
Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
May 27, 2026 – 1:00 PM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Ms. Gardner
2. Roll Call/Conflict of Interest Question – Ms. Gardner
3. Public Comment (Limited to agenda items only)
4. Consent Items:
Suggested Motion: To approve by consent the following items.
 - May 27, 2026, Board of Directors meeting agenda (*Attachment 1*)
 - April 22, 2026, Board of Directors meeting minutes (*Attachment 2*)
5. Reports –
 - a. CEO – Ms. Marlatt-Dumas (*Attachment 3*)
 - b. LRE Leadership (*Attachment 4*)
 - i. COO Report
6. Chairperson’s Report – Ms. Gardner (*Attachment 5*)
 - a. May 20, 2026, Executive Committee
7. Action Items –
8. Financial Report and Funding Distribution – Ms. Chick (*Attachment 6*)
 - a. FY2026, April Funds Distributions (*Attachments 7*)
Suggested Motion: To approve the FY2026, April Funds Distribution as presented.
 - b. Statement of Activities as of 3/31/2026 with Variance Reports (*Attachments 8*)
 - c. Monthly FSR (*Attachments 9*)
9. Board Member Comments
10. Public Comment
11. Upcoming LRE Meetings
 - June 11, 2026 – Community Advisory Panel, 1:00 PM
 - June 17, 2026 – Executive Committee, 1:00 PM
 - June 24, 2026 – LRE Executive Board Meeting, 1:00 PM

GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
12. Adjourn

Meeting Minutes
BOARD OF DIRECTORS

Lakeshore Regional Entity

April 22, 2026 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Ms. Gardner

Ms. Gardner called the April 22, 2026, LRE Board meeting to order at 1:01 PM.

Ms. Gardner introduced new LRE Board member Michelle Ferris, who represents Muskegon County.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Ms. Thomas

In Attendance: Jon Campbell, Bob Davis, Patricia Gardner, O’Nealya Gronstal, Janice Hilleary, Richard Kanten, Alice Kelsey, Dave Parnin, Stan Stek, Andrew Sebolt, Jim Storey, Janet Thomas, Craig Van Beek

Absent: Ron Bacon

PUBLIC COMMENT

No public comment.

CONSENT ITEMS:

LRE 26-04 Motion: To approve by consent the following items.

- April 22, 2026, Board of Directors meeting agenda
- February 25, 2026, Board of Directors meeting minutes

Moved: Janet Thomas Support: Janice Hilleary

MOTION CARRIED

COMMUNITY ADVISORY PANEL

The meeting minutes are included in the packet.

LEADERSHIP BOARD REPORTS

a. CEO Report

The CEO report is included in the packet

- LRE CEO and COO attended the Illicit Drug Conference in Nashville and received valuable information that will help inform future strategies.

- LRE received the fourth gross adjustment payment related to the Treasury Department tax issue and will now move forward with withdrawing the complaint.
- The PIHP lawsuit hearing was held on March 26. A ruling has not yet been issued, and updates will be communicated once available.
- The Needs Based Funding continues to be worked on an update will be provided when there is more information available.
- LRE met with MDHHS regarding the Residential Rate Project and will provide a presentation once further clarification is received.
- LRE will continue monitoring CMHOC's transition to authority status and will keep the board informed of any updates.
- The Oversight Policy Board met on March 11 and approved a bylaw revision to address attendance-related issues.
- A system redesign workgroup has been established, and updates will be shared with the board as information becomes available.
- The Attorney General announced during a PIHP RFP hearing that another RFP is being developed.

b. CIO Report

The CIO report is included in the packet.

CHAIRPERSON'S REPORT

March 18 and April 15, 2026, Executive Committee meeting minutes are included in the packet for information.

- Executive Committee recommends approving the attached Board governance policies.
- A provider letter was distributed to the full board for review. Ms. Marlatt-Dumas will meet with providers following the April Board meeting.

ACTION ITEMS

LRE 26-05 Motion: To approve the LRE FY26 Risk Management Strategy Plan.

The initial plan was reviewed and approved in November. The prior version reflected a \$1 million deficit, while the updated plan shows a deficit increase to \$16.5 million. Given this significant change, LRE is required to update and resubmit the plan to MDHHS with Board approval. Ms. Chick presented the plan to the Board.

Moved: Stan Stek Support: Janet Thomas
MOTION CARRIED

LRE 26-06 Motion: To approve LRE Board Governance Policies:

i. 10.4 Board Governance

- ii. 10.12 Budget
- iii. 10.19 Monitoring CEO Performance

Moved: Bob Davis Support: Jon Campbell
MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

CFO Report is included in the Board packet for information.

- The ISF draft balance after accounting for the current deficit will be \$13.5 million. This amount excludes a potential \$13.7 million repayment to the state.
- MDHHS has not yet begun paying the 2026 rates and is currently continuing reimbursement at the 2025 rate level.
- Ms. Chick noted a decrease in enrollment and indicated hope that MDHHS will approve a mid-year rate increase. This information has been shared with the state and CMHAM by the PIHPs.

FY2026 February and March Funds Distribution

LRE 26-07 Motion: To approve the FY2026, February and March Funds Distribution as presented.

Moved: Jon Campbell Support: Stan Stek
MOTION CARRIED

LRE 26-08 Motion: To approve the budget amendment #2 to the FY26 LRE budget as presented.

This amendment revises the use of ISF savings by an additional \$14.7 million, resulting in an overall increase of \$16.5 million.

Moved: Janet Thomas Support: Dave Parnin
MOTION CARRIED

Statement of Activities as of 1/31/2026 and 2/28/2026 with Variance Report-
Included in the Board packet for information.

Monthly FSR-

Included in the Board packet for information.

Regional financial performance and projections were reviewed, including a summary of CMH financial positions. The region is currently reporting an overall surplus of approximately \$4.4 million; however, projections indicate a \$16.5 million regional deficit.

Discussion also included overall enrollment declines across the region, the potential for a mid-year rate adjustment from MDHHS, and the uncertainty of projections given historical variances between forecasted and actual year-end results. Members also reviewed ISF implications, noting the projected use of \$16.5 million in ISF savings, resulting in an estimated ending balance of \$13.8 million, not including a potential \$13.7 million repayment to the state. Additional discussion focused on enrollment shifts between Medicaid categories, data limitations in tracking changes, and ongoing efforts to analyze utilization and cost variation across CMHs to better understand drivers of expenditure differences.

BOARD MEMBER COMMENTS

- Mr. Parnin noted that he enjoyed the work session and appreciated that items not highlighted, but identified during the strategic planning session, will continue to be tracked.

PUBLIC COMMENT

UPCOMING LRE MEETINGS

- May 20, 2026 – Executive Committee, 1:00 PM
- May 27, 2026 – LRE Executive Board Work Session, 11:00 AM
[GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440](#)
- May 27, 2026 – LRE Executive Board Meeting, 1:00 PM
[GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440](#)

ADJOURN

Ms. Gardner adjourned the April 22, 2026, LRE Board of Directors meeting at 2:08 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Moran, Executive Assistant

CEO Report
May 27, 2026

Thank you for the opportunity to provide this month's update for the Lakeshore Regional Entity (LRE).

