930,417	\$ 3,930,417	\$ -
West Michigan	\$ 4,657,943	\$ 4,657,943	\$ -
Total	\$ 33,570,184	\$ 34,550,918	\$ 980,734

HMP - CCBHC Supplemental Revenue			
OnPoint	\$ 1,043,399	\$ 1,712,909	\$ 669,511
Healthwest	\$ 1,801,075	\$ 3,090,877	\$ 1,289,802
Network180	\$ 3,993,480	\$ 2,145,946	\$ (1,847,534)
Ottawa	\$ 1,172,369	\$ 1,172,369	\$ -
West Michigan	\$ 1,700,084	\$ 1,700,084	\$ -
Total	\$ 9,710,407	\$ 9,822,186	\$ 111,778

- Financial Data/Charts** – The chart below shows regional eligibility trends by population. The number of Medicaid eligible individuals in our region determines the amount of revenue the LRE receives each month. Data is shown for October 2019 – January 2024. The LRE also receives payments for other individuals who are not listed on these charts but are eligible for behavioral health services (i.e. individuals enrolled and eligible for the Habilitation Supports Waiver (HSW) program). Due to the end of the PHE, Medicaid eligibility redeterminations resumed in July 2023. The state’s actuary expects most disenrollments to occur August 2023 – July 2024.



- **Legal Expenses** – Below, this chart contains legal expenses of the LRE that have been billed to the LRE to date for FY2022 through FY2024.

LAKESHORE REGIONAL ENTITY LEGAL EXPENSES REPORT January 31, 2024		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	BYLAWS/OPERATING AGREEMENT TOTAL	12,200.00
11/30/2021	CCHBC SUPPORT	812.50
	CCHBC SUPPORT TOTAL	812.50
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
12/20/2023	GENERAL/OTHER	5,000.00
1/31/2024	GENERAL/OTHER	5,000.00
	GENERAL/OTHER TOTAL	20,575.00
10/31/2021	HEALTHWEST LITIGATION	5,368.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,388.80
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
4/30/2023	HEALTHWEST LITIGATION	3,728.00
11/30/2023	HEALTHWEST LITIGATION	281.60
1/31/2024	HEALTHWEST LITIGATION	105.60
	HEALTHWEST LITIGATION TOTAL	41,663.14
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MDHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MDHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,068.80)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
4/30/2023	MANAGED CARE/MDHHS CONTRACT	16,563.20
5/31/2023	MANAGED CARE/MDHHS CONTRACT	5,928.00
6/30/2023	MANAGED CARE/MDHHS CONTRACT	12,537.60
7/31/2023	MANAGED CARE/MDHHS CONTRACT	7,768.80
7/31/2023	EARLY PAYMENT DISCOUNT	(3,321.04)
8/31/2023	MANAGED CARE/MDHHS CONTRACT	1,302.40
9/30/2023	MANAGED CARE/MDHHS CONTRACT	2,810.40
10/31/2023	MANAGED CARE/MDHHS CONTRACT	3,547.20
11/30/2023	MANAGED CARE/MDHHS CONTRACT	563.20
12/31/2023	MANAGED CARE/MDHHS CONTRACT	5,000.00
	MANAGED CARE/MDHHS CONTRACT TOTAL	346,559.12
2/28/2023	NETWORK 180 LITIGATION	2,674.00
3/31/2023	NETWORK 180 LITIGATION	29,167.33
4/30/2023	NETWORK 180 LITIGATION	105.60
5/31/2023	NETWORK 180 LITIGATION	2,283.20
6/30/2023	NETWORK 180 LITIGATION	13,840.80
7/31/2023	NETWORK 180 LITIGATION	3,665.60
8/31/2023	NETWORK 180 LITIGATION	1,137.60
	NETWORK 180 LITIGATION TOTAL	52,874.13
	GRAND TOTAL	\$ 474,683.89



BOARD ACTION REQUEST

Subject: January 2024 Disbursements

Meeting Date: February 28, 2024

RECOMMENDED MOTION:

To approve the January 2024 disbursements of \$63,818,529.22 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Allegan County CMH	\$5,581,818.07
Healthwest	\$13,255,123.42
Network 180	\$29,092,013.62
Ottawa County CMH	\$8,293,459.63
West Michigan CMH	\$4,542,349.57
SUD Prevention Expenses	\$91,220.85
MICHIGAN IPA TAX - QUARTERLY	\$1,201,237.80
SUD Public Act 2 (PA2)	\$1,242,743.91
Administrative Expenses	\$518,562.35
Total:	\$63,818,529.22

95.36% of Disbursements were paid to Members and SUD Prevention Services.

I affirm that all payments identified in the monthly summary above are for previously ap

STAFF: Stacia Chick

DATE: 2/20/2024



Statement of Activities - Actual vs. Budget
Fiscal Year 2023/2024

As of Date: 12/31/23

Change in Net Assets	Year Ending	12/31/2023		
	9/30/2024	Budget to Date	Actual	Actual to Budget Variance
	FY24 Budget <i>Amendment 1</i>			
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	279,931,132	69,982,783	72,395,972	2,413,189
Autism Revenue	42,777,367	10,694,342	11,747,293	1,052,951
DHS Incentive	471,247	117,812	-	(117,812)
Healthy Michigan	27,036,467	6,759,117	9,692,116	2,932,999
Performance Bonus Incentive	2,819,234	704,808	-	(704,808)
CCBHC Quality Bonus Incentive	1,745,775	436,444	-	(436,444)
Hospital Rate Adjuster (HRA)	12,576,256	3,144,064	-	(3,144,064)
Member Local Contribution to State Medicaid	1,007,548	251,887	251,887	-
Medicaid CCBHC Base Capitation	28,080,950	7,020,237	4,214,240	(2,805,997)
Healthy Michigan CCBHC Base Capitation	8,816,400	2,204,100	1,104,268	(1,099,832)
Medicaid CCBHC Supplemental Revenue	33,570,184	8,392,546	4,982,903	(3,409,643)
Healthy MI CCBHC Supplemental Revenue	9,710,407	2,427,602	2,801,017	373,415
MDHHS Grants	13,785,130	3,446,283	32,371	(3,413,911)
PA 2 Liquor Tax	3,748,366	937,091	-	(937,091)
Non-MDHHS Grants: DFC	142,215	35,554	12,764	(22,790)
Interest Earnings	640,059	160,015	98,119	(61,896)
Miscellaneous Revenue	5,500	1,375	730	(645)
Total Operating Revenues	466,864,237	116,716,059	107,333,680	(9,382,380)
Expenditures				
Salaries and Fringes	4,582,141	1,145,535	1,025,431	(120,105)
Office and Supplies Expense	276,380	69,095	48,264	(20,831)
Contractual and Consulting Expenses	1,022,279	255,570	138,854	(116,716)
Managed Care Information System (PCE)	305,200	76,300	73,800	(2,500)
Legal Expense	217,500	54,375	14,498	(39,877)
Utilities/Conferences/Mileage/Misc Exps	7,519,057	1,879,764	67,479	(1,812,285)
Grants - MDHHS & Non-MDHHS	545,800	136,450	63,051	(73,399)
Hospital Rate Adjuster / Taxes	16,833,924	4,208,481	1,201,238	(3,007,243)
Prevention Expenses - Grant & PA2	3,808,480	952,120	704,330	(247,790)
Member Payments - Medicaid/HMP	339,245,933	84,811,483	91,158,985	6,347,502
Member Payments - CCBHC Capitation	36,897,349	9,224,337	3,368,228	(5,856,109)
Member Payments - CCBHC Supplemental	43,280,591	10,820,148	5,651,196	(5,168,952)
Member Payments - PA2 Treatment	2,421,130	605,283	116,328	(488,954)
Member Payments - Grants	8,900,924	2,225,231	1,280,724	(944,507)
Local Contribution to State Medicaid	1,007,548	251,887	251,887	-
Total Expenditures	466,864,237	116,716,059	105,164,292	(11,551,767)
Total Change in Net Assets	(0)	(0)	2,169,388	2,169,388



**Statement of Activities
Budget to Actual Variance Report**

For the Period ending December 31, 2023

As of Date: 12/31/23

Operating Revenues

Medicaid/HSW/SED/CWP	Less capitated Medicaid funding being utilized for CCBHC Medicaid than expected. Revenue expected to decline throughout FY24 due to declining Medicaid enrollments. Will be monitored for budget adjustments.
Autism Revenue	Revenue expected to decline throughout FY24 due to declining Medicaid enrollments. Will be monitored for budget adjustments.
DHS Incentive	This revenue is received quarterly beginning in April.
Healthy Michigan	Less capitated Healthy Michigan funding being utilized for CCBHC Healthy MI than expected. Revenue expected to decline throughout FY24 due to declining Medicaid enrollments. Will be monitored for budget adjustments.
Performance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
CCBHC Quality Bonus	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
Hospital Rate Adjuster	Revenue is received quarterly. First quarter payment is expected in January.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Base Capitation	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Healthy MI CCBHC Base Capitation	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Medicaid CCBHC Supplemental Revenue	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Healthy MI CCBHC Supplemental Revenue	Higher than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
MDHHS Grants	MDHHS grant reimbursements are typically 45 days in arrears and SUD grant payments are received quarterly.
PA 2 Liquor Tax	PA2 revenues are received quarterly, after the Department of Treasury issues payments to the counties. Initial payments are expected in the 2nd quarter.
Non-MDHHS Grants: DFC	Provider billings for grant draw down/reimbursement are behind.
Interest Revenue	Will be monitored for adjustments during the next amendment
Miscellaneous Revenue	Revenue may be received throughout the year, but the budgeted amount is not guaranteed.

