

Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
March 27, 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.
 - March 27, 2024, Board of Directors meeting agenda (*Attachment 1*)
 - January 24, 2024, Board of Directors meeting minutes (*Attachment 2*)
5. Community Advisory Panel – (*Attachment 3*)
March 14, 2024, Meeting minutes are included in packet for information.
6. Reports –
 - a. LRE Leadership (*Attachment 4*)
7. Chairperson’s Report – Mr. Stek
 - a. March 20, 2024, Executive Committee (*Attachment 5*)
 - i. LRE Board Chair Term and Recommendation
8. Action Items –
 - a. January 21, 2024, Closed Session Meeting Minutes
Suggested Motion: To approve the January 21, 2024, closed session meeting minutes.
 - b. PIHP/CMHSP FY21 Contract Extension
Suggested Motion: To approve LRE CEO to fully execute a contract extension to the LRE/CMHSP FY20/21 Contract through September 30, 2024.
 - c. LRE Compliance Plan Extension
Suggested Motion: To approve extending the 2023 Corporate Compliance Plan for 1 month, through April 30, 2024.
9. Financial Report and Funding Distribution – Ms. Chick (*Attachment 6*)
 - a. FY2024, January and February Funds Distribution (*Attachment 7, 8*)
Suggested Motion: To approve the FY2024, January and February Funds Distribution as presented.

- b. LRE FY2024 Budget Amendment #2 (*Attachment 9*)

Suggested Motion: To approve LRE FY2024 Budget Amendment #2 as presented.

- c. Statement of Activities as of 1/31/2024 with Variance Reports (*Attachment 10*)
- d. Monthly FSR (*Attachment 11*) –

10. CEO Report – Ms. Marlatt-Dumas

11. 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

12. Board Member Comments

13. Public Comment

14. Upcoming LRE Meetings

- April 17, 2024 – Executive Committee, 1:00PM
- April 24, 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

Meeting Minutes
BOARD OF DIRECTORS

Lakeshore Regional Entity
February 28, 2024 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. Storey

Mr. Storey called the February 28, 2024, LRE Board meeting to order at 1:02 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Storey

In Attendance: Jon Campbell, Patricia Gardner, Janice Hilleary, Sara Hogan, Alice Kelsey, Jim Storey

Absent: Ron Bacon, Linda Dunmore, Richard Kanten, Ron Sanders, Andrew Sebolt, Stan Stek, Janet Thomas, Craig Van Beek

A quorum is not present. Board members present will discuss items on the agenda, but approval of items will be moved to the March 27, 2024, meeting.

PUBLIC COMMENT

None.

CONSENT ITEMS: **QUORUM NOT PRESENT**

LRE 24-06 Motion: To approve by consent the following items.

- February 28, 2024, Board of Directors meeting agenda
- January 24, 2024, Board of Directors meeting minutes

LRE FY22 AUDIT REVIEW

Mr. Derek Miller from Roslund and Prestage, is in attendance virtually and reports on the LRE FY22 Audit.

- Mr. Miller states that this presentation is for the FY22 Audit and that the FY23 audit is being worked on now. Mr. Miller would like to clarify that LRE Management is responsible for preparing the audit information although RPC did assist in preparing the information.
- Q: Are there any recommendations from RPC to have the LRE Board help with having the audits submitted timely?
 - Mr. Miller states that this was a unique situation due to the lawsuits with MDHHS and management was unsure of how to show the financial statements because the

financial amounts were so significant. There are other clients that have audit committees that RPC meets with before and after the audit is complete.

- Q: Is there a history of the state not accepting our audits?
 - We are working with the state on the reconciliation process but to date the state has approved LRE audits. The cost settlement process is also being worked through with the state for FYs 18-22.
- There are 3 audits that are completed and submitted to the State the Financial audit, Compliance Audit (FSR/MLR), and the third audit is the Single Audit (Federal Grants/Federal expenditures related to grants).

LEADERSHIP BOARD REPORTS

Leadership report is included in the Work Session packet for information.

CHAIRPERSON'S REPORT

February 21, 2024, Executive Committee (EC) Meeting Minutes are included in packet for information.

LRE CEO EVALUATION

LRE 24-07 Motion: To approve moving into closed session to discuss the LRE CEO evaluation as requested by the LRE CEO.

QUORUM NOT PRESENT

LRE 24-08 Motion: To approve moving out of closed session from discussing the LRE CEO evaluation as requested by the LRE CEO.

QUORUM NOT PRESENT

ACTION ITEMS

LRE 24-09 Motion: To approve the January 21, 2024, closed session meeting minutes.

QUORUM NOT PRESENT

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2024 January Funds Distribution

LRE 24-10 Motion: To approve the FY2024, January Funds Distribution as presented.

QUORUM NOT PRESENT

Statement of Activities as of 12/31/2023 with Variance Report-

Included in the Board packet for information.

- Large variances are Medicaid, Autism and HMP that are currently overbudget due to less daily visits than expected in CCBHC.

Monthly FSR-

Included in the Board packet for information.

CEO REPORT

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

- LRE has filled all current open positions.
- The Winter LRE Newsletter is attached to the end of the CEO report.
- LRE continues to focus on additional revenue streams. The HAB waiver slots have been uploaded into the system. The LRE will submit 10 waiver packets per month for the next 3 months so not to overwhelm MDHHS. The state has put a hold on region 6's offer to transfer their unused slots as they are in the process of working with CMS on a new allocation process.
 - Why can we not have the slots?
 - There are other PIHPs beside LRE that could utilize the extra slots which is why the allocation process is being updated.
 - Ms. Marlatt-Dumas will meet with the state and again ask them to approve Region 6's offer to transfer slots.
- LRE staff are assigned to review HAB individuals to track why they are dropping off enrollment. They will then communicate with the CMHs who can in turn reach out to those individuals.
- The PIHPs are submitting data showing the enrollment issues as they pertain to our rates. All 10 PIHPs will submit data that will be compiled into one report and presented to MDHHS.
- A presentation was given to MDHHS by N180 regarding a plan to temporarily help with their Autism issues. The state communicated that they will not support the plan that was presented and will have internal meetings to review the information and come up with an alternative plan. There is an expectation that N180 will be in compliance by 10/1/24. LRE will assist them in any way possible.
 - Ms. Gardner comments that there have been many efforts to take care of the list, but people come in as fast as they are put into services.
- PIHP/CMH contract is being updated. There is a meeting on March 14 with LRE staff/CMH CEOs and staff to discuss any issues around language.
- Legislative update is attached to the end of the CEO report.
- 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

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

OTHER:

LRE Legal recommends calling a special meeting of the Board to carry out Ms. Marlatt-Dumas' contract extension.

ADJOURN

Mr. Storey adjourned the February 28, 2024, LRE Board of Directors meeting at 2:14 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Moran, Executive Assistant

CONSUMER ADVISORY PANEL MEETING MINUTES

Thursday, March 14, 2024 – 1:00 PM to 3:00 PM

Virtual Teams Meeting or Call In

Present: Lynnette B., Cindy B., Angela K., Tamara M., Jennifer E., Robert C., Sharon P.
CMH: Chelsea Eisenhour, Regina Salma, Max Knoth, Cathy Potter
LRE: Stephanie VanDerKooi, Michelle Anguiano, Mari Hesselink, Sandi Stasko, Autumn Hartpence

1. Welcome and Introductions.
 - a. Review of the March 14, 2024, Agenda
 - b. Review of the December 14, 2023, Meeting Minutes

The March 14, 2024, meeting agenda and December 14, 2023, meeting minutes are accepted as presented.

2. Member Stories – Limit 5 minutes
 - a. Member Experiences
3. Consumer Advisory Panel
 - i. CAP 2024 Goals
 - Awareness of Opioid issues and cultural issues in the school system and school age children.
 - SUD Treatment and Prevention Evaluation –
 - The evaluation includes all goals and objectives for the last 3 years looking for trends. Items included are Alcohol use, effective measures to prevent use with youth, marijuana data, and early initiation of drug use.
 - The goal is to reach youth before they begin using as this is the most effective way to keep students from using. There is a course that is offered, Kent County uses Life Skills training.
 - These documents will be sent to the group.
 - The use of Narcan is included in the SUD plan.
 - The Housing Barriers Program flier that Tamara provided will be added to the CAP Newsletter.
 - ii. CAP Newsletter Update – Mari
 - The final draft will be emailed to CAP prior to publishing.

- CMHA Connections, Upcoming Events
- Walk a Mile update (September 12, 2024)– Regina Salma is part of the Walk-a-Mile planning committee. She updates:
 - Kent county will be providing transportation for individuals.
 - If anyone in this group would like to submit artwork for the WAM button they have until March 28.
 - Platform – will send flyer – would like to gather ideas for platform ideas for 2024.
 - Contact Regina Salmi – regina.salmi@network180.org
 - Tamara – Suggests more focus on mental health as a family process and taking away the stigma of having mental health issues.
- LRE Newsletter
 - The LRE newsletter is attached to the packet.

4. LRE Updates – Stephanie

- i. LRE Veteran Navigator – Autumn Hartpence
 - VN role is to help veterans navigate resources and work through challenges to have a better quality of life.
 - There is a conference in Kalamazoo that allows families to participate. For more information click the link below.
<https://www.michiganautismconference.org>
- ii. Clinical Manager – Sandi Stasko
 - Sandi began working at LRE beginning in January and has been learning her new role as the Clinical Manager. Sandi is also working on the clinical aspects of LRE Annual Impact Report.
- iii. Staffing Updates
 - LRE has hired 2 IT staff.
 - Justin Persoon, Autism Manager has resigned to devote more time to his own practice.

5. Regional Updates – Stephanie

- i. 2023 Customer Satisfaction Survey
 - LRE is working on a new survey that will lessen the amount of surveys that individuals will be asked to complete. There will be a test run survey within the next couple of weeks and LRE would like the CAP members to

participate. If anyone in this group is interested LRE can send the survey to them.