1. PIHP UPDATE

I attended the Director's Forum Retreat held at Crystal Mountain

- Topics included:
 - Strategic Reflection and Priorities – Identification of Core Values, Distractions Vs. Challenges, The Good Stuff that Keeps Us Going, Emerging Themes, Narrowing the Focus – Priorities
 - Review of Impact of HR 1 and Actions being Planned at the State Level, Including Stakeholder Communication Plan
 - Dialogue with Advocacy Partner regarding – Nami Michigan, Arc-Michigan, Association for Children's Mental Health, Mental Health Association of Michigan – provided their thoughts on a number of issues and a dialogue with the retreat participants.
 - Discussion and Dialogue around Core Components Document (part of system redesign discussions)– components to strengthen and improve public health system in Michigan
 - Defining public nature and roles of PIHPS
 - Balancing uniformity of service array while ensuring community and person specific variance
 - Aligning governance with distinct sets of stakeholders
 - Financing model, risk sharing, and ability to build essential risk reserves
 - Partnership relationship between PIHPs, CMHSPs, and providers in the networks of health plans and CMHSPs.

2. REGIONAL UPDATE

- FY22 Cost Settlement

LRE and its legal counsel have not filed a lawsuit at this time. Counsel, in coordination with the Attorney General's (AG) office, continues to pursue resolution without litigation. MDHHS has recouped \$4.8 million from the region's HSW payment, and has agreed not to recoup additional amounts of the remaining \$13.7 million without providing 21 days' notice. This notice period would allow LRE counsel time to file in the Court of Claims, if necessary. Counsel continues to communicate with the AG to determine whether MDHHS is fully considering the information provided or whether the parties are at an

impasse. The AG filed a motion for summary disposition on July 13, and LRE confirmed it will not consent to dismissal. LRE counsel responded by August 13. The motion has been fully briefed, and we are awaiting the court's ruling. LRE continues to await the Court's decision on the motion. No explanation has been provided for the delay, and counsel has limited ability to influence timing. While counsel could request a status conference, the value of doing so is unclear. **Considerations:** potential increased legal costs, the possibility of an unfavorable ruling, and the risk of immediate additional recoupment of funds. **Potential benefit:** obtaining a definitive decision. However, if the RFP proceeds, MDHHS may ultimately recoup the funds regardless. Given these factors, the potential benefits do not appear to outweigh the associated risks at this time.

Update: No additional updates at this time.

- **FY25 MDHHS/PIHP Contract Lawsuit**
 - Four of the five PIHPs that did not sign the original contract filed a complaint against MDHHS. The motion for summary disposition has been fully briefed, and the PIHPs are awaiting either oral argument or a ruling from the court.
 - LRE redlined and signed the FY25 PIHP/MDHHS contract; however, LRE did not join the lawsuit referenced above.
 - The lawsuit filed by the other four PIHPs has not had material movement in the courts since May 2025.

Update: The hearing was held on March 26. An opinion and order was issued on April 29, 2026.

What was dismissed:

- The Court dismissed claims related to the FY25 Contract, concluding there was never a meeting of the minds and therefore no FY25 Contract existed. Ironically, the Court later suggested that by signing the FY24 Contract, the PIHPs may have “waived” certain challenges to terms in that contract.
- The Court also dismissed claims premised on a right to continued funding beyond the FY24 transition period. This was not a major surprise given Judge Yates's ruling, which Judge Patel cited extensively. The Court distinguished between MDHHS “terminating” a contract (which would trigger due process protections) and the FY24 Contract simply expiring while no FY25 Contract was ever formed.

What remains: The Court denied the motion in all other respects, preserving the key substantive issues and allowing discovery to proceed. The remaining claims include:

- ISF Account Limits (Count I): The Court found the FY24 Contract's ISF cap language is ambiguous and that factual questions exist regarding actuarial soundness, whether the restrictions constitute an impermissible direction of expenditures, and whether MDHHS waived its position by accepting Risk Management Strategies showing ISF balances above 7.5%.
- ISF Funds for Prior-Year Services (Count I): The Court found a valid claim that the prohibition on using ISF funds for prior-year services violates federal restrictions on directing expenditures.
- Bonus Payments as Sanctions (Counts I and VI): The Court found a valid claim that withholding bonus payments for ISF noncompliance functions as a sanction, triggering notice-and-hearing protections. Whether these are discretionary bonuses or owed funding is a factual dispute for discovery.
- Waskul Settlement / CLS Fee Schedule (Count II): The Court found viable claims that the Waskul minimum fee schedule impermissibly directs Medicaid expenditures, and that the PIHPs are entitled to discovery on MDHHS's claimed APA exemption.
- CCBHC Demonstration Responsibilities (Count III): The Court found that CMHPSM and Region 10 stated valid claims that MDHHS shifted new CCBHC responsibilities onto them without additional funding and without following APA procedures.
- Headlee Amendment (Count IV): The Court found that CMHPSM and Region 10 stated a valid unfunded-mandate claim.
- The SUDHH preliminary injunction remains in full force and effect.

Noted: Legal for the PIHPs filed a motion for reconsideration last week, which essentially asks the court to reconsider its decision regarding the obligation to continue funding.

- Needs Based Model Analysis
 - **Update:** Work is currently in progress. We anticipate sharing additional information as it becomes available.
- Strategic Plan
 - LRE is compiling information gathered during the previous work session and will present a draft of the new strategic plan later this summer.

3. STATE OF MICHIGAN/STATEWIDE ACTIVITIES

- Mental Health Framework (MHF)
 - Referred to as a solution in search of a problem. There was advocacy around this policy to prevent it moving forward. The Framework was not supported by key stakeholders or people receiving services, it is a bureaucratic shell game that shifts rolls and responsibilities which increases administrative burdens and costs while not improving care for people receiving services. The concerns with the MHF includes: fragmentation of care, adds additional barriers to care, increases cost of providing Medicaid service by turning large portions of Michigan's Medicaid behavioral health system to private health plans that have higher cost, and circumvents the Michigan legislature.

- COVENT BRIDGE AUDIT
 - Currently LRE along with 4 other PIHPs and 5 MHPS across the state are involved with an ongoing audit initiated by the Centers for Medicare and Medicaid Services (CMS). Approximately 14 months ago LRE was identified for review and was required to submit substantial documentation. Concerns continue regarding the auditor's understanding of Michigan's behavioral health system and reimbursement structure. Recent activity included case review requests related to autism services in some areas of the state, raising awareness of potential increased scrutiny given national concerns involving autism programs. No recent outreach has been reported among regional CMHs, and monitoring efforts will continue. The letter is attached to the end of this report.

- RFP Lawsuit
 - There was a recent hearing regarding the lawsuit in which the State of Michigan requested dismissal, stating that the basis for the lawsuit was no longer applicable following cancellation of the RFP. Judge Yates is expected to issue a ruling soon. During the hearing, the Attorney General indicated that she had authorization to state that a new RFP is being developed.
Update: Court ruled to dismiss without prejudice. An appeal has been filed on this matter.

Legislative Update: The legislative report is included in the Board materials.

Other:

- May is Mental Health Awareness Month

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

March 24th, 2025

Subject: UPIC Medicaid Program Integrity Review – Provider Network Notification

Dear Region 3 Member CMHSPs and Network Providers,

This memo serves as notice of an upcoming Medicaid Program Integrity review conducted by the Centers for Medicare & Medicaid Services (CMS) through its Unified Program Integrity Contractor (UPIC), CoventBridge (USA) Inc. This review is part of CMS's efforts to ensure Medicaid integrity and compliance with Federal and State laws.