Expenditures

Salaries and Fringes	Currently under budget. Position vacancies exist and will be monitored for possible future budget amend.
Office and Supplies	Currently under budget. Will monitor for possible future budget amend.
Contractual/Consulting	Currently under budget. Will monitor for possible future budget amend.
Managed Care Info Sys	N/A - Closely aligned with the current budget projections.
Legal Expense	Currently under budget. Will monitor for possible future budget amend.
Utilities/Conf/Mileage/Misc	This line item includes the LRE's contingency fund and will be monitored for adjustments during the next amendment.
Grants - MDHHS & Non-MDHHS	Most of these payments are billed to the LRE and paid by MDHHS 45 days in arrears. In addition, as noted above, some grants are being paid quarterly.
HRA/Taxes	IPA & HRA taxes are paid quarterly. First quarter HRA payment will be made in quarter two.
Prevention Exps - Grant/PA2	MDHHS SUD grant payments are made quarterly, pending receipt of an Operating Advance from MDHHS.
Member Med/HMP Payments	Revenue expected to decline throughout FY24 due to declining Medicaid enrollments, resulting in lower payment to Members. Will be monitored for budget adjustments.
Member CCBHC Capitation	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Member CCBHC Supplemental	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Member PA2 Tx Payments	Billings against this line item typically occur after other grant funding is applied. Spending is based on projections and will be monitored for amendments.
Member Grant Payments	Most of these payments are billed to the LRE and paid by MDHHS 45 days in arrears. In addition, as noted above, some grants are being paid quarterly.
Local Contribution to State Medicaid	N/A - Closely aligned with the current budget projections.

Lakeshore Regional Entity
 FY2024 FSR Monthly Comparison of Surplus/(Deficit)

Actual	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change	May	Change	June	Change	July	Change
HW	1,026,730	3,107,460	2,080,730	5,579,467	2,472,007		(5,579,467)	-	-	-	-	-	-	-	-	-	-	-	-
N180	165,809	759,302	593,493	289,272	(470,030)		(289,272)	-	-	-	-	-	-	-	-	-	-	-	-
OnPoint	358,611	925,043	566,432	1,450,703	525,660		(1,450,703)	-	-	-	-	-	-	-	-	-	-	-	-
Ottawa	3,447,859	4,673,590	1,225,731	2,874,179	(1,799,411)		(2,874,179)	-	-	-	-	-	-	-	-	-	-	-	-
WM	146,548	323,797	177,249	196,638	(127,159)		(196,638)	-	-	-	-	-	-	-	-	-	-	-	-
Total	5,145,557	9,789,192	4,643,635	10,390,259	601,067		#####												

Projection	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change	May	Change	June	Change	July	Change
HW	4,668,224	3,624,722	(1,043,502)	2,921,274	(703,448)		(2,921,274)	-	-	-	-	-	-	-	-	-	-	-	-
N180	(6,972,029)	(22,055,426)	(15,083,397)	(17,050,789)	5,004,637		17,050,789	-	-	-	-	-	-	-	-	-	-	-	-
OnPoint	8,048	(477,886)	(485,934)	708,344	1,186,230		(708,344)	-	-	-	-	-	-	-	-	-	-	-	-
Ottawa	(595,855)	388,401	984,256	931,628	543,227		(931,628)	-	-	-	-	-	-	-	-	-	-	-	-
WM	467	(264,270)	(264,737)	(584,357)	(320,087)		584,357	-	-	-	-	-	-	-	-	-	-	-	-
Total	(2,891,145)	(18,784,459)	(15,893,314)	(13,073,900)	5,710,559		13,073,900												

Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change	May	Change	June	Change	July	Change
HW	4,668,225	4,668,225	-	4,668,225	-		(4,668,225)	-	-	-	-	-	-	-	-	-	-	-	-
N180	(6,972,029)	(6,972,029)	-	(6,972,029)	-		6,972,029	-	-	-	-	-	-	-	-	-	-	-	-
OnPoint	8,048	8,048	-	8,048	-		(8,048)	-	-	-	-	-	-	-	-	-	-	-	-
Ottawa	79,645	79,645	-	79,645	-		(79,645)	-	-	-	-	-	-	-	-	-	-	-	-
WM	467	467	-	467	-		(467)	-	-	-	-	-	-	-	-	-	-	-	-
Total	(2,215,644)	(2,215,644)		(2,215,644)			2,215,644												

Base Capitation Only. Does not include CCBHC activity.

Need to add CCBHC now?

CEO Report
February 28th, 2024

It is a Great Day to be a part of the Lakeshore Regional Entity!

PIHP/REGIONAL Update

1. **LRE Updates**

- Currently the LRE has filled all open positions that were posted on the website.
- The 2024 LRE Winter Newsletter is attached to the end of this report.

2. **Regional Updates**

- Funding Revenue Streams/HAB Waiver Slot/Behavioral Health Homes/Opioid Health Homes
 - Priority for LRE remains the drop in revenue.
 - LRE continues to work with MDHHS and the member CMHs to identify HSW individuals that are being served however losing Medicaid (MA) or being placed on a spenddown. If the individual is losing MA due to an incomplete application, then LRE is sharing this information with the respective CMH to assist those beneficiaries with re-enrollment.
 - The other issue remains the MA rates. Early review by the PIHP CFOs indicates that Medicaid enrollment is dropping faster than Milliman projected. Michigan's 10 PIHPs will be working to provide MDHHS with further analysis towards the end of March. MDHHS has asked if there is a rate increase how quickly would the PIHPs like to see this and the group supported April 2024.
 - It is imperative that member CMHs develop a containment plan to keep expenditures as low as possible until MDHHS/Milliman determine what is going to happen with rates.
 - HAB Waiver – During weekly meetings with MDHHS there has been ongoing discussion about the allocation of HSW slots. Region 3 has historically been under the state average number of slots although we consistently utilize every slot and have a need for more. LRE has requested 269 additional waiver slots which will bring us up to the state average. MDHHS has agreed to review this request internally and stated that this is a good opportunity because the state is re-evaluating the waiver slots because their 372 report is being completed for CMS.

Update: The LRE has received notification that the 30 slots have been uploaded into the WSA. A request came from MDHHS that LRE enroll 10 beneficiaries per month for 3 months beginning in February. Although Region 10 has agreed to transfer slots to LRE, MDHHS has put a hold on this until they update the allocation process. The concern is that the new methodology developed for the allocation of slots may have a negative impact and that LRE could lose slots which would decrease projected regional revenue.

- FY 18-22 Cost Settlement with MDHHS and LRE Financial Audits –
 - LRE staff continue to work with MDHHS on the cost settlement process for FY18, FY19, FY20, and FY21. This would bring LRE current with MDHHS on the cost settlement process.
- Autism
 - N180 made a presentation to MDHHS as scheduled on 1/31/ 2024. The presentation was to recommend a potential short-term solution to address part of the children’s autism access issue. LRE was present for the presentation.
 - On February 22, 2024, N180 and LRE were notified that MDHHS does not support the plan that was presented on 1/31/2024. The email stated the following:

“MDHHS does not support the plan to allow current ABA providers to provide case management for families who are not eligible for or have expressed no interest in ancillary services. MDHHS also does not support staff working as a behavior technician and a case manager. The plan is contrary to conflict of interest assurances, as well as conflict-free access and planning. Additionally, the plan overview does not demonstrate how a significant reduction in wait times and appropriate increase in all components of ABA capacity and service delivery will be achieved by October 1, 2024, which is the deadline indicated by MDHHS to come into compliance with ABA service delivery requirements.”