- ii. TalkSooner Survey
 - [TalkSoonerSurvey2024](#)
 - We are seeking feedback on the TalkSooner website. Please click the link and take the survey.
- iii. FY23 Impact Report
 - If there are any ideas that this group has about accomplishments over the past year, contact Stephanie at stephaniev@lsre.org
- iv. HAB Waiver Slots Update
 - LRE has gained 30 new slots that will be filled 10 per month over the next 3 months.
- v. PIHP/CMH Contract
 - LRE is working with the member CMHSPs on contract negotiations for a new 2025 PIHP/CMHSP contract.
6. State Updates – Stephanie
 - i. Legislative Update
 - This list is provided during each meeting. This has every state/federal SUD bill.
7. LRE Board Meeting

March 27, 2024 – LRE Board Meeting
GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
Call-in information will be posted on the LRE website
8. Upcoming CAP Meetings for **2024** (2nd Thursday of every third month [Quarterly] - 1:00 pm to 3:00 pm)

March 14, June 13, September 12, December 12
9. Other:
 - i. Ottawa county is holding their 3rd annual Health Fair in May. Fliers will be sent when they are complete.
 - ii. N180 open house for new Behavioral Crisis Center – April 23, 1-4pm.
 - iii. Autumn Hartpence - 92 for 22, 7th Annual Walk/Run and Veteran Owned Business Expo – Aug 3 at Northview High School

CAP GOALS

iii. CAP 2024 Goals Discussion

- Awareness of Opioid issues and cultural issues in the school system and school age children.
- Guest to discuss resources for individuals released from prison and how to get the services needed.
- Guest to discuss more peer support specialists within the region to help individuals navigate the system and resources.
 - Put together a handbook with resources for every county.
 - Provide housing updates from different counties.
- Kelly Betts will send a listing of meetings for 2024 that are held to discuss MH/SUD services.
- What are CMHs currently doing i.e. Recovery Day Events
 - ✚ Group members could discuss with their CMH groups if there are any areas that LRE could collaborate.
 - OnPoint – Health Resource Fair
 - WM –
 - Meeting with law enforcement and a panel of CMH workers and parents with children with disabilities. There was discussion on how officers can handle situations with individuals with disabilities.
 - Radio Station
 - Partner with Hospital and law enforcement to disburse information.
 - HW – Health and Wellness Picnic
 - N180 – Does have an event but there may be some issues with transportation for some individuals.
- Advocacy
 - Sharon is part of a disability legislative caucus board that she is suggesting having another person attend the meetings as well. Sharon will send the information.



Cyber Security Update: Common attack vectors

03/20/2024 IoneM

- Email

- Email remains the most common initial attack vector for cybercriminals due to the ease in getting access to the target.
- Key aim is to capture the user's login ID and password so they can surreptitiously spy from within the account, capture data, harvest associates/contacts, and ultimately take over the account completely, using it to then launch additional attacks on others.
- Common tactics:
 - Spam: 'spray and pray' – more generic messages are sent out by the millions in the hopes that "someone will click on it".
 - Phishing: send email directly to employees in finance, HR, legal departments [information about who these people are and their role at the company are typically harvested from public websites and/or from social media companies that have been hacked, such as Linked-In].
 - Spearphishing: targets employees with sophisticated socially engineered messages.
 - New 'home base': Attempts to target external servers and then use those to support/launch additional phishing attacks.

- Web and web applications

- Attackers attempt to take advantage of coding flaws on websites or web applications to generate and capture input from users. A severe XSS vulnerability in Ivory Search, a WordPress search plugin, left 60,000 websites open to malicious code injection. With remote work and the shift to cloud services resulting in a boom of websites and applications, enterprises need to strengthen their defenses.
 - Malicious code injections can open doorways in the company's main website which make gateways to a variety of ills including:
 - Redirects (to the hacker's website instead of the site you thought you were going to), but they 'look very legitimate' when you get there.
 - 'Malvertisements' which may be accidentally clicked on (or clicked out of curiosity) by an employee.
 - Enticing downloads (that contain malware to infect the users local computer).

- System Vulnerabilities

System Vulnerabilities can disrupt business operations by causing system blackouts or closures. For example, a Swedish grocery chain was forced to shut down 800 stores after malicious actors leveraged multiple zero-day vulnerabilities in their Virtual System/Server Administrator (VSA) product to launch a ransomware attack. These types of attacks continue to increase in frequency in recent years.

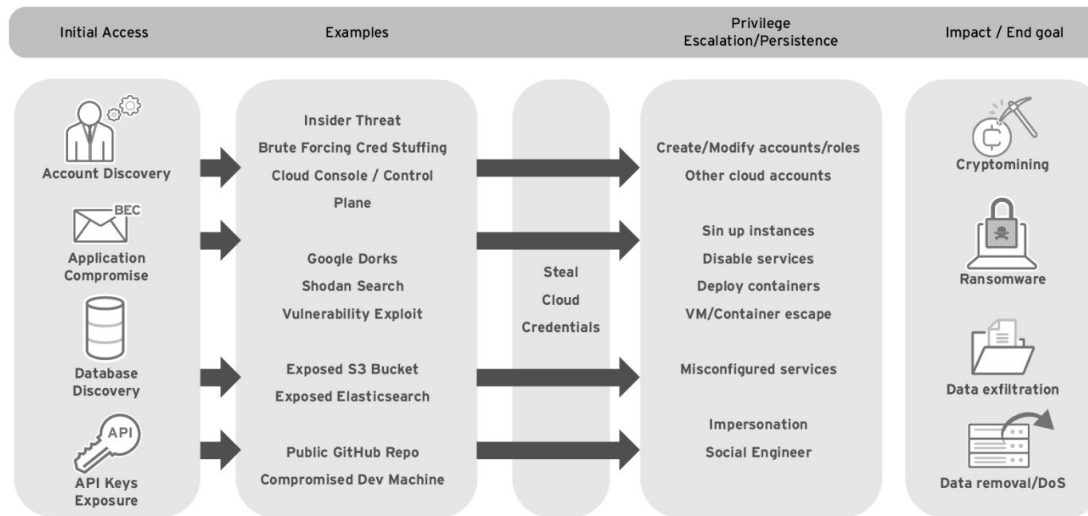
- N-Day vulnerability – known vulnerability that has a patch available
- Zero-Day exploit – exploit of a vulnerability in a computer system that is unknown to it's owners, developers or anyone else capable of mitigating it.

- Forever-Day bugs – a known software vulnerability that a manufacturer has no intention of patching. This is not ideal as it can leave software at risk of exploitation for a long period of time. Software vendors may sometimes choose not to patch software that is nearing the end of its lifecycle if it is about to be replaced by an entirely new version.
- Exploit Kit – uses multiple exploits against a target system.
- **Devices**
 - Removable media – user finds one in the hallway and plugs it into their computer (malware then attempts to auto-launch and self-install).
 - IoT attack – With the growing Internet of Things (IoT) which is expanding WIFI enabled access to many internet attached devices, some of those devices can then be used to spy and harvest data. Such devices must be strictly limited on corporate networks for this reason.
 - Mobile attack – targets mobile devices like phones or tablets. All mobile devices that connect to the corporate network must be approved devices which meet corporate security and encryption standards.
- **Island hopping**

Island hopping is a technique used to pivot from an external environment into your network. Software supply chain attacks are increasing due to the success of Kaseya, Log4j, and SolarWinds. Think of this like a Russian nesting doll — within this initial attack vector lies many others: data distribution services (DDS), open source code, system management tools, and purchased applications. A recent Trend Micro global survey reported that 52% of organizations have a supply chain partner that has been hit by ransomware (meaning their systems were at risk as well). If our regular data trading partners are compromised, we're also potentially at risk.
- **Insider threats**
 - Accidents can happen – a corporate insider might make a mistake that could inadvertently cause a security breach.
 - Haste makes waste – a corporate insider (with no malicious intent) takes short-cuts for efficiency or convenience that could put security at risk.
 - Imposter – a corporate insider deliberately misuse access to sensitive company information for personal gain.
 - Lone Wolf – disgruntled employees may take actions to intentionally harm the company.
 - Collaborator – an inside agent is recruited by external parties (scammers) to steal or corrupt company data.
- **Cloud**

Digital transformation has accelerated cloud adoption, which presents new cybersecurity risks. A 2022 Trend Micro report identified three growing trends that pose financial, operational, and reputation risks to enterprises: cryptocurrency mining, cloud tunnel exploits, and cloud software misconfigurations.

Initial Access Tactics - Cloud



- Artificial Intelligence (AI)

- The compounding risks associated with AI (on all of the vectors listed above) cannot be understated. Powerful AI tools have revolutionized the way data is combined and used, in milliseconds, to produce new unique content. Including content like malware, viruses, phishing scams and DEEP FAKES.
- Deepfake Scammers Steal \$25 Million From Company: 5 Ways You Can Avoid Being Victim to Latest AI Nightmare | Fisher Phillips - JDSupra

BHTEDS Updates:

MDHHS BHTEDS “Dangling Admissions” clean-up project:

Older BHTEDS episodes of care that never got properly closed out (discharged) can interfere with the acceptance of new/future admissions for the same patient. Getting those older/inactive episodes closed is an ongoing performance improvement process.

New dashboard: BHTEDS (SUD) Open Episodes with No Recent Encounters (Created December 2023 to give CMHs a head-start on this effort).

MDHHS was clear in 2023 that getting old/inactive episodes properly closed would be a key objective in 2024. This new dashboard provided assistance on the SUD side in making those old open SUD records more visible to help segment that work and get it accomplished.

BHTEDS (SUD) Open Episodes with no Recent E...

Search

2

Settings

Download

Help

Profile

Pages

Introduction

Days Open

Open No Encounters

Data Sources & Definiti...