MDHHS has requested LRE share the following:

The Centers for Medicare and Medicaid Services (CMS) utilizes Unified Program Integrity Contractors (UPIC) to perform Medicaid integrity functions. Section 1936 of the Social Security Act (the Act), established by the Deficit Reduction Act (DRA) of 2005, is the statutory authority under which the UPICs operate their Medicaid functions. Section 1936(a) of the Act provides that the Secretary must enter into contracts with eligible entities to conduct certain activities specified at section 1936(b) of the Act. Section 1936(b) of the Act provides that eligible entities under contract with the Centers for Medicare & Medicaid Services (CMS) can audit claims for payment for items or services furnished under a state plan as well as identify overpayments made to individuals or entities receiving federal funds under Medicaid to determine whether fraud, waste, or abuse has occurred or is likely to occur. CoventBridge (USA) Inc. (CoventBridge) is the UPIC for the Midwestern Jurisdiction.

In the coming months, you may receive a written request, from CoventBridge, for medical records to support sampled claims. The information requested will be necessary to properly evaluate these claims to determine if claims submitted met applicable Federal and State Medicaid laws, regulations, and policies. This audit period for this review is October 1, 2022, through September 30, 2024.

In accordance with the DRA and other applicable Federal laws, you will be required to provide CoventBridge with the medical records requested.

Next Steps:

- Be prepared to respond to requests from CoventBridge for medical records related to Medicaid claims.
- Member CMHSPs should coordinate with their Network Providers as needed to collect any requested documentation.
- Ensure that documentation is complete and meets all applicable Federal and State Medicaid laws, regulations, and policies.
- If you receive an audit request, respond promptly to avoid potential compliance issues.
- Contact LRE if you have questions regarding the process or require assistance.

We appreciate your cooperation in ensuring compliance with Medicaid program integrity requirements. If you have any questions regarding this review, please reach out to LRE.

Thank you for your attention to this matter.

Sincerely,



Jim McCormick, LMSW
Provider Network Manager
jimm@lsre.org



Lakeshore Regional Entity’s Legislative Update – 5/15/2025



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) and/or the LRE

Highlight = Artificial Intelligence – New Section

STATE LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	HB 4032	Removes interstate medical licensure compact sunset (LARA Lead)	Rylee Lynting	1/28/25: Introduced, Referred to Committee on Health Policy 2/26/25: Referred to a second reading 3/5/25: Placed on a third reading, read a third time, passed 3/12/25: Passed by House with Immediate Effect, Referred to Committee on Health Policy
	HB 4037 & 4038	Establishes certain requirements to operate a health data utility (DHHS Lead)	Julie Rogers Curtie VanderWall	1/29/25: Introduced, Read, referred to the Committee on Health Policy 5/21/25: Referred to a second reading
	HB 4095	Requires insurance providers to panel mental health provider within a certain time period of application process (DIFS Lead)	Noah Arbit	2/20/25: Introduced, Read a first time, referred to Committee on Insurance
	SB 3-5	Creates prescription drug cost and affordability review act, and requires compliance (DIFS/DHHS/LEGAL)	Darrin Camilleri	1/8/25: Introduced, Referred to Committee on Finance, Insurance, and Consumer Protection 4/24/2025 – Referred to Committee of the Whole with substitute, placed on order of third reading, placed on immediate passage, amendments adopted, passed roll call, received in House, read a

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
				first time, referred to Committee on Government Operations
	SB 18	Provides conditions on the use of certain federal benefits, including disability benefits, for a child in foster care. (DHHS/LEGAL)	Jeff Irwin	1/22/25: Introduced, Referred to the Committee on Housing and Human Services 3/20/25: Reported favorably without amendment, Referred to Committee of the Whole 4/16/2025: Reported by Committee of the Whole favorably without amendment, placed on order of third reading. 4/17/2025: Passed roll call, received in House, read a first time, referred to Committee on Families and Veterans
	SB 111	The bills would enhance protections against financial exploitation, abuse, and neglect of vulnerable adults. Specifically, they would create a process for certain elder and vulnerable adults to petition a circuit court to enter an elder and vulnerable adult personal protection order (PPO). They also would allow a county or region to create a vulnerable adult multidisciplinary team (team) that would work within that area to protect against and bring awareness to vulnerable adult abuse, neglect, and financial exploitation.	Jeff Irwin	2/27/25: Introduced, Referred to the Committee on Civil Rights, Judiciary, and Public Safety 3/18/25: Reported Favorably Without Amendment, Referred to the Committee of the Whole, Rules suspended for immediate consideration, reported by Committee of the Whole favorably without amendment, placed on order of Third Reading 4/16/2025: Passed roll call, received in House, read a first time, referred to Committee on Judiciary
	HB 4218 SB 142	These bills would make changes to the state recipient rights advisory committee to explicitly include a representative from Disability Rights Michigan, the Mental Health Association in Michigan, and the Arc Michigan.	Rep - Jamie Thompson Sen – Michael Webber	3/12/25: Introduced, read a first time, referred to the Committee on Health Policy (4218) 3/12/25: Introduced, Referred to the Committee on Housing and Human Services (142) 6/4/25: Referred to a second reading 7/24/25: Read a second time, placed on a third reading 9/4/25: Read a third time, passed House 9/9/25: Referred to Senate Committee on Housing and Human Services

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	HB 4219 SB 143	These bills would require that patient’s rights during mental health treatment, including the objection to treatment, must be communicated orally and in writing to the patient.	Rep - Jamie Thompson Sen – Rick Outman	3/12/25: Introduced, read a first time, referred to the Committee on Health Policy (4219) 3/12/25: Introduced, Referred to the Committee on Housing and Human Services (143) 6/4/25: Referred to a second reading 7/24/25: Read a second time, placed on a third reading 8/19/25: Read a third time 9/4/25: Read a third time, passed House 9/9/25: Referred to Senate Committee on Housing and Human Services
	SB 129	This bill would amend the Open Meetings Act to allow an appointed member of a public body who has a disability to fully participate in a meeting remotely upon request. The bill would not apply to a member of a public body who was elected by electors to serve.	Sean McCann	3/6/25: Introduced, Referred to the Committee on Civil Rights, Judiciary, and Public Safety 3/18/25: Reported favorably without amendment, referred to the Committee of the Whole 4/16/2025: Reported by the Committee of the Whole favorable without Amendment, placed on order of third reading 4/17/2025: Passed Roll Call, received in the House, read a first time, referred to Committee on Government Operations
	HB 4530	A bill to modify the deadline for mental health professionals to release mental health records or information pertinent to child abuse or neglect investigation to the department.	Laurie Pothusky	6/3/2025: Introduced, read a first time, referred to Committee on Families and Veterans 10/28/2025: <i>Committee Hearing in House</i> 12/9/25: Referred to a second Reading
	HB 4535	Modifies eligibility for mental health court.	Kara Hope	6/3/2025: Introduced, read a first time, referred to Committee on Judiciary 10/28/2025: <i>Committee Hearing in House</i>
	SB 221	A bill to provide for outpatient treatment for misdemeanor offenders with mental health issues	Sylvia Santana	4/17/2025: Introduced, referred to committee on Health Policy