- MDHHS stated that *"They are meeting internally to discuss next steps related to additional corrective by the end of this week"*. They specified that it is still the expectation that *"Network180 will work in due diligence with Lakeshore Regional Entity to develop a plan to come into compliance by October 1, 2024"*.

- PIHP/CMHSP Contract
 - Provider Network has been heavily engaged with CMHSPs to revise a the LRE/CMHSP contract, which is expected to be implemented April 1st, 2024. LRE continues to assist member CMHSPs with facilitation of inpatient psychiatric services contract negotiations, including the development and implementation of value-based contracts which have been executed with three in region providers.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Legislative Update:

The LRE would like to highlight the following bills as action items:

State Legislation:	Federal Legislation
<ul style="list-style-type: none"> • SB 27 • HB 4576 & 4577, 4579 & 4580, 4707, 4213 • Keep MI Kids Tobacco Free Alliance Bill Package (SB 649 & 650, SB 651 & 652, SB 648, SB 647, SB 654, SB 653) 	<ul style="list-style-type: none"> • S. 2993, 1323, 2860 • HR 2891 • S. 3579 & HR 6982 (GRIT Act)

Details can be found in the full Legislative Update attached to this report.

OTHER

- **Board Works Videos Available Online:**
 The CMHA BoardWorks program was developed to assist Board members in fulfilling their obligations as CMH leaders, directors of policy, and advocates for those they serve. Traditionally, these modules have been offered at conferences and through DVDs. CMHA now offers updated modules available for viewing on our website. The following BoardWorks modules are currently available with more to come! Click [here](#) to view.
 - Foundations – Intended Beneficiary Command
 - Foundations – Public Policy
 - Management – Systems
 - Current and Future Funding for CMHSPs and PIHPs (formerly Budgets)
 - Leadership – Participatory Governance and Ethical Implications (formerly Character)

Report by Mary Marlatt-Dumas, CEO, Lakeshore Regional Entity

THE LRE NEWSLETTER

Winter
2024



The **Main** Thing

February is Black History Month. Check out a note from our CEO, **Mary Marlatt-Dumas** below.

From The CEO
Mary Marlatt-Dumas

In recognition of Black History Month, I would like to focus our attention on the importance of addressing mental health in our black communities. Roughly 37 million people, identify themselves as Black or African American in the United States. The Black community has made enormous contributions to the ongoing fight for social, racial, and economic justice. Despite these efforts, true social justice among the Black community will remain incomplete until mental health disparities among this group are addressed.





The [Overdose Prevention Engagement Network \(OPEN\)](#) is a diverse team dedicated to improving lives and reducing harms of substance use. By engaging with individuals, communities, and organizations, we share education and resources to strengthen person-centered prevention, treatment, and recovery. In early 2024, The Opioid Prescribing Engagement Network and Michigan Opioid Collaborative merged to form a new OPEN – the Overdose Prevention Engagement Network. This strategic integration allows us to more broadly and efficiently address the full continuum of opioid and substance use disorders – from prevention through treatment.

The Overdose Prevention Engagement Network (OPEN) invites you to our upcoming Medication for Opioid Use Disorder (MOUD) trainings. This year, we are incentivizing Primary Care Providers with \$250 to complete one of our MOUD training to encourage confidence and willingness to help expand access to MOUD treatment.

Each Training offers
4 FREE CME credits

First 250 Primary Care Providers (PCPs) registered receive incentive
February, March and September dates available

Medication for Opioid Use Disorder Trainings

Ensuring prescribers have the knowledge to initiate MOUD is imperative to helping patients with opioid use disorder. Blue Cross/Blue Shield will provide a \$250 incentive to Primary Care Physicians who attend this MOUD training. The incentive will be limited to the first 250 registered primary care physicians, so please register early to ensure a spot. Please click on the dates below to register for a training session.

- [February 27, 2024: 1-5pm](#)
- [March 6, 2024: 8am-12pm](#)
- [September 16, 2024: Noon-4pm](#)



Mental Health is an essential part of overall physical health and satisfaction. The Black community suffers from an increased rate of mental health concerns, including anxiety and depression.

Research suggests that the adult Black community is 20% more likely to experience serious mental health problems, such as Major Depressive Disorder or Generalized Anxiety Disorder. Additionally, Black emerging adults (ages 18-25) also experience higher rates of mental health problems and lower rates of mental health service utilization compared to White emerging adults, and older Black adults. These sobering statistics suggest that despite efforts to reduce disparities among race and class in the US, inequalities are increasing. Further research is required to understand the factors associated with lower utilization of mental health care among the Black community. Some factors include lack of trust in the medical system due to historical abuses of Black people in the guise of health care, less access to adequate insurance, culturally responsive mental health providers, financial burden, and past history with discrimination in the mental health system.

There is a need for improved cultural awareness and corresponding responsiveness in the health care and mental health workforce. Research has found that the lack of cultural responsiveness from the therapist, cultural mistrust, and potential negative views from the therapist associated with stigma impact the provision of mental health services in the Black community. Luckily, with the rise of social media and improved awareness related to mental health, the development of and funding for culturally responsive mental health treatment are increasing.



LRE Training Opportunities



Ensuring Accessibility in Member Documents Lunch and Learn Trainings

This training is recommended for everyone who works with **notices or documents intended for those we serve**. Attendees will learn:

- How to identify and correct barriers to accessibility in their own writing
- Ways to meet the MDHHS 6.9 grade reading level requirement
- How to meet the accessibility requirements of 42 CFR
- Common errors and how to avoid them
- Person-centered writing/active voice.

For more information, contact Mari Hesselink at Marih@lsre.org.

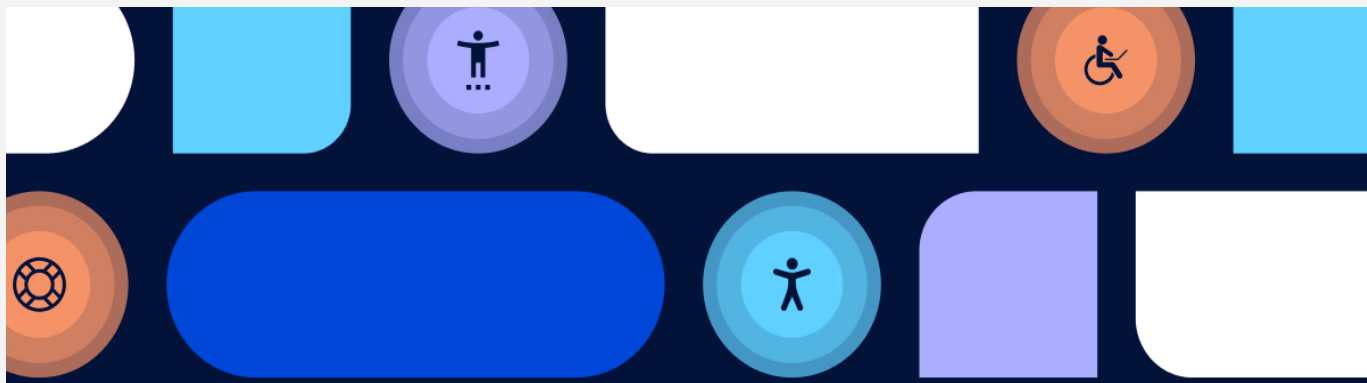
Upcoming training dates:

- **March 7, 2024**
- **May 16, 2024**



NABD Lunch & Learn Training Opportunities

This training is designed to help learn the basics of filling out a **Notice of Adverse Benefits Determination** (NABD) and when it should be utilized. These trainings are held quarterly. The next training opportunity will be Friday, April 27 from 12-1pm. for more information please contact Michelle Anguiano at MichelleA@lsre.org. Trainings will be held on a quarterly basis during 2024.



We are excited to be a part of the **accessiBe Nonprofit Partnership Community!**

The [Lakeshore Regional Entity](#) is proud to partner with [Accessibe](#) to make sure our website is ADA compliant.

One area that can be difficult to be ADA compliant is a website. With the help of Accessibe, the LRE website has the tools to help people with special needs have an easier website viewing experience.

Click on the circle with a person in the bottom right corner of LSRE.org and you will be able select how to navigate the website in a way best suited to your individual needs.