File

Export

Share

Chat in Teams

Explore this data

Get insights

Edit

LAKE SHORE REGIONAL ENTITY

BHTEDS SUD Open Episode and Number of Days Since Most Recent Encounter

Columns in WHITE are sourced from BHTEDS, Columns in GRAY are sourced from Encounters

CMH ConsumerID	LCID	Service Start Date	Days episode Open	Date of most recent Encounter	Days since most recent Encounter	QTR	CMH	(Code) Treatment Setting Desc	Minimum CPT Code	Minimum CPT Code Desc	Maximum CPT Code	Maximum CPT Code De
		10/12/2022	414	10/18/2022	408	FY23Q1		(7) Ambulatory - non-intensive O/P	90832	PSYCHOTHERAPY	90832	PSYCHOTHERAPY
		10/20/2022	406	11/7/2022	388	FY23Q1		(6) Ambulatory - IOP	90832	PSYCHOTHERAPY	90832	PSYCHOTHERAPY
		10/18/2022	408	11/10/2022	385	FY23Q1		(6) Ambulatory - IOP	90834	PSYCHOTHERAPY 45 MINUTES	90834	PSYCHOTHERAPY 45 MIN
		11/28/2022	367	12/6/2022	359	FY23Q1		(7) Ambulatory - non-intensive O/P	90834	PSYCHOTHERAPY 45 MINUTES	90834	PSYCHOTHERAPY 45 MIN
		10/10/2022	416	11/7/2022	388	FY23Q1		(7) Ambulatory - non-intensive O/P	90837	PSYCHOTHERAPY	90837	PSYCHOTHERAPY
		10/17/2022	409	10/18/2022	408	FY23Q1		(7) Ambulatory - non-intensive O/P	90837	PSYCHOTHERAPY	90837	PSYCHOTHERAPY
		10/3/2022	423	10/3/2022	423	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/3/2022	423	10/3/2022	423	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/4/2022	422	10/4/2022	422	FY23Q1		(6) Ambulatory - IOP	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/4/2022	422	10/4/2022	422	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/17/2022	409	10/17/2022	409	FY23Q1		(6) Ambulatory - IOP	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/19/2022	407	10/26/2022	400	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/26/2022	400	10/26/2022	400	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/1/2022	394	11/1/2022	394	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/2/2022	393	11/9/2022	386	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/4/2022	391	11/4/2022	391	FY23Q1		(6) Ambulatory - IOP	T1040	CCBHC services - per diem	H0001	SUD ASSESSMENT
		11/7/2022	388	11/9/2022	386	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/9/2022	386	11/9/2022	386	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/14/2022	381	11/30/2022	365	FY23Q1		(6) Ambulatory - IOP	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/16/2022	379	11/16/2022	379	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT

FY

Select all

FY24

FY23

FY22

FY21

FY20

FY19

QTR

Select all

FY23Q4

FY23Q3

FY23Q2

FY23Q1

FY13Q4

FY13Q3

CMH

Select all

HealthWest

Network 180

OnPoint

Ottawa

West Michigan

Days Episode Open

Select all

0-3 Months

3-6 Months

6-12 Months

Over a Year Old

Days Since Most Recent Encounter

Select all

6-12 Months

Over a Year Old

(Code) Treatment Setting

Select all

(2) Detox 24-hr free-standing residential

(5) Rehab/residential - long term

(6) Ambulatory - IOP

(7) Ambulatory - non-intensive O/P

Date of BHTEDS Refresh

11/29/2023

Date of Encounters Refresh

11/28/2023

Count of Clients

54

MDHHS BHTEDS “Dangling Admissions” clean-up project (continued):

In early March 2024, MDHHS provided a list of open BHTEDS episodes which are either “dangling admissions” (no encounters in over a year) that should be closed, or where an annual update record is overdue (has encounters, but there is no BHTEDS update record in over a year). MDHHS has requested that we submit those discharge or update records by **Monday, June 10, 2024**.

Some of the data on the MDHHS list is very old. Many are 2015 admissions for mental health clients who have had no services with us in many years.

Several of our CMHSPs have implemented new Electronic Medical Record (EMR) systems since 2015. All CMHSPs are currently evaluating their list from MDHHS to determine where their current EMR system can generate the discharge record that MDHHS is requesting, and where it cannot. For those that cannot be transacted within their current system, an 'administrative discharge' process will be used to close the 'dangling' open episode.

BHTEDS Completeness (Rank among all PIHP regions):

FY23 as of 11/8/2023:

<u>Encounters</u>	<u>Lakeshore</u>	<u>Statewide Average</u>	<u>LRE Rank among all PIHPs:</u>
MH	96.68 %	96.44 %	8 th
Crisis Only	98.94 %	98.53 %	5 th
SUD	97.20 %	96.81 %	8 th

FY23 as of 1/11/2024:

<u>Encounters</u>	<u>Lakeshore</u>	<u>Statewide Average</u>	<u>LRE Rank among all PIHPs:</u>
MH	97.66 %	96.97 %	6 th
Crisis Only	99.13 %	98.72 %	6 th
SUD	98.84 %	99.31 %	9 th

FY24 as of 3/20/2024:

Encounters	Lakeshore	Statewide Average	LRE Rank among all PIHPs:
MH	95.40 %	95.92 %	8 th
Crisis Only	97.86 %	97.55 %	5 th
SUD	97.98 %	98.85 %	9 th

Rate Setting Factors Monitoring dashboard:

This dashboard will eventually be expanded to include additional pages. In its initial version, this targeted list is intended to show the cost of encounters, by client, which are not “covered” by an applicable BHTEDS that Milliman would use in the rate setting process. This will help focus improvement efforts on those records which will be the most impactful to the next Medicaid rate setting cycle (*and allows the dashboard user to focus the view on **DAB** clients specifically*).

3/20/2024: CMHSPs are actively working with this dashboard, making every effort to get these critical missing BHTEDS submitted before the end of April.

Rate Setting Factors Monitoring

Search

Pages

Intro

Clients w Missing BHTE...

Data Sources & Definiti...

Clients with Missing BHTEs

Member Code	LCID	Medicaid ID	CMH Consumer ID	FY	Rate Group Fund	Division	Encounter Lines	Total Cost	Total Units	Min Svc Dt	Max Svc Dt	Min CPT Code	Max CPT Code	Member Code
				FY23	DAB	Mental Health	287	\$257,816.48	550	12/16/2022	9/12/2023	99212	T1020	All
				FY23	DAB	Mental Health	377	\$205,092.45	29995	10/1/2022	9/30/2023	H2000	T1017	FY23
				FY23	DAB	Mental Health	377	\$201,170.58	23397	10/1/2022	9/30/2023	H2000	T1017	
				FY23	DAB	Mental Health	762	\$197,948.36	783	10/1/2022	9/30/2023	H0032	T1020	
				FY23	DAB	Mental Health	746	\$196,248.41	779	10/1/2022	9/30/2023	H2000	T1020	
				FY23	HMP	Mental Health	743	\$195,637.93	773	10/1/2022	9/30/2023	H2000	T1020	
				FY23	DAB	Mental Health	740	\$195,125.36	770	10/1/2022	9/30/2023	H2016	T1020	
				FY23	DAB	Mental Health	741	\$194,947.82	771	10/1/2022	9/30/2023	H2000	T1020	
				FY23	DAB	Mental Health	610	\$193,552.15	12791	10/1/2022	9/30/2023	H2000	T1020	
				FY23	DAB	Mental Health	564	\$192,271.27	17311	10/1/2022	9/30/2023	H2000	T1020	
				FY23	DAB	Mental Health	703	\$185,484.14	736	10/1/2022	9/30/2023	H2000	T1020	
				FY23	DAB	Mental Health	710	\$162,638.90	9378	10/3/2022	9/29/2023	97151	T1017	
				FY23	DAB	Mental Health	772	\$130,622.86	7800	10/1/2022	9/29/2023	97151	T2025	
				FY23	DAB	Mental Health	954	\$123,106.36	8798	10/1/2022	9/29/2023	92523	T2025	
				FY23	DAB	Mental Health	48	\$117,401.75	712	10/1/2022	9/28/2023	99214	T1020	
				FY23	TANF	Mental Health	605	\$103,987.92	6575	10/3/2022	9/29/2023	97151	T1017	
				FY23	DAB	Mental Health	162	\$102,825.32	500	12/6/2022	9/30/2023	99213	S5111	
				FY23	GF	Mental Health	120	\$98,121.60	300	11/7/2022	11/14/2022	0912	H2011	
				FY23	DAB	Mental Health	51	\$96,564.08	777	10/1/2022	9/26/2023	H0032	T1020	
				FY23	GF	Mental Health	240	\$93,024.60	240	10/18/2022	1/18/2023	90791	T1023	
				FY23	GF	SUD	156	\$86,896.56	626	10/4/2022	9/25/2023	H0002	H0004	
				FY23	GF	Mental Health	90	\$78,880.80	240	12/16/2022	1/3/2023	0913	H2011	
Total														

Encounters Refresh Date: 11/28/2023

EXECUTIVE COMMITTEE SUMMARY

What Wednesday, March 20, 2024, 1:00 PM

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

LRE: Mary Marlatt-Dumas, Stacia Chick

WELCOME and INTRODUCTIONS

- i. Review of March 20, 2024, Meeting Agenda
- ii. Review of February 21, 2023, Meeting Minutes

The March 20, 2024, agenda and the February 21, 2024, meeting minutes are accepted as presented.

MDHHS UPDATES

- i. Meetings
 - PIHP CEOs have met with CMHAM about the information gathered regarding the rates. MDHHS has stated that there will be a rate adjustment in April, but we are unaware of what that amount will be. LRE will continue to update the Board as more information is given.