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
				5/8/2025: Reported favorably without amendment, referred to Committee of the Whole 5/20/2025: Referred to Committee of the Whole 5/21/2025: passed roll call, received in House, read a first time, referred to Committee on Health Policy
	SB 334	Police Training; Requires mental health and law enforcement response training for law enforcement officers.	Jeff Irwin	5/29/2025: Introduced, Referred to the Committee on Civil Rights, Judiciary, and Public Safety 9/9/2025: Referred to Committee of the Whole with Substitute
	HB 4676	A bill to amend Chapter 6 (Guardianship for the Developmentally Disabled) of the Mental Health Code to require courts to consider alternatives to appointing a guardian for an individual with a developmental disability who the court has determined is likely to need protection based on factors set forth in Chapter 6.	Sharon MacDonell	6/25/25: Introduced, Read a first time, referred to the Committee on Families and Veterans 8/13/25: Referred to a Second Reading 9/10/25: Read a second time
	HCR 1	Adverse Childhood Experiences: A concurrent resolution to urge the Governor of Michigan to issue an executive directive that would require administrating agencies to assess if the implementation of their programs reduce Adverse Childhood Experiences (ACEs) and provide an annual report and data to the Legislature and general public about progress in reducing ACEs in Michigan.	Douglas Wozniak	8/19/2025 – Introduced, Referred to the Committee on Families and Veterans 10/28/2025 – Committee Hearing, Reported with Recommendation without amendment
	HB 5334	A bill to amend the Mental Health Code to require assessment by preadmission screening unit of individual being considered for hospitalization within certain period after notification	Matt Bierlein	12/2/2025 – Introduced, read a first time, referred to the Committee on Health Policy
	HB 4968	<i>The bill would amend the Insurance Provider Assessment Act to allow the Department of Health and Human Services (DHHS) to continue assessing the current, federally-approved insurance provider assessment unless the Federal Centers for Medicare and Medicaid Services (CMS) ended the current Federal approval.</i>	Greg VanWoerkem	9/16/2025 – Introduced, read a first time, referred to the Committee on Appropriations 9/25/2025 – Read a second time, third time, 9/29/2025 – Passed the House, Sent to Senate Referred to Committee of the Whole, 10/2/2025 - Placed on Immediate Passage, returned to House 10/7/2025 – Approved by the Governor. Assigned PA 25’25 with Immediate Effect

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	HB 5044	By July 1, 2026, every school district, intermediate school district, and public-school academy board must develop and adopt a policy allowing students with a prescription, recommendation, or order from a private health care specialist to receive medically necessary treatment while at school, in compliance with state and federal laws Upon request, designated school personnel must meet with the student, family, and health care representatives within 30 days to determine how and when treatment will be provided. Treatment must be allowed unless it imposes a fundamental alteration or undue burden on the school.	Pauline Wendzel	9/24/2025 – Introduced, Read a first time, referred to the Committee on Education and Workforce
	HB 4412-4414	House Bill 4412 would amend the Mental Health Code to revise procedures related to assisted outpatient treatment and involuntary mental health treatment. House Bill 4413 would amend the Mental Health Code to revise procedures related to mediation for disputes involving community mental health services and to update requirements for hospital examinations when an individual is presented for evaluation. House Bill 4414 would amend the Mental Health Code by adding a new Chapter 10A to establish procedures for diverting certain misdemeanor defendants to assisted outpatient treatment.	Donni Steele Mark A Tisdell Tom Kuhn	5/1/25 – Introduced, Read a first time, referred to Committee on Health Policy 1/21/26 – Read a second time 3/10/26 – Placed on a third reading 3/18/26 – Read a third time, passed; given immediate effect 3/24/26 – Sent to Senate, Referred to Committee on Health Policy
	SB 973	A bill to provide for the establishment of a state-based health insurance exchange as a nonprofit corporation; to create the board of exchange and prescribe its powers and duties; to provide for assessments and user fees; and to provide for the powers and duties of certain state and local governmental officers and agencies	Kevin Hertel	5/14/26 – Introduced, Referred to Committee on Health Policy

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	SB 68	A bill to amend 1998 PA 58 to prohibit displaying co-branded alcoholic beverages adjacent to certain products.	Dayna Polehanki	2/5/25: Introduced, Referred to the Committee on Regulatory Affairs 2/26/25: Reported favorable without amendment, Referred to Committee of the Whole 3/6/25: Reported by Committee of the Whole favorable with amendments, placed on order of third reading

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				3/12/25: Passed Roll Call, Received in House, Read a first time, referred to Committee on Regulatory Reform
	HB 4166 & 4167	Prohibits illicit use of xylazine and provides penalties; Provides sentencing guidelines for illicit use of xylazine.	Kelly Breen Mike Mueller	3/5/2025 – Introduced, referred to the Committee on the Judiciary
	HB 4255 & 4256	Modifies penalties for crime of manufacturing, delivering, or possession of with intent to deliver certain controlled substances; Amends sentencing guidelines for delivering, manufacturing, or possessing with intent to deliver certain controlled substances. *PLEASE SEE THE MISCELLANEOUS UPDATES SECTION BELOW FOR MORE INFORMATION*	Sarah Lightner Ann Bollin	3/18/2025 – Introduced, referred to the Committee on the Judiciary 4/16/2025 – Reported with recommendation, referred to a second reading 4/23/2025 – Read a third time, passed, transmitted 4/29/2025 – Passed House with immediate effect, referred to Committee on Civil Rights, Judiciary, and Public Safety
	HB 4390 & 4391	Expands methods of testing intoxication or impairment in the Michigan vehicle code to include other bodily fluid.	Brian BeGole Julie Rogers	4/24/2025 – Introduced, read a first time, referred to Committee on Government Operations 5/22/25: Referred to a second reading 6/26/25: Read a second time, placed on a third reading 7/1/25: Read a third time, Passed, given immediate effect, transmitted 7/17/25: Passed by the House with Immediate Effect, moved to the Senate and referred to the Committee on Civil Rights, Judiciary, and Public Safety
	SB 219-222	Expands petition for access to assisted outpatient treatment to additional health providers	Paul Wojno	4/17/2025 – Introduced, Referred to Committee on Health Policy 5/8/2025 – Referred to Committee of the Whole 5/20/2025 – Placed on order of third reading with substitute 5/21/25 – passed roll call, received in the House, read a first time, referred to the Committee on Health Policy


BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 4686	Controlled Substances; Allows creating, manufacturing, possessing, or using psilocybin or psilocin under certain circumstances.	Mike McFall	6/25/2025 – Introduced, Read a first time, Referred to the Committee on Families and Veterans
	SB 400	Prohibits prior authorization for certain opioid use disorder and alcohol use disorder medications.	Kevin Hertel	6/11/2025 – Introduced, Referred to the Committee on Health Policy, Reported favorably without amendment, Referred to the Committee of the Whole, Rules suspended for immediate consideration. 7/1/2025 – Reported favorably without amendment, placed on order of third reading, placed on immediate passage, passed roll call, Received in House, Read a first time, referred to Committee on Insurance
	SB 430 SB 431 SB 432	Modifies crime of manufacturing, delivering, or possession of with intent to deliver heroin or fentanyl to reflect changes in sentencing guidelines; Amends sentencing guidelines for delivering, manufacturing, or possessing with intent to deliver heroin or fentanyl; Allows probation for certain major controlled substances offenses.	Stephanie Chang Sarah Anthony Roger Victory	6/17/2025 – Introduced, Referred to the Committee on Civil Rights, Judiciary, and Public Safety 9/18/2025 – Committee Meeting 10/6/2025 – Reported favorably without amendment, referred to the Committee of the Whole 10/29/2025 – Placed on order of third reading
#1 – Supported by SUD Oversight Policy Board	SB 462, 464-465 HB 5368- 5370	Legislation to require retailers to obtain a state-issued license to sell tobacco products, including e-cigarettes and nicotine pouches.	Sam Singh Joe Bellino Jennifer Wortz Brad Slagh	6/26/2025 – Introduced, referred to the Committee on Regulatory Affairs 12/2/25 – Referred to the Committee of the Whole with Substitute 12/16/25 – Reported to the Committee of the Whole with Substitute, Placed on order of Third Reading 12/18/25 – Amendments adopted, Passed Roll Call in Senate, Received in House, Read a first time, Referred to Committee on Regulatory Reform <i>HB 5368-5370 12/16/25 - Introduced and Referred to</i>