Lakeshore Regional Entity CMH 2024 Site Review Schedule

Ottawa: February 5-9

West Michigan: March 4-8

Network180: May 6-10

OnPoint: June 10-14

HealthWest: July 29-August 2

Provider Network Adequacy Council (PNAC) Schedule

April 26, 2024

July 26, 2024

October 25, 2024



Parenting Awareness Michigan

We believe informed and effective parenting is a key factor in alcohol, tobacco, and other drug use prevention, as well as child abuse and neglect prevention.



Parenting Awareness Michigan is dedicated to empowering and supporting parents and caregivers by cultivating healthy parenting practices for raising resilient, and socially and emotionally competent children. March is the month we celebrate and focus on the foundation of society: **parenting!** During this time, we raise awareness about the essential role parents play in shaping the well-being of individuals and communities. By fostering awareness, education, and support, Parenting Awareness Month contributes to the overarching goal of cultivating environments that nurture the physical, emotional, and social development of children.

Parenting Awareness Michigan: Guiding Principles

- We value, embrace, and respect the diversity and uniqueness of everyone and all families.
- We believe informed and effective parenting is a key factor in alcohol, tobacco, and other drug use prevention, as well as child abuse and neglect prevention.
- We believe that everyone deserves access to the knowledge and tools necessary to provide and foster a nurturing and healthy environment for children.
- We value collaboration and the strength that comes from sharing experiences and resources among parents/caregivers, families, professionals, and communities.
- We believe in the importance of active education of state and local leadership to support and build strong families, communities, and resilient children.



SAMHSA Overdose Prevention & Response Tool Kit

SAMHSA

In January, SAMHSA brought together thousands of prevention advocates and professionals from across the country to discuss advances in the field and future opportunities as part of the celebration of the 20th Anniversary of Prevention Day. As part of the celebration, SAMHSA Leader Dr. Miriam Delphin-Rittmon announced an update to the [Overdose Prevention & Response Toolkit](#). The updated toolkit provides guidance on opioid overdose reversal medications, addresses stimulant overdoses, and includes population-specific information. Anyone can now see how they can help address the overdose crisis, whether they are a bystander, medical provider, first responder, or person who uses drugs.



The LRE Board of Directors

The Lakeshore Regional Entity Board of Directors **meeting is on the 4th Wednesday of each month**. Unless otherwise noted, prior to each Board meeting a Work session is scheduled for 11am. The Board meetings are held in person at the GVSU-Muskegon Innovation Hub, 200 Viridian Dr., Muskegon, MI 49440. Please note, the November & December meetings are on the 3rd Wednesday, due to the Thanksgiving & Christmas Holidays.

Upcoming Board
Meetings

February 28, 2024

March 27, 2024

April 24, 2024

Lakeshore Regional Entity

5000 Hakes Dr., Ste 100, Muskegon, MI 49441

www.lsre.org

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Lakeshore Regional Entity's Legislative Update – 02/20/2024



This document contains a summary and status of bills in the House and Senate, and other political and noteworthy happenings that pertain to both mental and behavioral health, and substance use disorder in Michigan and the United States.

Prepared by Melanie Misiuk, SEDW & 1915(i)SPA Specialist & Stephanie VanDerKooi, Chief Operating Officer

Highlight = new updates

Highlight = old bill, no longer active

Highlight = Suggestions for Action & Supported/Opposed by CMHAM (Community Mental Health Association of Michigan)

STATE LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	SB 27	Legislation that would require insurers to provide coverage for mental health and substance abuse disorder services on the same level as that of coverage for physical illness. Federal law requires mental health coverage to be equal to physical illness. The bill would require insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions. *Supported by CMHAM	Sarah Anthony	1/18/23 – Introduced to the Senate; Referred to Committee on Health Policy 10/12/23 – Reported favorably with substitute; Referred to committee oof the whole with substitute 10/18/23 – Passed the Senate, Referred to House Committee on Insurance and Financial Services
***	HB 4576 & 4577	Reintroduced versions of Sen. Shirkey's legislation (SB 597 & 598) from 2022. Legislation to create an integrated plan to merge the administration and provision of Medicaid physical health care services and behavioral health specialty services. *Opposed by CMHAM	Curtis VanderWall	5/16/23 – Introduced, read, and referred to Committee on Health Policy
	HB 4320 & 4387	<i>Provides for penalties for coercing a vulnerable adult into providing sexually explicit visual material; and provides sentencing guidelines for crime of coercing vulnerable adult into providing sexually explicit visual material</i>	Sharon MacDonell	3/22/23 – Introduced; referred to Committee on Families, Children and Seniors 6/27/23 – Referred to a second reading 10/5/23 – Read a second time; substitute adopted; placed on third reading 10/17/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety 11/7/23 – Reported favorably without amendment; Referred to Committee of the Whole

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
				12/31/23 – Signed by the Governor, assigned PA 275'23 & 276'23
	HB 4081	Establishes a minimum number of school counselors to be employed by a school district, intermediate school district or public school academy	Felicia Brabec	2/14/23 – Introduced; referred to Committee on Health Policy
	HB 4495 & 4496	Provides general changes to the medical assistance program	Will Snyder Graham Filler	5/2/23 – Introduced; referred to Committee on Health Policy 6/13/23 – Passed House 6/27/23 – Passed Senate 7/10/23 – Presented to Governor 7/19/23 – Approved by the Governor; Filed with Secretary of State; assigned PA 98'23 with immediate effect
	HB 4523	Modifies eligibility for mental health court for those with violent offenses	Kara Hope	5/4/23 – Introduced; referred to Committee on Judiciary 6/7/23 - reported with recommendation with substitute (H-1), referred to a second reading 10/31/23 – read a third time, passed given immediate effect 11/1/23 - Referred to Committee on Civil Rights, Judiciary, and Public Safety 2/22/24 – Passed the House, Returned to the Senate
	HB 4579, 4580, & 4131	Requires reimbursement rate for telehealth visits to be the same as office visits *Supported by CMHAM	Natalie Price, Felicia Brabec	5/16/23 – Introduced; referred to Committee on Health Policy 10/31/23 – Referred to a second reading 11/14/23 – Referred to Committee on Health Policy
	HB 4649	Require height-adjustable, adult-sized changing tables in public restrooms	Lori Stone	5/23/23 – Introduced; referred to Committee on Regulatory Reform
	HB 4745-4749	Bills related to access to assisted outpatient treatment, outpatient treatment for misdemeanor offenders, hospital evaluations, mediation, and competency exams	Brian BeGole, Donni Steele, Tom Kuhn, Mark Tisdell	6/14/23 – Introduced; referred to Committee on Health Policy
	HB 4171	Modifies the priority of a professional guardian.	Curtis VanderWall	3/2/23 – Introduced; Read; referred to Committee on Judiciary
***	HB	HB 4909-12 would institute long-awaited reforms to Michigan’s guardianship statutes, and HB 5047	Kelly Breen	7/18/23 – Introduced; Referred to Committee on