PIHP/CMHSP CONTRACT UPDATE

- LRE met with CMH CEOs and CMH staff to review questions regarding the PIHP/CMHSP contract. Items that still need to be worked on are clarification around language and the Responsibility Grid.
- There was discussion that if there is reference to the Operating Agreement as an attachment to the contract, N180 will be unable to execute the contract agreement. LRE will confer with legal about taking out reference to the OA, taking the OA out as an exhibit to the contract and only inserting language from the OA.
- LRE will ask the Board during the March 27 meeting to approve an extension to the current contract through September 30, 2024. The goal is to have the contract updated along with the Responsibility Grid and any referred to policies/procedures.

LRE COMPLIANCE PLAN UPDATE

- An extension is needed through April 30th to complete the Compliance Plan. LRE will ask for this extension during the March 27 Board meeting.

LRE GOVERNANCE POLICIES

- Ms. Dumas is reviewing the policies and would like a recommendation from the Executive Committee to 1) Combine all the governance policies into just one large document or 2) keep the policies separated into smaller policies.
 - The Executive Committee recommends keeping as separate policies.

LRE BOARD CHAIR TERM

- Mr. Stek's appointment as Board Chair was for a 6-month term, which is complete. Mr. Stek is willing to finish out the year if that is the recommendation.
- Ms. Thomas would like to recommend that Mr. Stek stay in the position until the next election of Board Officers.
 - Janet Thomas – approve
 - Richard Kanten – approve
 - Jim Storey – approve
 - Ron Bacon – approve.
- The unanimous recommendation from the Executive Committee is to have Mr. Stek finish out the rest of the term. The recommendation will be brought to the full Board on March 27 for approval.

BOARD MEETING AGENDA ITEMS

- CEO Evaluation – Closed Session
- Action Items:
 - i. Ratification of February 28, 2024, Board Meeting Items
 - ii. PIHP/CMHSP Contract Extension
 - iii. LRE Compliance Plan Extension
 - iv. Board Chairperson

BOARD WORK SESSION AGENDA

- NA

CEO EVALUATION DISCUSSION

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

OTHER

UPCOMING MEETINGS

- March 27, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- April 17, 2024, 2024 – Executive Committee, 1:00PM
- April 24, 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 March 2024

3/27/2024

- **Disbursements Report** – A motion is requested to approve the February 2024 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through January 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.
- **FY24 Budget Amend 2** – A motion is requested to approve the FY24 Budget Amend 2.
- **LRE Combined Monthly FSR** – The January LRE Combined Monthly FSR Report is included as an attachment for March's meeting. Expense projections, as reported by each CMHSP, are noted. An actual **surplus** through January of \$9.5 million, a projected annual **deficit** of \$18.7 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. HealthWest is the only CMHSP that has a projected surplus. Network180 has a projected **deficit** of \$19.6 million, OnPoint \$137 thousand, Ottawa \$403 thousand, and West Michigan \$837 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 \$1.7 million and a projected **deficit** of \$3.2 million, which is the responsibility of the CCBHCs and not the PIHP. A budgeted **surplus** of \$4.6 million is shown.

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

Actual	Oct	Nov	Change	Dec	Change	Jan	Change
HW	1,026,730	3,107,460	2,080,730	5,579,467	2,472,007	3,199,392	(2,380,075)
N180	165,809	759,302	593,493	289,272	(470,030)	204,160	(85,112)
OnPoint	358,611	925,043	566,432	1,450,703	525,660	2,032,241	581,538
Ottawa	3,447,859	4,673,590	1,225,731	2,874,179	(1,799,411)	3,822,418	948,239
WM	146,548	323,797	177,249	196,638	(127,159)	221,256	24,618
Total	5,145,557	9,789,192	4,643,635	10,390,259	601,067	9,479,467	(910,792)

Projection	Oct	Nov	Change	Dec	Change	Jan	Change
HW	4,668,224	3,624,722	(1,043,502)	2,921,274	(703,448)	2,243,222	(678,052)
N180	(6,972,029)	(22,055,426)	(15,083,397)	(17,050,789)	5,004,637	(19,607,308)	(2,556,519)
OnPoint	8,048	(477,886)	(485,934)	708,344	1,186,230	(137,133)	(845,477)
Ottawa	(595,855)	388,401	984,256	931,628	543,227	(403,186)	(1,334,814)
WM	467	(264,270)	(264,737)	(584,357)	(320,087)	(836,946)	(252,589)
Total	(2,891,145)	(18,784,459)	(15,893,314)	(13,073,900)	5,710,559	(18,741,351)	(5,667,451)

Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change	Jan	Change
HW	4,668,225	4,668,225	-	4,668,225	-	4,668,225	(0)
N180	(6,972,029)	(6,972,029)	-	(6,972,029)	-	(6,972,029)	0
OnPoint	8,048	8,048	-	8,048	-	8,048	0
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)	(0)

Base Capitation Only. Does not include CCBHC activity.

A draft of the report was reviewed by Finance ROAT on March 18, 2024, and the final report was reviewed by Operations Advisory Council (OAC) on March 20, 2024.

- **Cash Flow Issues** – No Member CMHSP has reported any current cash flow issues. However, Network180 reported at the March 21, 2024 OAC meeting that they anticipate cash flow issues beginning in June if revenues continue as projected.
- **MDHHS/PIHP Cost Settlements** – LRE is finalizing the cost settlement with MDHHS for fiscal years 2018 through 2021, which are expected to be completed by the end of March. Preliminary settlement amounts by fiscal year are as follows:

Due from/(to) MDHHS

FY2018	\$1,418,547
FY2019	\$3,026,559
FY2020	\$0
FY2021	(\$4,140,766)
Net	\$304,340

MDHHS indicated that they expect the FY2022 cost settlement to follow shortly thereafter. LRE anticipates a \$0 cost settlement for FY2022.

- **ISF and Medicaid/Healthy Michigan Savings Balances** – Per the unaudited FY2023 Final Financial Status Report (FSR) the ISF and Medicaid/Health Michigan Savings balances as of 9/30/2023 are as follows:

ISF	\$30,234,474
Savings	\$16,053,896
Total	\$46,288,370

- **FY 2023 Rate Setting Update** – Per the MDHHS 2024 Mid-Year BH Rate Setting Meeting on March 21, 2024, MDHHS will be doing a mid-year rate amendment effective April 1, 2024. The rates are being amended in three areas:
 - Direct Care Worker (DCW) Amendment – Previous rates did not include funding for DCWs to receive the additional per hour rate paid at time-and-a-half for overtime hours worked. DCWs are already being paid the overtime rate, but the rates were not reflective of this expense.
 - Enrollment Amendment – As the Public Health Emergency (PHE) Unwind has continued, it has become clear that the original FY2024 enrollment projections materially understated the number of individuals that would be disenrolled from Medicaid.
 - Utilization Trend Amendment – Annual trend rates are being applied for 24 months from the midpoint of FY2022 to the midpoint of 2024.

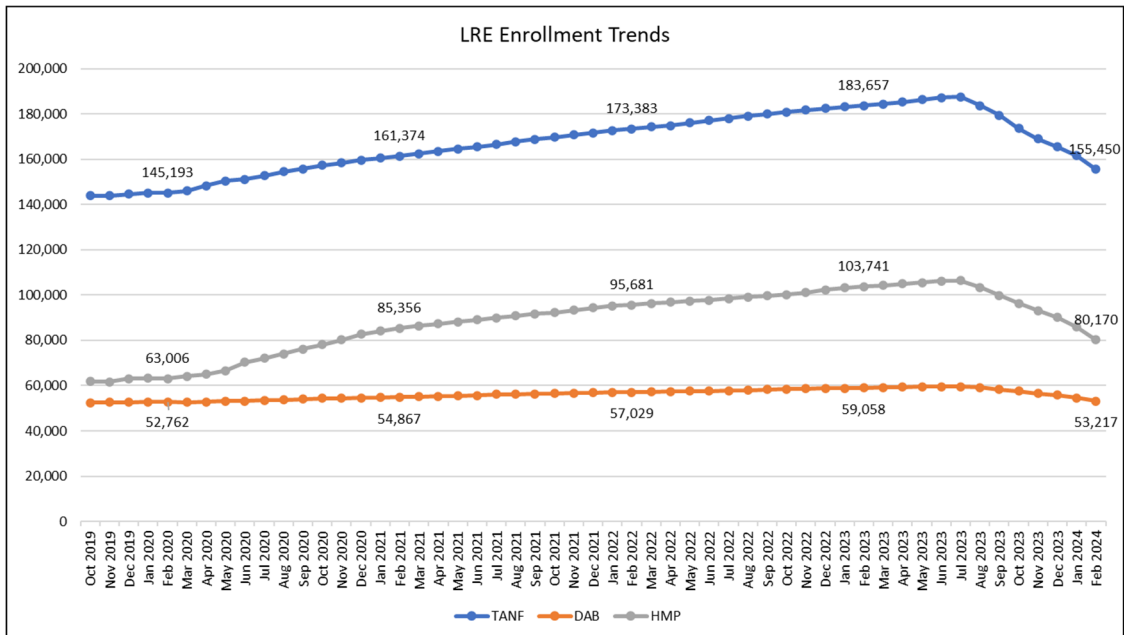
The mid-year rate amendment reflects a state-wide increase in revenue of \$116.3 million. It has not yet been determined how much Region 3 is projected to receive for the last six months of the fiscal year. An update will be provided at the Board meeting if additional information is available at that time.

- **FY 2024 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are below. The FY24 February revenue projection decreased \$798,852 from the previous month. Overall projected revenue has decreased \$17.9 million from the initial budgeted amount, due to changes in the CCBHCs' daily visit projections and greater than expected enrollment declines.