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				<p><i>Committee on Regulatory Reform. No hearings set at this time.</i></p> <p>Sign the Petition — Tobacco Free</p>
#1 – Supported by SUD Oversight Policy Board	SB 463 SB 466	Legislation that will repeal ineffective penalties on young people -- holding retailers accountable not, children.	Paul Wojno Mary Cavanaugh	<p>6/26/2025 – Introduced, referred to the Committee on Regulatory Affairs</p> <p>12/2/25 – Referred to the Committee of the Whole with Substitute</p> <p>12/16/25 – Reported to the Committee of the Whole with Substitute, Placed on order of Third Reading</p> <p>4/22/26 – Amendments adopted, Passed roll call, received in the House, read a first time, referred to the Committee on Regulatory Reform</p> <p>Sign the Petition — Tobacco Free</p>
	SB 399	To amend Part 74 (Offenses and Penalties) of the Public Health Code to specify that, as used in Sections 7453 to 7461 and Section 7521, "drug paraphernalia" would not include testing products used in determining whether a controlled substance contained chemicals, toxic substances, or hazardous compounds in quantities that could cause physical harm or death. "Testing products" would include fentanyl testing strips.	Jeff Irwin	<p>6/11/25 – Introduced, Referred to Committee on Health Policy</p> <p>6/26/25 – Referred to Committee of the Whole</p> <p>7/1/25 – Placed on order of third reading, placed on immediate passage, passed roll call, received in the House, read a first time, referred to the Committee on Insurance</p>
	SB 402	To amend Section 109 of the Social Welfare Act to allow a Medicaid-eligible individual to receive street medicine services, including prescriptions for opioid use disorder, by an eligible provider.	Paul Wojno	<p>6/11/25 – Introduced, Referred to Committee on Health Policy</p> <p>6/26/25 – Referred to Committee of the Whole</p> <p>7/1/25 – Placed on order of third reading, placed on immediate passage, passed roll call, received in the House, read a first time, referred to the Committee on Insurance</p>
	SB 592	A bill to require reentry services and support for certain individuals after resentencing.	Sylvia Santana	<p>9/25/25 – Introduced, Referred to Committee on Civil Rights, Judiciary, and Public Safety</p> <p>12/4/25 – Referred to the Committee of the Whole</p>

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	SB 582	To establish a 32% tax on the sale and distribution of nicotine, vapor, and alternative nicotine products-"Alternative nicotine product" means a noncombustible product that contains nicotine derived from any source and that is intended for human consumption, whether chewed, absorbed, dissolved, or ingested by any other means.	Stephanie Chang	9/24/25 – Introduced, Referred to the Committee on Appropriations
	HB 5087	To mandate \$3,000,000.00 of tax revenue from the sale of tobacco products to be placed in the "Healthy Michigan Fund" each fiscal year for smoking prevention programs.	Phil Green	9/26/25 – Introduced, Read a first time, referred to the Committee on Finance
	SB 597 & 598	The bill would amend the Michigan Regulation and Taxation of Marihuana Act to prohibit the Cannabis Regulatory Agency (Agency) from issuing a marihuana retailer license if doing so would result in more than one marihuana retailer for every 5,000 residents in the applicant's municipality, beginning January 1, 2026	Sam Singh Jeremy Moss	10/2/25 – Introduced, Referred to Committee on Regulatory Affairs
	SB 599-602	The bills would enact the "Industrial Hemp Processing Act" to require a person to hold a license before processing consumable hemp products from industrial hemp. Industrial hemp is generally cannabis with less than 0.3% Tetrahydrocannabinol (THC), the intoxicant in marihuana. <ul style="list-style-type: none"> • Currently, the licensing of persons engaged in the growing, processing, and handling of industrial hemp is governed by the Industrial Hemp Research and Development Act, which the bills would repeal. • The bills would require the Cannabis Regulatory Agency (CRA) to administer the "Industrial Hemp Processing Act's" licensing and regulatory requirements and to promulgate rules. • They also would establish licensure fees and qualifications and civil and criminal penalties for violations of the proposed Act. 	Dayna Polehanki	10/2/25 – Introduced, Referred to Committee on Regulatory Affairs 12/2/25 – Referred to the Committee of the Whole with Substitute 12/9/25 – Placed on order of third reading, placed on immediate passage 12/16/25 – Amendments adopted, Passed roll call in Senate 12/17/25 – Received in House, Read a first time, Referred to Committee on Regulatory Reform
#2 – Supported by SUD Oversight Policy Board	HB 5134 & 5135	To amend MRTMA (or MMFLIA) to say: A person shall not advertise any of the following on a billboard or digital billboard that is located in this state: <ul style="list-style-type: none"> • Marihuana. • A marihuana-infused product. • A marihuana accessory. • A marihuana establishment. 	William Bruck Donovan McKinney	10/23/25 – Introduced, Read a first time, Referred to Committee on Regulatory Reform  121025-OPB-Packet Att 7.pdf
	HB 5122	To amend MLCC to allow "A current photo identification card issued by a local government. A current student photo identification card issued by an educational institution" to be qualified forms of identification to purchase alcohol.	Alicia St. Germaine	10/23/25 – Introduced, read a first time, referred to Committee on Regulatory Reform
	HB 4969	A bill to regulate the distribution, sale, and manufacture of kratom products; to require licensing for certain conduct related to kratom and kratom products; to prohibit the distribution, sale, and	Cam Cavitt	9/17/25 – Introduced, Read a first time, referred to the Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		manufacturing of certain kratom products; to provide for the powers and duties of certain state governmental officers and entities; to prescribe fines and sanctions; to provide remedies; and to require the promulgation of rules. – A licensee shall not distribute, sell, or offer for distribution or sale in person or through an online website a kratom product to an individual in this state who is less than 21 years of age.		11/13/25 - Referred to second reading in Committee on Regulatory Reform
	HB 5302	A bill to modify a SUD prevention competitive grant program to provide grants for recovery community organizations	Jay DeBoer	12/2/2025 – Introduced, Read a first time, referred to the Committee on Health Policy
	HB 4951	<i>The bill would enact the "Comprehensive Road Funding Tax Act" to do the following:</i> -- Impose a 24% excise tax on the wholesale price of marihuana. -- Create the Comprehensive Road Funding Fund and allocate \$3.0 million of revenue from the Act in Fiscal Year (FY) 2025-2026 to the Fund and \$500,000 of revenue from the Act to the Fund in each following fiscal year. -- Allocate the remainder of revenue collected under the Act to the Neighborhood Road Fund.1 -- Beginning in FY 2027-2028 and in each following fiscal year, require the amount appropriated to the Comprehensive Road Funding Fund to be adjusted by the Consumer Price Index. -- Require the Department of the Treasury to administer the Act. -- Require a person subject to a tax imposed by the Act to file periodic returns at the times and in the manner prescribed by the Department.	Samantha Steckloff	9/16/2025 – Introduced, Read a first time, referred to the Committee on Appropriations. 9/25/2025 – Second & Third Reading, Passed 9/29/2025 – Sent to Senate, Referred to Committee of the Whole 10/2/2025 - Placed on Immediate Passage, returned to House 10/7/2025 – Approved by the Governor. Assigned PA 25'25 with Immediate Effect
	SB 713-714	A bill to provide for regulation of advertisements and promotions for internet gaming	Erika Geiss	11/13/2025 – Introduced, Referred to the Committee on Regulatory Affairs Sen. Geiss Champions Legislation to Protect Michigan Youth from Gambling, Sports Betting Advertisements - Senator Erika Geiss
	SB 786-788	Bills to prohibit the sale or transfer of certain vapor products; and to prescribe penalties. A person shall not sell or otherwise transfer a vapor product that has a heating element unless the heating element is made of or encased in 1 or both of the following materials: (a) Glass. (b) Ceramic.	Jeff Irwin	2/18/2026 – Introduced, Referred to the committee on Regulatory Affairs
	SB 433	A bill requiring that by not later than July 1, 2026, the department of health and human services shall develop, and provide to the department, an informational notice in English, Spanish, and	Dayna Polehanki	6/24/25 – Introduced, referred to the Committee on Education