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	4909-12 & 5047	would create the Office of State Guardian. Supported by the Department of Attorney General, Disability Rights Michigan, the Michigan Elder Justice Initiative, AARP, Alzheimer's Association, and The Michigan Long Term Care Ombudsman Program.		Judiciary 10/11/23 – Reported with recommendation with substitute (H-1); Referred to a second reading 10/24/23 – Read a third time 10/25/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety
	HB 5184 & 5185	Legislation would remove the social work test as a criterion for social work licensure and replace it with the strengthening of the supervised clinical experience requirements already required for licensure. *Supported by CMHAM	Felicia Brabec	10/19/23 – Introduced, Read a first time, Referred to Committee on Health Policy 11/9/23 – CMHAM (Bob Sheehan) provided testimony in favor of the bills.
	HB 5276-5280	A bill to create the office of mental health and suicide prevention in the Michigan veterans affairs agency and provide for its powers and duties; and to provide for the powers and duties of certain state governmental officers and entities.	Jennifer Conlin	10/26/23 – Introduced, read a first time, referred to Committee on Military, Veterans, and Homeland Security.
	SB 227	Would amend the childcare licensing Act to allow for emergency physical management/therapeutic de-escalation (certain levels of restraint & seclusion) in certain children's residential settings.	Dan Lauwers Kevin Hertel Stephanie Chang	3/22/23 – Introduced 10/12/23-11/8/23 – Read several times, voted on, vote reconsidered, enrollment vacated 1/10/24 – Returned to Senate 1/11/24 – Returned to the House 1/18/24 – defeated Roll Call
	HB 4693	Would allow for remote participation for a CMH & PIHP meeting	John Fitzgerald	5/30/23 – Introduced, read, referred to Committee on Local Government and Municipal Finance
	HB 5343-5347	The "Advancing MI Health" Package seeks to increase access to care by cutting red tape encountered by many mental and behavioral health practitioners in applying to join insurance network panels. Additionally, the package assists the State of Michigan in monitoring health insurers' compliance with federal laws mandating coverage parity for mental and behavioral health services.	Noah Arbit Felicia Brabec Betsy Coffia Denise Mentzer	11/14/23 – Introduced, read, referred to Committee on Health Policy.
	HB 5371 & 5372	The department must develop a prospective payment system under the medical assistance program for funding certified community behavioral health clinics. The payment system must fully comply with all federal payment methodologies. The department must submit to the federal Centers for Medicare Medicaid Services any approval request necessary for a Medicaid 1115 waiver.	Felicia Brabec Phil Green	11/14/23 – Introduced, read, referred to Committee on Health Policy.
	SB 625& 626	These bills would address Limited Licensed Psychologists and the ability or inability to diagnose Autism.	Michael Webber Sam Singh	11/1/23 - Introduced, referred to Committee on Health Policy.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	SB 649 & 650 SB 651 & 652 SB 648 SB 647 SB 654 SB 653	Protect MI Kids Bill Package: Keep MI Kids Tobacco Free Alliance is working on a legislative package that will address the areas of Tobacco Retail Licensure, Taxation on Vaping Products & Parity, Ending the Sale of Flavored Tobacco, and Preemption Removal (Restoration of local authority to regulate tobacco control at the municipal level)	Keep MI Kids Tobacco Free Alliance Sam Singh John Cherry Stephanie Chang Paul Wojno Sue Shink Mary Cavanaugh	Preemption one pager (d31hzhk6di2h5.cloudfront.net) 10/17/23 – Anticipating Senator Singh will be introducing the bill package this week. 11/9/23 – Introduced, Referred to Committee on Regulatory Affairs
	HB 4049	A bill to require CRA to consider all applications by spouses of government officials for licensed marijuana establishments, and to not deny them based on their spouse’s government affiliation.	Pat Outman	1/31/23 - Introduced and referred to Committee on Regulatory Reform
	HB 4061	Kratom Consumer Protection Act: A bill to regulate the distribution, sale, and manufacture of kratom products	Lori Stone	2/1/23 - Introduced and referred to Committee on Regulatory Reform
	<i>SB 133</i>	<i>A bill to provide for the review and prevention of deaths from drug overdose; allow for creation of overdose fatality review teams and power and duties of those teams; and for other purposes</i>	<i>Sean McCann</i>	<i>3/2/23-Introduced and referred to Committee on Health Policy 10/5/23 – Reported and referred by committee of the whole favorably with substitute; passed roll call 10/10/23 – Referred to Committee on Health Policy 11/2/23 – Referred to second reading 11/8/23 - read a second time, placed on immediate passage, passed; given immediate effect, returned to Senate 11/9/23 - ORDERED ENROLLED 12/6/23 - PRESENTED TO GOVERNOR 12/13/23 – Approved by Governor 12/29/23 – Assigned PA 0313’23</i>
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this product with alcohol. (C) Consuming this product with a controlled substance could increase the	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.		
	SB 180/179	<i>Allow the Cannabis Regulatory Agency (CRA) to enter into an agreement with an Indian tribe pertaining to marijuana related business if the agreement and the Indian tribe met certain conditions. It prohibits the CRA from employing any individual with pecuniary interests in tribal marijuana; and specifies that sales of marijuana by a tribal marijuana business on Indian lands would be exempt from the State's 10% excise tax on marijuana. Require the Department of Treasury to deposit money into the Marihuana Regulation Fund that was collected under an Indian Tribe Agreement.</i>	Roger Hauck	6/14/23-Passed Senate and received in House Committee on Regulatory Reform 10/5/23 – Reported with recommendation without amendment; referred to second reading; place on third reading; passed by ¾ vote; returned to Senate 10/10/23 – Ordered enrolled 10/24/23 – Signed by Governor and given immediate effect, assigned PA 0166'23
	SB 141/HB 4201	<i>The bill would amend the Michigan Liquor Control Code to eliminate a January 1, 2026, sunset on provisions that allow a qualified licensee to fill and sell qualified containers with alcoholic liquor for the purpose of off-the-premises consumption and to deliver alcoholic liquor to a consumer in the State if the qualified licensee meets certain conditions.</i>	Mallory McMorrow & Kristian Grant	6/13/23 - Passed Senate, referred for second reading in House Committee on Regulatory Reform. 5/3/23 - Passed House, referred to Senate Committee on Regulatory Affairs 7/19/23-Assigned PA 0095'23 with immediate effect
	HB 4833	The bill would amend the public health code to eliminate the requirement for acute care and behavioral health hospitals to carry a SUD Service Program license. The issue was identified through a LARA workgroup revealing duplicate licensure in some circumstances. The endeavor is to clean up the duplication and reduce burden on LARA as well as our members.	Ranjeev Puri	6/22/23 - referred to Committee on Health Policy
	HB 4913	A bill to criminalize all possession or distribution of Xylazine under the Controlled Substances Act.	Kelly Breen	7/18/23-Introduced and referred to Committee on Judiciary
	SB 247	<i>The bill would allow the holder of a special license issued by the MLCC to sell and serve alcoholic liquor on the premises of a licensed public area of a facility used for intercollegiate athletic events on dates and times other than the dates and times provided to the MLCC. A licensee that had been issued a catering permit could deliver and serve alcoholic liquor at a private event on the premises on dates and times other than the dates and times provided to the MLCC.</i>	Sean McCann	7/19/23-Assigned PA 0096'23 with immediate effect
	HB 4734/4735 /4736	A bill package to require all school districts to have an opioid antagonist in each school building, and at least one trained staff in each building; require local health departments to provide antagonist and training to schools & staff.	David Prestin John Fitzgerald Matt Koleszar	6/13/23-Introduced and referred to Committee on Education
	HB 4322	The bill would allow individuals who are 19 years of age or older to be employed at or volunteer for marijuana establishments, with the direct supervision of a person 21+.	Kevin Coleman	6/28/23-Read a third time in House, substitute adopted, and postponed temporarily
	HB 4600	The bill would prohibit the CRA from denying an application based on spouses of applicants holding positions in certain governmental bodies	Mike McFall	5/18/23-Introduced and referred to Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
	HB 4601	The bill to include within a Cannabis Processor License the ability to extract THC concentrates and package for sale on the premises; allow for transfer of products amongst other licensed establishments both on the same location and to other locations; prohibit the denial of a license based upon the background check of an applicant’s spouse.	Mike McFall	5/23/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
***	HB 4707	The bill would amend the Insurance Code to require health insurers in Michigan to provide coverage for medically necessary treatment of a mental health or substance abuse disorder. The bill would set requirements for coverage of out-of-network services and emergency services, as well as requirements related to prior authorization, utilization review, and the determination of level of care for insured individuals. The bill states that it would not apply to any entity or contracting provider that performs utilization review or utilization management functions on an insurer’s behalf. ***Supported by CMHAM.	Felicia Brabec	6/7/23 – Introduced, read, and referred to Committee on Insurance and Financial Services 6/21/23 – Reported with recommendation without amendment, referred to a second reading 10/24/23 – Read a second time, placed on third reading 10/25/23 – Removed from the House Agenda CMHAM REQUEST FOR ACTION: We are asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to support HB 4707 and encourage their leadership to bring the bill up for a vote in the fall legislative session. HB 4707 will go a long way in improving people’s lives across the state.
	HB 4213	The bill would require telemedicine coverage for SUD and behavioral health services *Supported by CMHAM	Christine Morse	3/8/23 – Introduced; Referred to Committee on Health Policy 10/31/23 – Referred to second reading 11/9/23 - read a second time, placed on immediate passage, passed; given immediate effect 11/14/23 – Referred to Committee on Health Policy
	HB 4690	Secular Recovery Bill: This bill would amend the Code of Criminal Procedure to require a court that orders a defendant to attend a court-ordered substance use disorder recovery program as part of a sentence or deferred proceeding to ask on the record whether the defendant has an	Betsy Coffia	5/30/23 – Introduced, Read, and referred to the Committee on Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		objection to a religious element of that program. If the defendant objects to a religious element, the court would have to identify a secular treatment program that the defendant confirms on the record eliminates their religious objection. The court would have to allow the defendant to participate in a secular treatment program online if one is not available locally		
	S 542	A bill to allow government agencies who are providing opioid antagonists free of charge the choice of formulation, dosage, and route of administration for opioid antagonists	Kevin Hertel	10/3/23-Introduced and referred to Committee on Health Policy
	HB 5078	A bill to allow a dispensing prescriber or pharmacist may dispense an opioid antagonist to any of the following: (a) An individual patient at risk of experiencing an opioid-related overdose. (b) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.	Carrie Rheingans	10/4/23-Introduced and referred to Committee on Health Policy
	HB 5063 & 5064	A bill to protect the use of Medical Marijuana-A qualifying patient who has been issued and possesses a registry card must not be denied any right or privilege and it allows students to be treated with medical marijuana and CBD products during school; a public school or nonpublic school shall do all of the following: (a) Authorize a qualified guardian of a qualified pupil to administer a marihuana-infused product or CBD product to the qualified pupil on the school premises, on a school bus, or at a school-sponsored activity in a location off of the school premises at which the use of a marihuana-infused product or CBD product is not prohibited. (b) Authorize a designated staff member to administer a marihuana-infused product or CBD product to a qualified pupil as described in subsection (2). (c) Authorize a qualified pupil to use or self-administer a marihuana-infused product or CBD product under the direct supervision of a designated staff member as described in subsection	Dylan Wegela Jimmie Wilson Jr.	9/28/23-Introduced and referred to Committee on Regulatory Reform
	S 466	<i>The bill would amend Part 126 (Smoking in Public Places) of the Public Health Code to allow a cigar bar that met specified conditions and whose smoking ban exemption had lapsed to requalify for the exemption if the owner or operator of the bar filed an affidavit certifying those conditions.</i>	Kristen McDonald Rivet	9/6/23 – Introduced, Referred to Committee on Regulatory Affairs 10/10/23 – Referred to Committee on the Whole 10/24/23 – Referred to Committee on Regulatory Reform 11/9/23 – rule suspended, motion to discharge committee approval, read a second time, read a third time, passed; given immediate effect, returned to Senate, given immediate effect, ordered enrolled 12/6/23 – presented to the Governor 12/13/23 – Approved by Governor 12/29/23 – Assigned PA 0318’23 with immediate effect