FY 2024 Revenue Projection					CMHSPs Breakdown (Net of CCBHC)			
Total LRE					CMHSPs Breakdown (Net of CCBHC)			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change		FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change
MCD - MH	\$ 207,190,112	\$ 199,718,702	\$ (7,471,409)	-3.61%	MCD - MH			
MCD - SUD	\$ 8,537,141	\$ 8,191,272	\$ (345,868)	-4.05%	OnPoint	\$ 17,284,157	\$ 16,174,466	\$ (1,109,691)
HMP - MH	\$ 17,316,375	\$ 17,740,229	\$ 423,854	2.45%	Healthwest	\$ 40,828,236	\$ 39,253,123	\$ (1,575,113)
HMP - SUD	\$ 10,968,901	\$ 11,276,272	\$ 307,371	2.80%	Network180	\$ 106,864,576	\$ 104,929,423	\$ (1,935,153)
Autism	\$ 43,425,979	\$ 42,278,498	\$ (1,147,481)	-2.64%	Ottawa	\$ 28,947,323	\$ 27,038,780	\$ (1,908,543)
Waiver	\$ 54,702,000	\$ 51,572,950	\$ (3,129,050)	-5.72%	West Michigan	\$ 13,265,820	\$ 12,322,911	\$ (942,909)
CCBHC MCD Base Cap	\$ 28,080,950	\$ 23,389,790	\$ (4,691,160)	-16.71%	Total MCD - MH	\$ 207,190,112	\$ 199,718,702	\$ (7,471,409)
CCBHC HMP Base Cap	\$ 8,816,400	\$ 6,046,769	\$ (2,769,631)	-31.41%	MCD - SUD			
CCBHC MCD Supplementa	\$ 33,570,184	\$ 34,550,918	\$ 980,734	2.92%	OnPoint	\$ 710,483	\$ 670,326	\$ (40,157)
CCBHC HMP Supplementa	\$ 9,710,407	\$ 9,822,186	\$ 111,778	1.15%	Healthwest	\$ 1,744,259	\$ 1,674,880	\$ (69,378)
LRE Admin	\$ 13,922,556	\$ 13,922,556	\$ -	0.00%	Network180	\$ 4,367,218	\$ 4,259,537	\$ (107,681)
ISF	\$ -	\$ -	\$ -	-	Ottawa	\$ 1,139,694	\$ 1,053,618	\$ (86,076)
IPA	\$ 4,392,823	\$ 4,207,201	\$ (185,622)	-4.23%	West Michigan	\$ 575,487	\$ 532,911	\$ (42,576)
Total Region	\$ 440,633,827	\$ 422,717,343	\$ (17,916,484)	-4.07%	Total MCD - SUD	\$ 8,537,141	\$ 8,191,272	\$ (345,868)
Total CMHSPs					HMP - MH			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	OnPoint	\$ 1,562,109	\$ 1,306,121	\$ (255,987)
OnPoint	\$ 39,564,765	\$ 38,052,363	\$ (1,512,402)	-3.82%	Healthwest	\$ 3,506,666	\$ 3,233,790	\$ (272,876)
Healthwest	\$ 88,836,402	\$ 88,636,705	\$ (199,697)	-0.22%	Network180	\$ 8,581,263	\$ 9,777,413	\$ 1,196,150
Network180	\$ 202,488,593	\$ 190,683,770	\$ (11,804,822)	-5.83%	Ottawa	\$ 2,937,540	\$ 2,767,127	\$ (170,414)
Ottawa	\$ 58,464,588	\$ 55,762,030	\$ (2,702,558)	-4.62%	West Michigan	\$ 728,797	\$ 655,777	\$ (73,020)
West Michigan	\$ 32,964,100	\$ 31,452,716	\$ (1,511,384)	-4.58%	Total HMP - MH	\$ 17,316,375	\$ 17,740,229	\$ 423,854
Total CMHSPs	\$ 422,318,448	\$ 404,587,585	\$ (17,730,863)	-4.20%	HMP - SUD			
Average PMPM					OnPoint	\$ 992,950	\$ 838,622	\$ (154,328)
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change		Healthwest	\$ 2,304,644	\$ 2,124,475	\$ (180,169)
OnPoint	\$ 129.34	\$ 130.26	\$ 0.92		Network180	\$ 5,420,235	\$ 6,203,210	\$ 782,975
Healthwest	\$ 126.38	\$ 131.21	\$ 4.84		Ottawa	\$ 1,776,945	\$ 1,674,720	\$ (102,225)
Network180	\$ 108.60	\$ 106.67	\$ (1.92)		West Michigan	\$ 474,127	\$ 435,245	\$ (38,882)
Ottawa	\$ 107.13	\$ 107.22	\$ 0.09		Total HMP - SUD	\$ 10,968,901	\$ 11,276,272	\$ 307,371
West Michigan	\$ 131.36	\$ 130.99	\$ (0.37)		Autism			
Total CMHSPs	\$ 115.07	\$ 115.09	\$ 0.02		OnPoint	\$ 3,869,583	\$ 3,741,591	\$ (127,992)
Member Month Projection					Healthwest	\$ 8,901,598	\$ 8,661,282	\$ (240,316)
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change		Network180	\$ 21,692,163	\$ 21,215,122	\$ (477,041)
OnPoint	305,898	292,117	(13,780)		Ottawa	\$ 6,399,627	\$ 6,163,766	\$ (235,862)
Healthwest	702,952	675,510	(27,442)		West Michigan	\$ 2,563,008	\$ 2,496,737	\$ (66,271)
Network180	1,864,549	1,787,526	(77,022)		Total Autism	\$ 43,425,979	\$ 42,278,498	\$ (1,147,481)
Ottawa	545,720	520,054	(25,666)		Waiver			
West Michigan	250,952	240,121	(10,831)		OnPoint	\$ 6,882,345	\$ 6,123,509	\$ (758,836)
Total Member Months	3,670,069	3,515,328	(154,742)		Healthwest	\$ 13,617,785	\$ 12,453,163	\$ (1,164,622)
					Network180	\$ 21,763,578	\$ 21,105,150	\$ (658,427)
					Ottawa	\$ 8,734,882	\$ 8,535,443	\$ (199,439)
					West Michigan	\$ 3,703,410	\$ 3,355,686	\$ (347,725)
					Total Waiver	\$ 54,702,000	\$ 51,572,950	\$ (3,129,050)

CMHSPs Breakdown - CCBHC				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial 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 – February 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.



- **Funding Issues** – CMHAM presented the following updated data at the March 21, 2024 CMHAM Contract and Financial Issues (CFI) meeting:

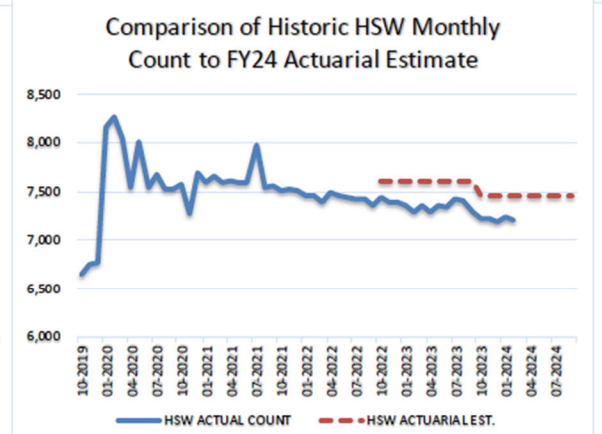
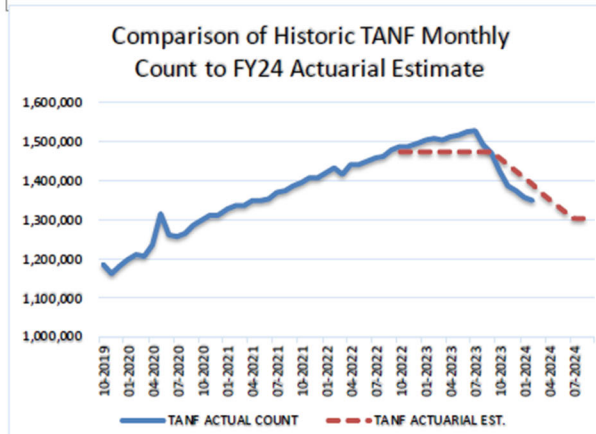
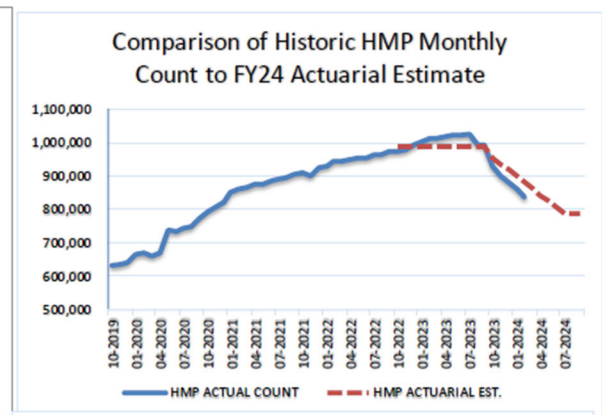
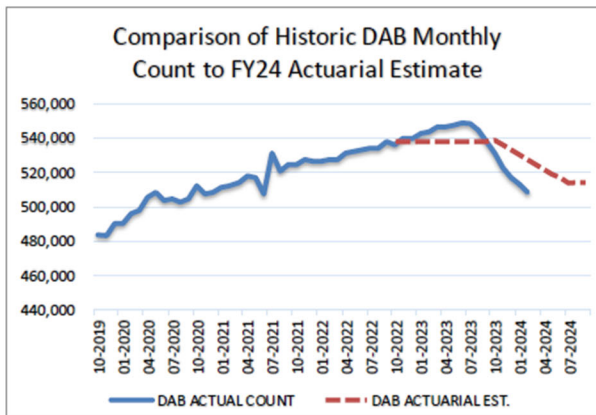
Community Mental Health Association of Michigan - Comparison of Actuarial Projected Funding versus Actual Funding Advances FY24