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		Arabic, containing information on the dangers of high-potency THC cannabis products and vaping and resources to support and treatment. The department shall provide the notice developed under this subsection to public schools and nonpublic schools and post the notice on the department's website.		12/11/25 – Referred to Committee of the Whole 1/27/25 – Referred to Committee of the Whole favorably with substitute, Placed on order of third reading
Supported by SUD Oversight Policy Board	HB 5371 - 5372	A bill to repeal penalties that punish kids for possession of tobacco products and, instead, hold companies accountable that profit from tobacco sales.	Helena Scott Stephanie Young	12/16/25 - Introduced, Read a first time, Referred to the Committee on Regulatory Reform We NEED your support to show House members how important these bills are. Here’s how you can help: 1) Contact your legislator and ask them to support the legislation. 2) Attend the House hearing on Thursday March 19. 3) Submit a card of support for Thursday’s House hearing. If you cannot attend, we can submit a card on your behalf. Please email Dylan at dsnyder@kelley-cawthorne.com by 5 p.m. on Wednesday 3/18 to submit your card.
	HB 5537	A bill to To amend the Michigan Penal Code to prohibit a person from growing, synthesizing, selling, offering for sale, giving, importing, or distributing kratom or a synthetic variant of kratom; would not apply to kratom that has been approved by the U.S. Food and Drug Administration (FDA) as a drug product, a dietary supplement, or a food additive in conventional food. This exception would not apply to synthetic variants of kratom	Cameron Cavitt	2/19/26 – Introduced, Read a first time, Referred to Committee on Regulatory Reform 3/18/26 – Read a second, third time, placed on immediate passage, passed given immediate effect 3/24/26 – Sent to Senate, Referred to Committee on Government Operations
	HB 4501	A bill to establish and operate a marihuana reference laboratory. o Collect, transport, and possess marihuana for the purpose of testing and conducting research in support of cannabis regulatory agency investigations and the development and optimization of testing methods performed through the cannabis regulatory agency reference laboratory	Mike Mueller	5/15/25 – Introduced, Read a first time, referred to Committee on Regulatory Reform 1/22/26 – Referred to a second reading
	HB 5756	A bill to amend the Michigan Regulation and Taxation of Marihuana Act (MRTMA) to allow and disallow for certain payment methods between businesses and processors; establish reporting requirements for certain financial information; allow CRA enforcement powers in reference	Joseph Aragona	3/18/26 – Introduced, Read a first time, Referred to the Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		to financial disclosures.		
	HB 5757	A bill to amend the Michigan Regulation and Taxation of Marihuana Act (MRTMA) to establish fines, penalties, and license revocation for Marijuana caregivers who are exceeding the amount of marijuana grown per cardholder connected to them (6 plants per MM card holder)	Joseph Aragona	3/18/26 – Introduced, Read a first time, Referred to the Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO ARTIFICIAL INTELLIGENCE

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 4667	A bill to add a new section to the Michigan Penal Code to create three felonies related to AI systems, and provide for related penalties.	Sarah Lightner	6/24/25: Introduced, read a first time, referred to the Committee on Judiciary
	HB 4668	A bill to create a new act, the Artificial Intelligence Safety and Security Transparency Act, which would require large developers of foundation models to create and implement certain risk management practices relating to the use of those models, as well as provide for the powers and duties of government officers and entities, protections for certain employees, and related civil causes of action and sanctions.	Sarah Lightner	6/24/25: Introduced, read a first time, referred to the Committee on Judiciary 9/11/25: reported with recommendation for referral to Committee on Communications and Technology 9/18/25: placed on second reading; referred to Committee on Regulatory Reform 3/19/26: Placed on second reading, Referred to Committee on Communications and Technology
	HB 4536	An insurer that delivers, issues for delivery, or renews in this state a health insurance policy shall not deny, modify, or delay a claim based on a review using artificial intelligence	Carrie Rheingans	6/3/25: Introduced, read a first time; referred to Committee on Communications and Technology 9/18/25: placed on second reading; referred to Committee on Insurance 3/19/26: Placed on second reading, Referred to Committee on Communications and Technology
	HB 4537	The department or a contracted health plan shall not deny, modify, or delay a claim under the medical assistance program based on a review using artificial intelligence	Carrie Rheingans	6/3/25: Introduced, read a first time; referred to Committee on Communications and Technology 9/18/25: placed on second reading; referred to Committee on Insurance 3/19/26: Placed on second reading, Referred to Committee on Communications and Technology

BILLS & REGULATIONS PERTAINING TO ARTIFICIAL INTELLIGENCE

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 4661	A bill to establish a crime victim communication modernization grant program to provide grants to certain state and local governmental officers to modernize communication with victims of crime and other individuals; to create the crime victim communication modernization fund and provide for the distribution of money from the fund; to provide for appropriations; and to provide for the powers and duties of certain state and local governmental officers and entities.	Curtis VanderWall	6/17/25: Introduced, read a first time, referred to the Committee on Appropriations
	H.R. 5784 [Federal]	AI-WISE Act: To amend the Small Business Act to help small business concerns critically evaluate artificial intelligence tools, and for other purposes.	Rep. Hillary Scholten	10/17/25: Introduced, Referred to the House Committee on Small Business 12/12/25: Reported by Committee on Small Business, Placed on Union Calendar 1/20/26: Mr. Williams (TX) moved to suspend the rules and pass the bill, DEBATE , On motion to suspend the rules and pass the bill Agreed to by voice vote, Motion to reconsider laid on the table Agreed to without objection. 1/26/26: Received in the Senate and Read twice and referred to the Committee on Small Business and Entrepreneurship
	H.R. 5764 [Federal]	AI for Main Street Act: To amend the Small Business Act to require small business development centers to assist small business concerns with the use of artificial intelligence, and for other purposes.	Rep. Mark Alford	10/17/25: Introduced, Referred to the House Committee on Small Business 12/12/25: Reported by Committee on Small Business, Placed on Union Calendar 1/20/26: Mr. Williams (TX) moved to suspend the rules and pass the bill, DEBATE , At the conclusion of debate, the Yeas and Nays were demanded and ordered. Pursuant to the provisions of clause 8, rule XX, the Chair announced that further proceedings on the motion would be postponed, On motion to suspend the rules and pass the bill, as amended Agreed to by the Yeas and Nays, Motion to reconsider laid on the table Agreed to without objection. 1/26/26: Received in the Senate and Read twice and

BILLS & REGULATIONS PERTAINING TO ARTIFICIAL INTELLIGENCE

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				referred to the Committee on Small Business and Entrepreneurship
	S. 4113 [Federal]	AI Guardrails Act of 2026: A bill to provide for limitations on the use of artificial intelligence by Department of Defense. This bill ensures a human is involved when deadly autonomous weapons are fired, AI cannot be used to spy on the American people, and that a human is on the switch to launch nuclear weapons.	Elissa Slotkin	3/17/26 – Introduced, Read twice, and referred to the Committee on Armed Services.