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 5198	An act to prohibit the selling, giving, or furnishing of tobacco products, vapor products, and alternative nicotine products to minors; to prohibit the purchase, possession, or use of tobacco products, vapor products, and alternative nicotine products by minors; Disallow all references to cake, candy, cupcake, pastry, pie, or any variation thereof in any advertising. Disallow reference to any food product marketed to children-cereal, ice cream, juice, Disallow references to any character/personality/celebrity, video game, mythical creature or school supply. To regulate the retail sale of tobacco products, vapor products, alternative nicotine products, and liquid nicotine containers; To prohibit certain practices that relate to the distribution and sale of certain vapor products; To authorize the seizure, forfeiture, and destruction of certain vapor products; To prescribe penalties and civil sanctions; and to prescribe the powers and duties of certain state and local agencies and departments-Compliance checks	Alabas Farhat	10/24/23- Introduced and referred to Committee on Regulatory Reform

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	S. 2993	<p>Ensuring Excellence in Mental Health Act: The legislation would amend the Social Security Act and the Public Health Service Act to permanently authorize Certified Community Behavioral Health Clinics (CCBHCs) – it establishes a federal definition of CCBHCs into law and create the infrastructure needed to achieve the long-term vision of the model.</p> <p>*Supported by CMHAM</p>	Debbie Stabenow	09/28/2023 - Read twice and referred to the Committee on Finance.

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H.Res. 39	A res. Requesting that all illicit fentanyl and illicit fentanyl-related substances should be permanently placed in Schedule I; and for other purposes.	Neal Dunn	1/17/23-Introduced and referred to Committee on Energy and Commerce & Committee on the Judiciary 1/27/23 - Referred to the House Subcommittee on Health.
	N/A – Proposed Rule	There is a proposed rule by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would permanently allow providers to prescribe buprenorphine specifically for opioid use disorder treatment without an in-person visit in an opioid treatment program, but this is still in the proposal phase with comments due on Feb. 14, 2023.	SAMHSA	12/16/22 – Proposed 2/14/23 – Public Comment Due Federal Register :: Medications for the Treatment of Opioid Use Disorder
	HR 901	To require the Food and Drug Administration to prioritize enforcement of disposable electronic nicotine delivery system products.	Sheila Cherfilus-McCormick	2/09/2023 - Referred to the House Committee on Energy and Commerce. 2/17/23 - Referred to the House Subcommittee on Health.
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary. 5/17/2023 - Placed on Union Calendar #47 5/25/2023 – House adopted the amendment 5/30/2023 – Received in Senate and referred to the committee on the Judiciary.
	HR 1291	Stopping Overdoses of Fentanyl Analogues Act: To amend the Controlled Substances Act to list fentanyl-related substances as schedule I controlled substances.	Scott Fitzgerald	03/01/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 3/10/23 - Referred to the Subcommittee on Health.
	HR 1839	Combating Illicit Xylazine Act (S.993): To prohibit certain uses of xylazine.	Jimmy Panetta/ Catherine Cortez Masto 7	03/28/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary (S)-3/28/23-Read twice and referred to the Committee on the Judiciary 4/7/23 – Referred to the Subcommittee on Health
	S.983	Overcoming Prevalent Inadequacies in Overdose Information Data Sets Act or “OPIOIDS” Act: The Attorney General may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness.	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 1734	TRANQ Research Act: To require coordinated National Institute of Standards and Technology science and research activities regarding illicit drugs containing xylazine, novel synthetic opioids, and other substances of concern, and for other purposes.	Mike Collins	03/29/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 36 – 0 5/15/23 - Passed in House, Received in Senate 6/26/23 – Passed in Senate 6/26/23 – Message on Senate action sent to the House 12/4/23 - Mr. Lucas moved that the House suspend the rules and agree to the Senate amendment; DEBATE - The House proceeded with forty minutes of debate on the motion to suspend the rules and agree to the Senate amendment to H.R. 1734; On motion that the House suspend the rules and agree to the Senate amendment Agreed to by voice vote; Motion to reconsider laid on the table Agreed to without objection. 12/14/23 – Presented to the President 12/19/23 – Signed by the President, became Public Law No.: 118-23.
	S 606	To require the Food and Drug Administration to revoke the approval of one opioid pain medication for each new opioid pain medication approved.	Joe Manchin	03/01/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 2867 & S 1235	Bruce’s Law: Re-introduced as new bills (formerly HR 9221 in 2022). To establish an awareness campaign related to the lethality of fentanyl and fentanyl-contaminated drugs, to establish a Federal Interagency Work Group on Fentanyl Contamination of Drugs, and to provide community-based coalition enhancement grants to mitigate the effects of drug use.	David Trone & Lisa Murkowski	04/20/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 04/25/2023 - Referred to the House Committee on Energy and Commerce 04/28/2023 – Referred to the Subcommittee on Health
***	HR 2891 & S 1323	SAFE Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes. ***The LRE opposes this bill, as it indirectly supports the federal legalization of marijuana.	David Joyce & Jeff Merkley	5/3/23 - Referred to Subcommittee on Economic Opportunity 5/11/23 - Referred to Committee on Banking, Housing, and Urban Affairs