As of: **3/7/24**

Funding per Date Comparison *	YTD of Projected Funding in Certification	Actual Advanced on A YTD Basis	Number of Months of Advances	Year to Date Over + & (Under -)	Percentage Advanced
DAB Capitation Behavioral Health	\$ 918,235,222	\$ 872,159,501	5	(\$46,075,721)	95.0%
DAB Capitation Substance Use Disorder	\$ 18,437,607	\$ 17,166,987	5	(\$1,270,620)	93.1%
TANF Capitation Behavioral Health	\$ 164,634,449	\$ 158,680,184	5	(\$5,954,266)	96.4%
TANF Capitation Substance Use Disorder	\$ 20,378,770	\$ 20,189,319	5	(\$189,452)	99.1%
HSW,CWP, & SED Payments	\$ 277,291,667	\$ 265,910,337	5	(\$11,381,330)	95.9%
HMP Capitation Behavioral Health	\$ 133,698,634	\$ 128,275,906	5	(\$5,422,728)	95.9%
HMP Capitation Substance Use Disorder	\$ 60,918,057	\$ 59,079,235	5	(\$1,838,822)	97.0%
Autism all Populations	\$ 133,580,401	\$ 126,354,199	5	(\$7,226,202)	94.6%
Total:	\$ 1,727,174,808	\$ 1,647,815,667	5	(\$79,359,140)	95.4%

Capitation Populations	*Projected Per Certification Document	Actual Paid Census	Difference	As a Percentage
DAB Average Population per month	524,336	518,737	(5,599)	98.9%
TANF Average Population per month	1,368,450	1,367,854	(596)	100.0%
HMP Average Population per month	857,058	875,801	18,744	102.2%
HSW Average paid per month	7,457	7,220	(237)	96.8%

* Population projection is from appendix 5 of Capitation Rate Certification Document



Public Health Emergency Comparison	DAB	HMP	TANF	All Populations
Aprox. Monthly PHE Start Count	486,718	642,395	1,182,755	2,311,868
FY24 Ave. Actuarial Expectation Count/Mo	524,336	857,058	1,368,450	2,749,844
Difference	37,618	214,663	185,695	437,976
% Higher than PHE Start:	8%	33%	16%	19%

Community Mental Health Association of Michigan

Projected population trends based on reported funding populations in funds advanced to PIPHS data
At the 7 month from end of PHE coverage

	PHE Start	Peak Month	08-2023	09-2023	10-2023	11-2023	12-2023	01-2024	02-2024	Average Reduction per Month from Peak	Applying Ave. Reduction to Estimate July of 2024	Estimated Change from PHE Start	Percentage Est. Decline from PHE Start
TANF	01-2020	07-2023											
Region 1	31,190	38,871	37,825	37,144	35,783	34,695	34,710	34,065	33,957	(702)	30,447	(743)	110%
Region 2	57,428	72,222	69,820	68,687	66,801	65,030	64,351	63,363	62,649	(1,368)	55,811	(1,617)	111%
Region 3	143,794	187,418	182,219	179,226	172,558	168,658	166,742	163,851	162,921	(3,500)	145,423	1,629	96%
Region 4	106,524	137,117	134,187	131,689	127,025	123,410	122,672	121,006	120,403	(2,388)	108,464	1,940	94%
Region 5	191,629	243,286	237,229	234,279	226,167	221,554	219,663	216,567	215,086	(4,029)	194,943	3,314	94%
Region 6	59,400	76,678	74,973	73,551	71,685	69,962	69,077	67,834	67,227	(1,350)	60,476	1,076	94%
Region 7	331,362	411,449	403,123	398,866	388,418	376,874	373,552	370,270	367,987	(6,209)	336,943	5,581	93%
Region 8	81,806	109,351	106,576	105,110	101,522	99,025	98,027	96,401	95,117	(2,033)	84,950	3,144	89%
Region 9	94,630	128,044	125,023	123,375	120,000	116,560	116,017	114,327	113,846	(2,028)	103,705	9,075	73%
Region 10	99,850	123,951	121,469	119,061	115,321	112,888	111,370	110,023	109,679	(2,039)	99,485	(365)	102%
TANF Totals:	1,197,613	1,528,387	1,492,444	1,470,988	1,425,280	1,388,656	1,376,181	1,357,707	1,348,872	(25,645)	1,220,647	23,034	93%

DAB	10/2019 *												
Region 1	13,892	15,700	15,570	15,418	15,339	15,076	14,884	14,649	14,617	(155)	13,843	(49)	103%
Region 2	25,555	29,655	29,376	28,920	28,444	27,979	27,603	27,265	27,018	(377)	25,134	(421)	110%
Region 3	51,468	59,569	58,970	58,204	57,146	56,415	55,791	55,196	54,482	(727)	50,848	(620)	108%
Region 4	42,096	48,524	48,143	47,346	46,554	45,961	45,439	44,945	44,432	(585)	41,509	(587)	109%
Region 5	81,344	92,613	91,772	90,996	89,498	88,406	87,351	86,514	85,876	(962)	81,064	(280)	102%
Region 6	22,921	26,659	26,524	26,014	25,874	25,495	25,212	24,896	24,846	(259)	23,551	630	83%
Region 7	131,077	143,812	143,068	141,631	140,392	137,709	136,153	135,395	134,396	(1,345)	127,670	(3,407)	127%
Region 8	38,867	44,373	44,151	43,703	43,140	42,519	41,978	41,636	41,349	(432)	39,189	322	94%
Region 9	38,042	44,349	44,241	43,819	43,381	42,834	42,479	42,294	42,206	(306)	40,675	2,633	58%
Region 10	38,483	43,013	42,695	42,268	41,618	40,789	40,475	40,106	39,635	(483)	37,222	(1,261)	128%
DAB Totals:	483,745	548,267	544,510	538,319	531,386	523,183	517,365	512,896	508,857	(5,630)	480,707	(3,038)	105%

HMP	01-2020												
Region 1	20,118	28,620	27,674	27,118	25,935	25,162	24,239	23,509	23,395	(746)	19,663	(455)	105%
Region 2	37,016	52,814	51,034	50,013	47,550	45,924	44,863	43,132	42,332	(1,497)	34,845	(2,171)	114%
Region 3	63,323	106,252	102,368	100,588	94,806	92,538	90,377	86,698	84,672	(3,083)	69,258	5,935	86%
Region 4	52,179	83,219	80,682	79,645	73,863	72,854	70,873	68,617	67,514	(2,244)	56,296	4,117	87%
Region 5	107,508	152,700	152,700	148,561	144,422	142,259	138,735	134,168	131,830	(2,981)	116,923	9,415	79%
Region 6	36,273	56,697	54,786	53,755	51,641	49,875	48,603	46,677	46,197	(1,500)	38,697	2,424	88%
Region 7	180,935	272,790	265,592	260,319	251,141	240,874	235,600	228,817	225,651	(6,734)	191,980	11,045	88%
Region 8	50,821	87,378	84,822	82,968	79,558	76,410	74,667	72,496	70,325	(2,436)	58,144	7,323	80%
Region 9	57,665	92,797	90,153	88,358	85,370	82,109	80,889	78,242	77,233	(2,223)	66,116	8,451	76%
Region 10	57,694	83,534	81,658	79,595	75,763	73,616	71,805	69,651	68,587	(2,135)	57,911	217	99%
HMP Totals:	663,532	1,016,801	991,469	970,920	930,049	901,621	880,651	852,007	837,736	(25,581)	709,832	46,300	87%

* start used October 2019 for DABs which was closest month with consistent data

Numbers in italics are reasonable estimates needed because of retro or adjustments in population counts or other count issues

- **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 February 29, 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


BOARD ACTION REQUEST
Subject: February 2024 Disbursements

Meeting Date: March 27, 2024

RECOMMENDED MOTION:

To approve the February 2024 disbursements of \$8,658,203.22 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Allegan County CMH	\$1,124,098.58
Healthwest	\$2,100,969.10
Network 180	\$2,455,685.48
Ottawa County CMH	\$1,080,161.75
West Michigan CMH	\$811,518.54
SUD Prevention Expenses	\$535,737.07
SUD Public Act 2 (PA2)	\$68,284.61
Administrative Expenses	\$481,748.09
Total:	\$8,658,203.22

93.65% of Disbursements were paid to Members and SUD Prevention Services.

I affirm that all payments identified in the monthly summary above are for previously appropriated amounts.

STAFF: *Stacia Chick*
DATE: *3/19/2024*



Proposed Statement of Revenues, Expenditures & Changes in Fund Balance
Fiscal Year Ending 9/30/2024

	FY 2023/2024	FY 2023/2024	Increase /	Change
	Amendment 1	Amendment 2	(Decrease)	%
	Budget	Budget		
Revenue				
Regional Operating Revenue				
Mental Health State Plan & 1915(i)	\$ 218,845,142	\$ 217,848,460	\$ (996,682)	-0.5%
Habilitation Supports Waiver (HSW)	47,749,747	46,072,021	(1,677,725)	-3.5%
Children's Waiver	3,300,548	3,413,867	113,319	3.4%
SED Waiver	1,797,119	2,087,061	289,943	16.1%
DHS Incentive Payment	471,247	471,247	-	0.0%
Autism Revenue	42,777,367	42,278,498	(498,869)	-1.2%
Mental Health Healthy Michigan	16,509,825	17,740,229	1,230,404	7.5%
Mental Health Block Grant - Veteran Navigator	110,000	110,000	-	0.0%
Block Grants - Hisp BH, Native Am, Tob, Clubhse,				0.0%
ARPA CCBHC	435,800	435,800	-	
Substance Use Gambling, ARPA & DFC	1,032,581	1,154,291	121,710	11.8%
Substance Use State Plan	8,238,577	8,191,272	(47,305)	-0.6%
Substance Use Healthy Michigan	10,526,642	11,276,272	749,630	7.1%
Substance Use Block, State Opioid Response,				
COVID-19	12,348,964	12,348,964	-	0.0%
Performance Bonus Incentive Pool	2,819,234	2,819,234	-	0.0%
CCBHC Quality Bonus Incentive	1,745,775	1,745,775	-	0.0%
Substance Use PA2 Liquor Tax	3,748,366	3,748,366	-	0.0%
Medicaid CCBHC Base Capitation	28,080,950	23,389,790	(4,691,160)	-16.7%
Healthy Michigan CCBHC Base Capitation	8,816,400	6,046,769	(2,769,631)	-31.4%
Medicaid CCBHC Supplemental	33,570,184	34,550,918	980,734	2.9%
Healthy Michigan CCBHC Supplemental	9,710,407	9,822,186	111,778	1.2%
CCBHC General Funds	-	-	-	0.0%
Hospital Rate Adjuster (HRA)	12,576,256	12,576,256	-	0.0%
Interest Earnings	640,059	640,059	-	0.0%
Member Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
Miscellaneous Revenue	5,500	5,500	-	0.0%
Total Revenue	\$ 466,864,237	\$ 459,780,382	\$ (7,083,855)	
Expense				
Regional Operating Expenses				
Administration expense	\$ 13,922,557	\$ 13,922,557	\$ 0	0.0%
Block Grants -				0.0%
Clubhse/Veterans/Hisp/Tob/NatAm	545,800	545,800	-	
SUD Prevention Direct Expenses	3,808,480	3,807,966	(514)	0.0%
Hospital Rate Adjustment / Taxes	16,833,924	16,783,457	(50,468)	-0.3%
Operating Expense - Member Payments	430,745,928	423,713,055	(7,032,873)	-1.6%
Contribution to ISF/Savings	-	-	-	0.0%
Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
Total Expense	\$ 466,864,237	\$ 459,780,382	\$ (7,083,855)	
Revenue Over/(Under) Expense	(0)	(0)		