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H.R. 5725	To direct the Attorney General to establish a grant to support communities transitioning to health-centered responses for mental health-related emergencies	Bonnie Watson Coleman	10/8/25 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	H.R. 5706	To establish a grant program to assist eligible entities in developing or expanding behavioral health crisis response programs that do not rely primarily on law enforcement, and for other purposes.	Yassamin Ansari	10/8/25 – Introduced, Referred to the Committee on Energy and Commerce
	H.R. 5557	Mental Health Services for Students Act of 2025: to amend the Public Health Service Act to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs.	Andrea Salinas	9/23/25 - Introduced, Referred to the Committee on Energy and Commerce
Supported by LRE	S. 3402 H.R. 8487	Ensuring Excellence in Mental Health Act: A bill To amend titles XVIII and XIX of the Social Security Act and the Public Health Service Act to improve the certified community behavioral health clinic program, and for other purposes.	John Cornyn Doris Matsui	Senate: 12/9/25 – Introduced, Read twice, Referred to the Committee on Finance House: 4/23/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means Action Alert: Contact your Senator/Representative - National Council for Mental Wellbeing Ensuring Excellence in Mental Health Act

	H.R. 8620	CARES Hotline Act: To amend the Developmental Disabilities Assistance and Bill of Rights Act of 2000 to establish a hotline for caregivers of individuals with developmental disabilities, and for other purposes.	Robert Menendez	4/30/26 – Introduced, Referred to the House Committee on Energy and Commerce.
	H.R. 8540	To amend title XIX of the Social Security Act to require coverage of, and expand access to, home and community-based services under the Medicaid program; to award grants for the creation, recruitment, training and education, retention, and advancement of the direct care workforce and to award grants to support family caregivers; and for other purposes.	Debbie Dingell	4/28/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Workforce, Oversight and Government Reform, and Ways and Means

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H.R.27 S. 331	HALT Fentanyl Act: This bill permanently places fentanyl-related substances as a class into schedule I of the Controlled Substances Act. Under the bill, offenses involving fentanyl-related substances are triggered by the same quantity thresholds and subject to the same penalties as offenses involving fentanyl analogues (e.g., offenses involving 100 grams or more trigger a 10-year mandatory minimum prison term). Additionally, the bill establishes a new, alternative registration process for certain schedule I research.	Rep - H. Morgan Griffith Sen – Bill Cassidy	1/3/25: Introduced, Referred to the Committee on Energy and Commerce, Committee on the Judiciary See – H. Res. 93 2/10/25: Received in the Senate and Read twice and referred to the Committee on the Judiciary 3/3/25: Committee on the Judiciary. Reported by Senator Grassley with an amendment in the nature of a substitute. Without written report. 3/14/25: Passed/agreed to in Senate: Passed Senate with an amendment by Yea-Nay Vote. 84 – 16 3/18/25: Received in House 6/11/2025: Debate in House, Postponed Proceedings 6/12/2025: Considered Unfinished Business, On passage Passed by the Yeas and Nays: 321-104. Motion to reconsider laid on the table Agreed to without objection. 7/8/25: Presented to President 7/16/25: Signed by President. Became Public Law No: 119-26.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H. Res. 93	Providing for consideration of the bill (H.R. 27) to amend the Controlled Substances Act with respect to the scheduling of fentanyl-related substances, and for other purposes.	H. Morgan Griffith	2/4/25: Submitted in the House, reported in the House 2/5/25: Debate – proceeded with one hour of debate, postponed proceedings, considered as unfinished business, motion to reconsider laid on the table without objection
	HR 2383	Protecting Kids from Fentanyl Act of 2025: 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	Joe Neguse	03/26/2025 - Referred to the House Committee on Energy and Commerce
	S 1132	Families Care Act: To amend the Older Americans Act of 1965 to include peer supports as a supportive service within the National Family Caregiver Support Program, to require States to consider the unique needs of caregivers whose families have been impacted by substance use disorder, including opioid use disorder, in providing services under such program	Ted Budd	03/26/2025 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 2935	PREPARE Act of 2025: To establish a Commission on the Federal Regulation of Cannabis to study a prompt and plausible pathway to the Federal regulation of cannabis.	David Joyce	04/17/2025 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Ways and Means, Agriculture, and Financial Services
	HR 2483	SUPPORT for Patients and Communities Reauthorization Act of 2025 (SUPPORT Act): This bill reauthorizes and revises Department of Health and Human Services (HHS) programs that address substance use disorders, overdoses, and mental health.	Brett Guthrie	3/31/2025 – Introduced in the House, Referred to the Committees on Energy, and Commerce, Education and Workforce, Judiciary, and Financial Services. 5/29/2025 – Placed on the Union Calendar 6/4/2025 – General Debate. Passed in the House 6/5/2025 – Received in the Senate, read twice, referred to the Committee on Health, Education, Labor, and Pensions 9/18/2025 – Passed Senate with unanimous consent 9/19/2025 – Message sent to House 11/25/2025 – Presented to the President 12/1/2025 – Signed by the President, Became Public Law No: 119-44.
	HR 4607	SEEK HELP Act: To provide protections from prosecution for drug possession to individuals who seek medical assistance when witnessing or experiencing an overdose	Joe Neguse	07/22/2025 – Introduced, Referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 4595	Small and Homestead Independent Producers Act of 2025: To provide authority for small cultivators of cannabis and small manufacturers of cannabis products to ship cannabis and cannabis products using the mail	Jared Huffman	07/22/2025 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committees on Agriculture, Oversight and Government Reform, and the Judiciary
	HR 1	<p>One Big Beautiful Bill Act: This bill reduces taxes, reduces or increases spending for various federal programs, increases the statutory debt limit, and otherwise addresses agencies and programs throughout the federal government. It is known as a reconciliation bill and includes legislation submitted by several congressional committees pursuant to provisions in the FY2025 congressional budget resolution (H Con. Res. 14) that directed the committees to submit legislation to the House or Senate Budget Committee that will increase or decrease the deficit and increase the statutory debt limit by specified amounts. (Reconciliation bills are considered by Congress using expedited legislative procedures that prevent a filibuster and restrict amendments in the Senate.)</p> <p>Proposed Federal Legislation Would Ban Virtually All Hemp-Based Cannabinoid Products Shipman & Goodwin LLP</p> <p>*The LRE is actively monitoring the repercussions of this new law, and the effects it will have on our system.</p>	Jodey Arrington	<p>5/20/2025 - The House Committee on the Budget reported an original measure</p> <p>5/22/2025 - On passage Passed by the Yeas and Nays: 215 – 214 in the House</p> <p>6/27/2025 – Received in the Senate</p> <p>7/1/2025 - Passed Senate with an amendment by Yea-Nay Vote. 51 – 50</p> <p>7/3/2025 - On motion that the House agree to the Senate amendment Agreed to by recorded vote: 218 – 214. Presented to President.</p> <p>7/4/2025 - Signed by President. Became Public Law No: 119-21.</p> <p>H.R.1 Implementation Journey</p>
	H.R 5630	To amend the Public Health Service Act to require additional information in State plans for Substance Use Prevention, Treatment, and Recovery Services block grants.	Erin Houchin	9/30/25 - Introduced, Referred to the Committee on Energy and Commerce
	H.R. 5415 S. 3076	To amend the Controlled Substances Act to permanently schedule the class of 2-benzylbenzimidazole-opioids known as nitazenes	Rep. Eugene Vindman Sen. David McCormick	09/16/2025 – (House) Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 10/30/2025 – (Senate) Read twice and referred to the Committee on the Judiciary;
	H.R. 5844	To amend the Controlled Substances Act with respect to the registration of opioid treatment programs to increase stakeholder input from relevant communities and to ensure such programs are treating patients in need—the applicant will address community impacts;	Adriano Espaillat	10/28/2025 – Introduced, 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
	H.R. 5573	The Attorney General, acting through the Director of the Bureau of Justice Assistance, and in consultation with the Secretary of Health and Human Services, is authorized 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 unlawful sale, marketing, or distribution of controlled substances using social media platforms	Gabe Evans	9/26/2025 – Introduced, Referred to the House Committee on the Judiciary
	S. 3522	No Red Tape For Addiction Treatment Act: A bill to amend title XIX of the Social Security Act to require that State Medicaid programs provide at least one formulation of each type of medication for the treatment of opioid use disorder without prior authorization or limitations on dosage, and for other purposes.	Margaret Wood Hassan	12/17/2025 – Introduced, Read Twice, Referred to Committee on Finance
	HR 7994	HERO Act: A bill 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, and for other purposes.	Raul Ruiz	3/19/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Workforce
	S 3758	End Veterans Overdose Act of 2026: a bill to direct the Secretary of Veterans Affairs to make opioid overdose rescue medications available to veterans and their caregivers, and for other purposes.	Jeanne Shaheen	2/2/26 – Introduced, Read twice, referred to the Committee on Veterans’ Affairs 3/18/26 - Committee on Veterans' Affairs. Ordered to be reported with an amendment in the nature of a substitute favorably.
	S 3588	School Access to Naloxone Act of 2026: a bill 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, and for other purposes.	Jeff Merkley	1/7/26 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 3/19/26 - Committee on Health, Education, Labor, and Pensions. Hearings held.
	HR 8000	END 7-OH Act: a bill to amend the Controlled Substances Act to schedule synthetic 7-hydroxymitragynine as a Schedule I controlled substance.	Gus Bilirakis	3/19/26 – Introduced, Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	S. 4257	Resources To Prevent Youth Vaping Act: A bill to apply user fees with respect to tobacco products deemed subject to the requirements of chapter IX of the Federal Food, Drug, and Cosmetic Act.	Jeanne Shaheen	3/26/26 – Introduced, Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	S. 4303	ENDS Chinese Vapes Act of 2026: A bill to amend the Tariff Act of 1930 to provide for escalating civil penalties for fraudulent or negligent importation of unauthorized electronic nicotine delivery systems.	Tom Cotton	4/15/26 – Introduced, Read twice, and referred to the Committee on Finance.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 8192	Nitazene Response Act: To direct the Secretary of Health and Human Services to issue guidelines for the purpose of addressing the problem of nitazene overdoses, and for other purposes.	David J. Taylor	4/2/26 – Introduced, Referred to the House Committee on Energy and Commerce
	HR 7987	CLIMB Act: To prohibit Federal agencies from taking any adverse action against a person solely because the person provides business assistance to a cannabis-related legitimate business, to amend the Securities Exchange Act of 1934 to create a safe harbor for national securities exchanges to list the securities of issuers that are cannabis-related legitimate businesses	Guy Reschenthaler	3/18/26 – Introduced - Referred to the House Committee on Financial Services.
	H.R. 8766	Deal Death, Face Death Act: To amend the Controlled Substances Act to provide for the death penalty for anyone who knowingly deals fentanyl to a person who dies from the use of such fentanyl.	Chip Roy	5/12/26 – Introduced, Referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce