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	S 2860	SafER Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes.	Jeff Merkley	9/20/2023 - Read twice and referred to the committee on Banking, Housing, and Urban Affairs. 9/28/2023 - Placed on Senate Legislative Calendar under General Orders. Calendar No. 215. 12/6/23 - Committee on Banking, Housing, and Urban Affairs. Hearings held.
	HR 3375	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.	Ann Kuster	05/16/2023-Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 5/19/2023 – Referred to the Subcommittee on Health
	HR 4106	To amend the 21st Century Cures Act to expressly authorize the use of certain grants to implement substance use disorder and overdose prevention activities with respect to fentanyl and xylazine test strips.	Jasmine Crockett	06/14/2023 - Referred to the House Committee on Energy and Commerce 06/16/2023 - Referred to the Subcommittee on Health.
	S. 1785	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids; i.e, enhanced surveillance, collection of overdose data, increase fentanyl detection and screening abilities, and other purposes.	Ed. Markey	05/31/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 3563	STRIP Act: To amend the Controlled Substances Act to exempt from punishment the possession, sale, or purchase of fentanyl drug testing equipment.	Jasmine Crockett	05/22/2023 - Referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce 05/26/2023 - Referred to the Subcommittee on Health.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S. 1080	Cooper Davis Act – This legislation would require Big Tech to take a more proactive role against drug dealing on their social media platforms. It will amend the Controlled Substances Act to require electronic communication service providers and remote computing services to report to the Attorney General certain controlled substances violations. <i>(Any and all electronic communications programs/applications will be required to submit reports of communications that include the sale of any counterfeit or illicit substance within a reasonable time; failure to do so will result in penalties.)</i>	Roger Marshall	3/30/2023 - Read twice and referred to the Committee on the Judiciary. 7/13/2023 - Committee on the Judiciary. Ordered to be reported with an amendment in the nature of a substitute favorably. 09/05/2023 - Committee on the Judiciary. Reported by Senator Durbin with an amendment in the nature of a substitute. Without written report, Placed on Senate Legislative Calendar under General Orders. Calendar No. 200.
	HR 3684	To direct the Secretary of Defense to establish a grant program for using psychedelic substances to treat certain conditions, and for other purposes.	Dan Crenshaw	5/25/2023-Referred to the House Committee on Armed Services.
	HR 4531 & S 2433	Support for Patients and Communities Reauthorization Act: The bill was originally passed in 2018. This bill would reauthorize certain programs under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, and for other purposes. <i>(Reauthorize Block Grant Funding for current programs, and expansion of MAT Studies for OUD, FASD support, and others.)</i>	Brett Guthrie Bill Cassidy	7/11/2023 – Introduced in House, referred to House Energy and Commerce Committee 7/19/23 - Ordered to be Reported (Amended) by the Yeas and Nays: 49 – 0 07/20/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions 9/28/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 29-3. 12/12/23 - Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by the Yeas and Nays: (2/3 required): 386 - 37
	HR 3521	Saving America’s Future by Educating Kids Act of 2023: To direct the Secretary of Education to develop and disseminate an evidence-based curriculum for kindergarten through grade 12 on the dangers of vaping and misusing opioids, synthetic drugs, and related substances	Alexander Mooney	5/18/2023 - Referred to the House Committee on Education and the Workforce.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 4105 & S 1475	To amend the Controlled Substances Act to prohibit certain acts related to fentanyl, analogues of fentanyl, and counterfeit substances, Drug Enforcement Administration shall establish and implement an operation and response plan to address counterfeit fentanyl or methamphetamine substances that includes specific ways that prevention and education efforts stop the use of counterfeit pills, how ongoing efforts are effective in increasing education and prevention, how they are tailored to youth and teen access, and how those programs can be tailored, adjusted, or improved to better address the flow of counterfeit fentanyl or methamphetamine; and for other purposes.	Ken Buck Chuck Grassley	05/09/2023 - Read twice and referred to the Committee on the Judiciary 06/16/2023 - Referred to the Subcommittee on Health
	HR 3570	To provide public awareness and outreach regarding the dangers of fentanyl, to expand the grants authorized under the Comprehensive Opioid Abuse Grant Program, to expand treatment and recovery services for people with opioid addictions, and to increase and to provide enhanced penalties for certain offenses involving counterfeit pills.	Sheila Jackson Lee	05/26/2023 - Referred to the Subcommittee on Health.
	HR 4582	Protecting Kids from Fentanyl Act of 2023: To amend the Public Health Service Act to authorize the use of Preventive Health and Health Services Block Grants to purchase life-saving opioid antagonists for schools and to provide related training and education to students and teachers, and for other purposes.	Doug Lamborn	07/12/2023 - Referred to the House Committee on Energy and Commerce. 07/14/2023 Referred to the Subcommittee on Health.
	S 2699	Opioid RADAR Act: To combat the fentanyl crisis by: 1. Secretary of Health and Human Services may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness of data on fatal and nonfatal opioid-related overdoses. 2. Director of the Centers for Disease Control and Prevention, in collaboration with the Attorney General or their designee, shall carry out a pilot program to award grants on a competitive basis to municipal wastewater treatment facilities in order to conduct wastewater analysis to determine the prevalence of certain illicit substances, such as fentanyl or xylazine, 3. The Secretary may award grants to eligible entities to provide for the administration, at public and private elementary and secondary schools under the jurisdiction of the eligible entity, of drugs and devices for emergency treatment of known or suspected opioid overdose.	Rick Scott	07/27/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	S 2484	To ensure that States do not prohibit an individual from obtaining, possessing, distributing, or using life-saving drug testing technologies, and for other purposes. <i>(More than 12 states currently have laws prohibiting the purchase, use, or possession of fentanyl testing strips)</i>	Cory Booker	07/25/2023 - Read twice and referred to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 5040	To amend the Intelligence Reform and Terrorism Prevention Act of 2004 to limit the consideration of marihuana use when making a security clearance or employment suitability determination, and for other purposes.	Jamie Raskin	07/27/2023 - Referred to the House Committee on Oversight and Accountability 9/20/2023 - Committee Consideration and Mark-up Session Held, Ordered to be Reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 30 - 14.
	S 2650	To establish a Commission on the Federal Regulation of Cannabis to study a prompt and plausible pathway to the Federal regulation of cannabis, and for other purposes	John Hickenlooper	07/27/2023 - Read twice and referred to the Committee on the Judiciary 9/20/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 30-14
	HR 5625	To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Suzanne Bonamici	09/21/2023 - Referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce
	HR 5506	HANDS Act: To amend titles XVIII and XIX of the Social Security Act and title 10, United States Code, to provide no-cost coverage for the preventive distribution of opioid overdose reversal drugs.	Brittany Pettersen	09/14/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Armed Services
	HR 5420	Workplace Overdose Reversal Kits to Save Lives Act: To require the Secretary of Labor to issue guidance and regulations regarding opioid overdose reversal medication and employee training via OSHA	Bonnie Watson-Coleman	9/12/2023 - Referred to the House Committee on Education and the Workforce
	HR 5323	Stop Pot Act: To amend title 23, United States Code, to establish a national requirement against the use of marijuana for recreational purposes.	Chuck Edwards	9/05/2023 Referred to the Subcommittee on Highways and Transit
	HR 5715 & S2929	Tobacco Tax Equity Act of 2023: This bill increases the excise tax on cigarettes and cigars and equalizes tax rates among all other tobacco products. It also imposes a tax on nicotine for use in vaping.	Raja Krishnamoorthi	9/26/2023 Referred to the House Committee on Ways and Means 09/26/2023 Read twice and referred to the Committee on Finance
	HR 5652	Stop Overdose in Schools Act: To amend the 21st Century Cures Act to require funds to be set aside for opioid reversal agent administration training in schools, and for other purposes.	Newhouse	9/21/2023 Referred to the House Committee on Energy and Commerce