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

As of Date: 1/31/24

	Year Ending 9/30/2024	1/31/2024		
Change in Net Assets	FY24 Budget <u>Amendment 1</u>	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	279,931,132	93,310,377	95,185,206	1,874,828
Autism Revenue	42,777,367	14,259,122	15,570,834	1,311,712
DHS Incentive	471,247	157,082	-	(157,082)
Healthy Michigan	27,036,467	9,012,156	12,352,573	3,340,417
Performance Bonus Incentive	2,819,234	939,745	-	(939,745)
CCBHC Quality Bonus Incentive	1,745,775	581,925	-	(581,925)
Hospital Rate Adjuster (HRA)	12,576,256	4,192,085	-	(4,192,085)
Member Local Contribution to State Medicaid	1,007,548	335,849	335,849	(0)
Medicaid CCBHC Base Capitation	28,080,950	9,360,317	6,515,062	(2,845,255)
Healthy Michigan CCBHC Base Capitation	8,816,400	2,938,800	1,800,105	(1,138,695)
Medicaid CCBHC Supplemental Revenue	33,570,184	11,190,061	6,639,733	(4,550,328)
Healthy MI CCBHC Supplemental Revenue	9,710,407	3,236,802	3,701,418	464,615
MDHHS Grants	13,785,130	4,595,043	2,085,426	(2,509,617)
PA 2 Liquor Tax	3,748,366	1,249,455	388,861	(860,595)
Non-MDHHS Grants: DFC	142,215	47,405	37,196	(10,209)
Interest Earnings	640,059	213,353	98,119	(115,234)
Miscellaneous Revenue	5,500	1,833	730	(1,103)
Total Operating Revenues	466,864,237	155,621,412	144,711,112	(10,910,301)
Expenditures				
Salaries and Fringes	4,582,141	1,527,380	1,367,886	(159,494)
Office and Supplies Expense	276,380	92,127	59,099	(33,028)
Contractual and Consulting Expenses	1,022,279	340,760	169,363	(171,397)
Managed Care Information System (PCE)	305,200	101,733	98,400	(3,333)
Legal Expense	217,500	72,500	19,498	(53,002)
Utilities/Conferences/Mileage/Misc Exps	7,519,057	2,506,352	84,657	(2,421,696)
Grants - MDHHS & Non-MDHHS	545,800	181,933	86,028	(95,905)
Hospital Rate Adjuster / Taxes	16,833,924	5,611,308	1,201,238	(4,410,070)
Prevention Expenses - Grant & PA2	3,808,480	1,269,493	1,019,984	(249,509)
Member Payments - Medicaid/HMP	339,245,933	113,081,978	116,470,442	3,388,464
Member Payments - CCBHC Capitation	36,897,349	12,299,116	8,315,166	(3,983,950)
Member Payments - CCBHC Supplemental	43,280,591	14,426,864	8,649,282	(5,777,581)
Member Payments - PA2 Treatment	2,421,130	807,043	210,254	(596,789)
Member Payments - Grants	8,900,924	2,966,975	1,959,974	(1,007,000)
Local Contribution to State Medicaid	1,007,548	335,849	335,849	(0)
Total Expenditures	466,864,237	155,621,412	140,047,121	(15,574,291)
Total Change in Net Assets	(0)	(0)	4,663,991	4,663,991



Statement of Activities
Budget to Actual Variance Report
For the Period ending January 31, 2024

As of Date: 1/31/24

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 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. Some dollars remain unallocated, pending provider requests.
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. Budgets were 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 Combined Monthly FSR Summary
FY 2024
January 2024 Reporting Month
Reporting Date: 3/19/24

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue	23,461,840	59,569,204	9,904,411	16,788,601	7,392,643	1,852,681	118,969,379
Total Capitated Expense	20,262,448	59,365,044	7,872,170	12,966,183	7,171,387	1,852,681	109,489,913
Actual Surplus (Deficit)	3,199,392	204,160	2,032,241	3,822,418	221,256	-	9,479,467
% Variance	13.64%	0.34%	20.52%	22.77%	2.99%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	Expenses are less than anticipated, however, a rate increase for all providers was issued January 1, 2024.	Less than threshold for explanation	Surplus is due to higher than projected services being categorized as CCBHC. Further, OnPoint has intentionally held on certain expenditures and adding of new positions due to declining revenue projections. We expect this surplus to continue to reduce in future months, with the steep decline in enrollment.	Expenses reported based on actuals paid through January 31. CMHOC anticipates actual surplus will decrease due to several provider rate increases and 6% all-staff payroll increase effective 1/1/24.	Less than threshold for explanation	Less than threshold for explanation	
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of:							
January							
Total Projected Medicaid/HMP Revenue	67,862,079	167,411,629	28,856,910	47,396,541	19,957,168	57,940,707	389,425,033
Total Capitated Expense Projections	65,618,857	187,018,936	28,994,043	47,799,727	20,794,114	57,940,707	408,166,385
Projected Surplus (Deficit)	2,243,222	(19,607,308)	(137,133)	(403,186)	(836,946)	-	(18,741,351)
% Variance	3.31%	-11.71%	-0.48%	-0.85%	-4.19%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	Network180 is experiencing increase demands in autism and specialized residential services. In order to serve individuals as required, expenses will exceed distributed revenue. Additionally, revenue projections continue to fall monthly as enrollment trends downward.	Less than threshold for explanation	Less than threshold for explanation	WM is experiencing Medicaid revenue declining as we move through the year related to the restatement of annual Medicaid enrollment.	Less than threshold for explanation	
PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	11/1/2023	9/22/2023	11/4/2023	11/6/2023	11/3/2023		
Medicaid/HMP Revenue							
Total Budgeted Medicaid/HMP Revenue	69,625,245	166,119,203	30,401,517	48,979,645	20,794,581	13,922,556	349,842,747
Total Budgeted Capitated Expense	64,957,020	173,091,232	30,393,469	48,900,000	20,794,114	13,922,556	352,058,391
Budgeted Surplus (Deficit)	4,668,225	(6,972,029)	8,048	79,645	467	-	(2,215,644)
% Variance	6.70%	-4.20%	0.03%	0.16%	0.00%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	A positive variance was submitted in the spending plan to account for a greater decline in the Medicaid population than expected.	Network180 has significant unmet service need in autism and specialized residential services. In order to maintain a provider network to provide required services, rate increases from 3-5% are necessary. Additionally, revenue projections continue to fall monthly as enrollment trends downward.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	
Variance between Projected and Proposed Spending Plan	(2,425,003)	(12,635,279)	(145,181)	(482,831)	(837,413)	-	(16,525,707)
% Variance	-3.48%	-7.61%	-0.48%	-0.99%	-4.03%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	The variance will decline due to the provider increase issued.	Network180 is experiencing increase demands in autism and specialized residential services. In order to serve individuals as required, expenses will exceed distributed revenue.	Less than threshold for explanation	Less than threshold for explanation	WM is experiencing Medicaid revenue declining as we move through the year related to the restatement of annual Medicaid enrollment.	Less than threshold for explanation	

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2024
January 2024 Reporting Month
Reporting Date: 3/19/24

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
ACTUAL:							
Total Distributed Medicaid/HMP CCBHC Revenue	7,385,990	4,711,366	3,569,590	2,478,992	3,704,019	473,475	21,880,991
Total Capitalated CCBHC Expense	7,606,826	7,730,693	2,708,541	1,773,033	3,704,019	30,576	23,553,690
Actual CCBHC Surplus (Deficit)	(220,836)	(3,019,328)	861,049	705,958	-	442,898	(1,672,699)
% Variance	-2.99%	-64.09%	24.12%	28.48%	0.00%	93.54%	
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	Service expenses coming in higher than anticipated. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Continuing to increase enrollments. Intend to adjust spending plan in Feb or Mar. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
PROJECTION:							
LRE CCBHC Revenue Projections *							
Total Projected Medicaid/HMP CCBHC Revenue	21,235,992	23,193,915	9,197,728	8,528,576	11,653,450	1,420,424	74,120,484
Total Capitalated CCBHC Expense Projections	22,820,478	26,592,080	7,943,522	8,254,395	11,653,450	91,729	77,355,654
Projected CCBHC Surplus (Deficit)	(1,584,486)	(3,398,165)	1,254,206	274,181	-	1,328,695	(3,235,170)
% Variance	-7.46%	-14.65%	13.64%	3.21%	0.00%	93.54%	
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	Expenses are coming in higher than anticipated. HealthWest will monitor closely and work with Clinical Leadership.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation	Less than threshold for explanation	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
PROPOSED SPENDING PLAN:							
Submitted to the LRE as of:	11/1/2023	9/22/2023	11/4/2023	11/6/2023	11/3/2023		
Total Budgeted Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,263,139	8,528,576	11,653,450	1,420,424	81,598,365
Total Budgeted Capitalated CCBHC Expense	22,785,723	27,627,575	6,422,864	8,440,000	11,653,450	91,729	77,021,341
Budgeted Surplus (Deficit)	(4,852,508)	6,171,986	1,840,275	88,576	-	1,328,695	4,577,024
% Variance	-27.06%	18.26%	22.27%	1.04%	0.00%	93.54%	
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Expenses are coming in higher than anticipated. HealthWest will monitor closely and work with Clinical Leadership.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus. LRE Note: Surplus retained by the CCBHC and not the PIHP.	Less than threshold for explanation	Less than threshold for explanation	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
Variance between CCBHC Projected and Proposed Spending Plan	3,268,022	(9,570,150)	(586,069)	185,605	-	-	(7,812,194)
% Variance	18.22%	-28.31%	-7.09%	2.18%	0.00%	0.00%	
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Expenses are coming in higher than anticipated. HealthWest will monitor closely and work with Clinical Leadership.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	

CEO Report
March 27th, 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 one position posted on the website.