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 5801	Preventing Overdoses with Test Strips Act: To ensure that expenses relating to the acquisition or use of devices for use in the detection of fentanyl, xylazine, and other emerging adulterant substances, including test strips, are allowable expenses under any grant, contract, or cooperative agreement entered into by the Substance Abuse and Mental Health Services Administration under this Act.	Josh Gottheimer	9/28/2023 Referred to the House Committee on Energy and Commerce. 9/28/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S2919	ALERT Communities Act : Administrator of the Drug Enforcement Administration, shall develop and make publicly available research and marketing frameworks for developing, improving, and evaluating test strip technology for detecting fentanyl and other dangerous substances; The Secretary of Health and Human Services shall— conduct a study on the impact of the availability, accessibility, and usage of drug checking supplies, including test strips, on frequency of overdose, overdose deaths, and engagement in substance use disorder treatment and report the findings to Congress.	Margaret Wood Hassan	9/26/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S2946	School Access to Naloxone Act of 2023: To amend the Public Health Service Act to provide funding for trained school personnel to administer drugs and devices for emergency treatment of known or suspected opioid overdose	Jeff Merkley	9/27/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S 3070	Youth Prevention and Recovery Reauthorization Act: A bill to reauthorize funding to hospitals, local governments, and other eligible entities to increase access to opioid addiction medications for adolescents and young adults who have been diagnosed with opioid use disorder, improve local awareness among youth of the risks associated with fentanyl, and train healthcare providers, families, and school personnel on the best practices to support children and adolescents with opioid use disorder. Reauthorize the Youth Prevention and Recovery Initiative, which has provided three-year grants to youth-focused entities for carrying out substance use disorder treatment, prevention, and recovery support services. The legislation also expanded an existing youth substance use disorder program to include services for young adults as well as children and adolescents.	Gary Peters	10/18/23 – Introduced; Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S. 3006	SAFE in Recovery Act: To create a Task Force amongst government agency stakeholders to create and ensure a streamlined process for families to receive comprehensive wraparound services if a member is undergoing SUD Treatment	Ed Markey	10/03/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	HR 6038 & S. 3108	PROTECT Act - Preventing Opportunities for Teen E-Cigarette and Tobacco Addiction Act: bill to amend the Public Health Service Act to provide for and fund a Reducing Youth Use of E-Cigarettes Initiative- 1. Research on products, patterns of use, initiation of cigarette use following vaping, demographic patterns of use, means of access, media and exposure to advertising, marketing, reasons for use, extent of dependency, quitting resources for youth, nicotine levels and biomarkers of exposure. 2. Collaboration to develop medical and treatment guidance on youth nicotine interventions and identifying promising strategies to prevent and reduce use, develop new cessation methods and quit support 3. Increasing access to treatment, and identifying effective messaging.	Debbie Wasserman-Schultz	10/25/2023 - Referred to the House Committee on Energy and Commerce 11/3/23 – Referred to the Committee on Health
	HR 6251	HERO Act: To establish a grant program to provide schools with opioid overdose reversal drugs, to direct schools receiving Federal funds to report to certain Federal information systems any distribution of an opioid overdose reversal drug	Adam Schiff	11/06/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce
	HR 6243	To direct the Secretary of Labor to issue an occupational safety and health standard that requires employers to keep opioid overdose reversal drugs onsite and develop and implement training plans to respond to drug overdose emergencies and to amend the Omnibus Crime Control and Safe Streets Act of 1968 to expand the grants authorized under the Comprehensive Opioid Abuse Grant Program.	Ruben Gallego	11/06/2023 - Referred to the Committee on Education and the Workforce, and in addition to the Committee on the Judiciary
	HR 6144	Combatting Fentanyl Poisonings Act of 2023: To award grants to State and local law enforcement agencies to assist such agencies in planning, designing, establishing, or operating locally based, proactive programs to combat the sale, marketing, or distribution of controlled substances	Mike Garcia	11/01/2023 - Referred to the House Committee on the Judiciary
	HR 5905 & S 3039	Federal Kratom Consumer Protection Act : To require Congress to hold at least one hearing regarding Kratom and potential dangers, benefits, contribution to drug overdose deaths, and other topics. Within 2 years, the FDA must establish safety guidelines and testing as compatible with other adult dietary supplements.	Mark Pocan	10/25/2023 - Referred to the House Committee on Energy and Commerce
	HR 5592	Validating Independence for State Initiatives on Organic Natural Substances Act of 2023: To prohibit the use of Federal funds from preventing a State from implementing their own laws with respect to psilocybin.	Robert Garcia	09/20/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 6028	States Reform Act of 2023: A bill to remove Cannabis from the list of Scheduled Substances, defer to states on prohibition, and decriminalize cannabis offenses.	Nancy Mace	10/25/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Natural Resources, Agriculture, Transportation and Infrastructure, Armed Services, Ways and Means, Small Business, Veterans' Affairs, Oversight and Accountability, Education and the Workforce, aviation, coast guard and maritime transportation, Highways and transit, railroads, pipelines, and hazardous materials, and Foreign Affairs
	HR 5601	MORE Act: A bill that removes marijuana from the list of scheduled substances under the Controlled Substances Act and eliminates criminal penalties for an individual who manufactures, distributes, or possesses marijuana. Also 1. requires the Bureau of Labor Statistics to regularly publish demographic data on cannabis business owners and employees, 2. establishes a trust fund to support various programs and services for individuals and businesses in communities impacted by the war on drugs, 3. imposes an excise tax on cannabis products produced in or imported into the United States and an occupational tax on cannabis production facilities and export warehouses, 4. makes Small Business Administration loans and services available to entities that are cannabis-related legitimate businesses or service providers, 5. prohibits the denial of federal public benefits to a person on the basis of certain cannabis-related conduct or convictions, 6. prohibits the denial of benefits and protections under immigration laws on the basis of an event (e.g., conduct or conviction) relating to possession or use of cannabis that is no longer prohibited under the bill, 7. establishes a process to expunge convictions and conduct sentencing review hearings related to federal cannabis offenses, and 8. directs the Government Accountability Office to study the societal impact of cannabis legalization.	Jerrold Nadler	09/21/2023 - Referred to the Subcommittee on Highways and Transit
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Dan Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary

	S. 3579 & H.R. 6982	The GRIT Act would set aside a portion of the federal sports excise tax revenue to fund programs for gambling addiction prevention, treatment, and research. The GRIT Act provides direct and vital support to state health agencies and nonprofits addressing problem gambling. It also creates investment in best practices and comprehensive research at the national level.	Richard Blumenthal (S) Andrea Salinas (HR)	Senate: 01/11/2024 – Introduced, Read twice and referred to the Committee on Health, Education, Labor, and Pensions House: 01/11/2024 – Introduced, Referred to the House Committee on Energy and Commerce
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LEGISLATIVE CONCERNS

LOCAL THREATS AND CHALLENGES				
	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	End of PHE Medicaid Beneficiary Renewals	MDHHS has started mailing renewal letters for Medicaid redeterminations following the end of the Public Health Emergency . Emergency Medicaid coverage protection extended during the COVID-19 pandemic expired on April 1st. This could result in up to 400,000 Michigan residents losing Medicaid coverage.		www.Michigan.gov/2023BenefitChanges Medicaid review could drop 400,000 Michigan residents from coverage Bridge Michigan

MISCELLANEOUS UPDATES

MISCELLANEOUS UPDATES				
	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	FY24 State Budget Recommendations	<p>Governor Whitmer’s FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD:</p> <ul style="list-style-type: none"> • \$300 million for student mental health to ensure students’ needs can be identified and provided with the right support. • \$210.1 million for Direct Care Worker Wages (\$74.5 million general fund) to increase wage support to direct care professionals providing Medicaid behavioral health services, care at skilled nursing facilities, community-based supports through MI Choice, MI Health Link, and Home Help programs and in-home services funded through area agencies on agencies. These funds support an increase that would average about \$1.50 / hour (10%) • \$5 million for behavioral health recruitment supports (general fund) that would fund scholarships and other recruiting tools to attract and support people interested in training to become behavioral health providers. 		<p>Access budget material at:</p> https://www.michigan.gov/budget
	MIHealthyLife	In fall 2023, MDHHS will ask Medicaid health plans for new contract proposals to provide health services to people enrolled in Medicaid, including Behavioral Health. MDHHS is providing a survey for stakeholders to submit ideas to make the program better and collecting input about potential changes to the new contracts.		MIHealthyLife (michigan.gov)

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment	Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated		A disappointing report card for primary care - POLITICO (relevant information is about halfway down the page)
	Post-Pandemic Telehealth Policy	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group		Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)
	Biden-Harris Administration Announce New Proposed Parity Rules	The Biden Administration's new proposal would significantly strengthen the nation's parity enforcement and ensure that people with mental health and substance use conditions do not face arbitrary barriers to receiving care. The proposed rule is aimed at improving health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires health plans to provide mental health and substance use coverage at parity with medical/surgical coverage. A public comment period on the proposed rule will follow.		7/25/2023: Departments of Labor, Health and Human Services, Treasury announce proposed rules to strengthen Mental Health Parity and Addiction Equity Act HHS.gov

Elected Officials

FEDERAL			
NAME		NATIONAL OFFICE CONTACT INFORMATION	LOCAL OFFICE CONTACT INFORMATION
US Senate	Debbie Stabenow	731 Hart Senate Office Building Washington, D.C. 20510-2204 Phone: (202) 224-4822	1025 Spaulding Avenue Southeast Suite C Grand Rapids, MI 49546 Phone: (616) 975-0052
US Senate	Gary Peters	Hart Senate Office Building Suite 724 Washington, D.C. 20510 Phone: (202) 224-6221	110 Michigan Street NW Suite 720 Grand Rapids, MI 49503 Phone: (616) 233-9150
US Representative	Bill Huizenga	2232 Rayburn HOB Washington, D.C. 20515 Phone: (202) 225-4401	170 College Ave. Suite 160 Holland, MI 49423 Phone: (616) 251-6741
US Representative	Hillary Scholten	1317 Longworth House Office Building Washington, DC 20515 Phone: (202) 225-3831	110 Michigan Street NW Grand Rapids, MI 49503 Phone: (616) 451-8383
US Representative	John Moolenaar	246 Cannon House Office Building Washington, DC 20515 Phone: (202) 225-3561	8980 North Rodgers Court Suite H Caledonia, MI 49316 Phone: (616) 528-7100

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