2. **Regional Updates**

- Funding Revenue Streams/HAB Waiver Slot/Behavioral Health Homes/Opioid Health Homes
 - Stacia Chick, CFO, provided an update on the latest information on mid-year rate adjustments.
 - It is imperative that CMHs develop a containment plan to keep expenditures as low as possible. If a CMH is projecting expenditures greater than revenue it will require them to adjust where necessary to stay within their PMPM. If this does not occur, then the other member CMHs will have to agree to a planned funding adjustment. If use of the ISF is requested and approved, then a plan must be developed on how the funds will be returned to the ISF.
 - HAB Waiver
Update: This month LRE submitted packets to fill the first 10 new waiver slots transferred from MSHN. Over the next 2 months LRE will submit 10 per month to fill the 30 total additional slots. At the same time LRE fills any of the originally allotted slots that open each month due to death or disenrollments of present HSW beneficiaries. In March, LRE enrolled 16 clients total (10 new slots and 6 vacated slots). The breakdown is as follows: 7 from Network180, 4 from Ottawa, 4 from HealthWest, and 1 from OnPoint. The packets are submitted based on beneficiaries with the greatest needs.
- Autism
 - N180 gave a presentation to MDHHS on 1/31/24 proposing 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”*.

Update: At time of the CEO report, MDHHS had not communicated back any information to LRE regarding next steps with Network180 and the unresolved issues around Autism. Network180 has stated that the estimated cost to implement a CAP to eliminate the waitlist for ABA services in Kent County would be approximately \$7 million. The LRE has concerns that MDHHS is not going to provide any further funding to Network180 as this is a required service nothing additional or above the contract.

- PIHP/CMHSP Contract
 - **Update:** LRE and member CMHSPs continue to work through the new contract process. Due to the importance of this task and the collaboration, it has been decided to extend the present contract until September 30th, 2024, with the implementation of the new contract targeted for October 1, 2024. The goal is for the CMHs to have the contract in their possession with all accompanying policies to review with their legal/BODs by August 1, 2024.

- Network180 Funding Request – Recovery Plan
 - On July 24, 2023, Network180 requested \$25 million in additional funding from the region. The LRE Operations Council met and although they recognized the possible need, they did not support a regional planned funding adjustment. Network180 requested a formal denial letter from LRE with the intent to address the issue in Lansing and follow up with LRE in the future.
 - On January 15, 2024, a second request came from Network180 for \$25 million in additional funding above their Per Member Per Month. Several meetings had been scheduled with the Operations Council however conflicts in schedules did not allow this meeting to take place until March 20, 2024.
 - Network180 provided a recovery plan to the Operations Council during the March 20, 2024, meeting. See excerpts below:

RECOVERY PLAN DRAFT REVENUE INCREASES

MDHHS Rate Adjustment Medicaid / HMP	Accelerated Implementation of CCBHC PPS I	LRE contribution from the ISF/ Medicaid Saving Autism / Other
\$6,700,000 Increase Target April 2024	\$3,000,000 Increase Target April till June 2024	\$8,000,000 Increase Target October 2023 till September 2024

RECOVERY PLAN DRAFT EXPENSE DECREASES

Temporary Shift cost of the Office of Recipient Rights to General Fund	Move Residents in Out of County Placements back to Kent	Service Efficiencies in Programs
\$(300,000) Decrease Target FY 2024	\$(1,000,000) Decrease Target April till September 2024	\$(1,000,000) Decrease Target April till September 2024

- Upon review of the above charts, the MDHHS projected revenue rate adjustment increase is greater than the draft rates we were given by MDHHS during the meeting on 3/21/2024. Also, the details behind the other information are unclear. LRE will continue to work with Network180 on a containment plan as well as with the other CMHSPs to establish if this is a regional issue or Network180 specific. LRE will continue to update the Board as further information is received.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Legislative Update:

There aren't significant changes from last month. There are three new SUD bills. Also, Hill Day has been added to the grid.

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 the end of the CEO report.

OTHER

- **Board Works Videos Available Online:**

A suggestion regarding the Board works videos. Would LRE Board members be interested in one video a month being assigned and then we could have a short discussion during a coffee hour on what was in the content or what you found interesting?

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)
- **Upcoming Save the Date**
Walk-a-Mile, September 12, 2024 located in Lansing, MI



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



Lakeshore Regional Entity’s Legislative Update – 03/19/2024



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>	<i>Sharon MacDonell</i>	<i>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</i>

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 3/14/24 – Referred to Committee of the Whole
	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

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
***	HB 4909-12 & 5047	HB 4909-12 would institute long-awaited reforms to Michigan’s guardianship statutes, and HB 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.	Kelly Breen	7/18/23 – Introduced; Referred to Committee on 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 (d31hzlkh6di2h5.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 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.	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
	SB 180/179	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.	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	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.	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	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.	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 9/12/23 – Reported with recommendation without amendment, referred to a second reading.

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				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 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	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
		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 3/6/24 – Referred to a second reading
	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
	S 57 & 58	Makes nitrous canisters “drug paraphernalia” Bills to ban the sale of nitrous canisters if there is reason to believe they will be used to introduce an illicit substance into the body. Provides for legal penalties for anyone who sells canisters the same as penalties for selling drug paraphernalia	Stephanie Chang Joseph Bellino	11/18/23 - Passed Senate 2/21/24 - Received, read 2x in House 3/12/24 – Approved by Governor and assigned with immediate effect PA 0018’24
	HB 5554 & 5555	Bills would weaken Michigan’s smoke-free air protections by allowing hookah lounges to acquire liquor, food and/or restaurant licenses.	Mike Harris Alabas Farhat	3/12/24 – Introduced, read a first time, 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
	H.R. 7283	Examining Opioid Treatment Infrastructure Act of 2024: To direct the Comptroller General of the United States to evaluate and report on the inpatient and outpatient treatment capacity, availability, and needs of the United States; including the barriers (including technological barriers) at the Federal, State, and local levels to real-time reporting of de-identified information on drug overdoses and ways to overcome such barriers.	Bill Foster	02/07/2024 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on Natural Resources
	S 3701	FACTS Act: To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Margaret Wood Hassan	1/31/2024 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S Con Res 27 & H Con Res 87	Randy's Resolution: Recognizing the need for research, education, and policy development regarding high-potency marijuana. Whereas increased potency levels correspond with greater health risks, with research showing that daily use of THC with a potency greater than 15 percent results in a 5 times increased risk of psychosis; Whereas only 3 States have enacted potency caps on marijuana flower or concentrates; Whereas the use of high-potency marijuana has been linked to potential adverse health effects, including mental health disorders and cognitive impairment; Whereas education and awareness programs are essential to inform the public about the potential risks associated with the use of high-potency marijuana.	Pete Sessions (HR) Pete Ricketts (S)	1/31/2024 - Referred to the House Committee on Energy and Commerce. 2/01/2024 - Referred to the Committee on Health, Education, Labor, and Pensions.

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

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	FY24 State Budget Recommendations	Governor Whitmer’s FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD: <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.		Access budget material at: 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
	US Congress Mental Health Caucus	Congress has newly established a Mental Health Caucus in both the House and the Senate. 107 Representatives and 33 Senators are involved. Some key focus points are Childrens' Mental Health, 988 Support, expanding CCBHCs, and the Safer Communities Act (H.R.7272).		Mental Health Caucus (house.gov) H.R.7272 - 118th Congress (2023-2024): Shining a Spotlight on Safer Communities Act Congress.gov Library of Congress
	Hill Day 2024	Hill Day 2024 is a two-day program consisting of our Public Policy Institute (June 5) and scheduled Capitol Hill visits (June 6). Registration is free. <ul style="list-style-type: none">• Hear from the Biden-Harris administration, congressional staff and advocacy experts on the latest mental health and substance use policy developments.• Explore the new realities of the post-COVID federal funding landscape.• Dive into the 2024 election cycle and its impacts on mental health and substance use in America.• Meet directly with the offices of your elected officials on June 6 to share solutions and demand action to support and grow the workforce, and to expand access to comprehensive mental health and substance use treatment and care.		Registration: Hill Day 2024 (swoogo.com) Register for Hill Day 2024.pdf (mcusercontent.com)

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	MPA Advocacy Day	Michigan Prevention Association in collaboration with Tobacco Free Michigan presents: Advocacy Day - April 18, 2024 in Lansing. Help raise awareness about prevention issues by meeting with State legislators throughout the day. Breakfast and Lunch provided. Registration cost: \$30.		Upcoming Events - Michigan Prevention Association

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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