LEGISLATIVE CONCERNS


LOCAL THREATS AND CHALLENGES

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	FY 26 Appropriations Issues	See Attached Document		 FY26 CMHA key budget issues.docx
	COVID Relief Funding Rescinded – ARPA Funds	As of March 24, HHS halted distribution of unspent COVID relief grant funds, this includes additional Community Mental Health Services Block Grant (MHBG) funding and Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant funding. This additional funding was originally authorized in statute by a pair of COVID-19 relief bills passed by Congress in 2020 and 2021, the Coronavirus Preparedness and Response Supplemental Appropriations Act and American Rescue Act, which gave states until Sept. 30, 2025, to use the funds.		National perspective: Mental health and addiction funding on the federal chopping block : NPR State perspective: Nessel sues as Trump health cuts hit Michigan disease, addiction programs
	AG Order No. 6754-2026 from Department of	- DOJ and DEA immediately places all FDA approved products containing marijuana, and all marijuana products regulated by State Medical Marijuana programs as Schedule III.		Schedules of Controlled Substances: Rescheduling of Food and Drug Administration Approved Products Containing Marijuana From Schedule I to Schedule III; Corresponding Change to Permit Requirements

LOCAL THREATS AND CHALLENGES

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
Justice & Drug Enforcement Agency	<ul style="list-style-type: none"> - “provide immediate and long-term clarity to researchers, patients, and providers alike while still maintaining strict federal controls against dillicit drug trafficking.” - Expedited hearing process, scheduled for June 26, regarding the complete rescheduling of marijuana 		

MISCELLANEOUS UPDATES

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
Presidential Drug Policy Priorities	The White House Office of National Drug Control Policy (ONDCP) has announced six key priority areas that it plans to focus on this year: Reduce the Number of Overdose Fatalities, with a Focus on Fentanyl; Secure the Global Supply Chain Against Drug Trafficking; Stop the Flow of Drugs Across our Borders and into Our Communities; Prevent Drug Use Before It Starts; Provide Treatment That Leads to Long-Term Recovery; Innovate in Research and Data to Support Drug Control Strategies		ONDCP Releases Trump Administration’s Statement of Drug Policy Priorities – The White House 2025-Trump-Administration-Drug-Policy-Priorities.pdf
Regional Opposition to HB 4255 & 4256	The LRE and MSHN both have sent letters to State Senators in opposition of HB 4255 and 4256. Please see the attached letter. This letter was emailed to Senators at the instruction of the Regional SUD Directors.		 2025-5-2-HB4255-42 56 Opposition Letter.}
H.R.1 Implementation	As states move to implement the Medicaid provisions of H.R. 1, behavioral health providers face both operational challenges and critical opportunities to shape the path forward. This journey map is designed to equip National Council for Mental Wellbeing members with clear, actionable guidance on the policy changes ahead, the roles of key stakeholders, and the opportunities that matter most for engagement. By proactively collaborating with state officials, leveraging community partnerships, and elevating the needs of people with mental health and substance use challenges, providers can help ensure implementation decisions preserve and strengthen access to care.		H.R.1 Implementation Journey
SAMHSA Action Alert	Congress must keep mental health a bipartisan priority in the FY 26 appropriations bill		Funding Restored! Thank Congress & Encourage them to Keep Mental Health a Bipartisan Priority

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	<p>Gov. Whitmer's FY 27 Budget</p>	<p>Michigan Executive Office of the Governor announced Governor Whitmer's FY27 executive budget recommendation, presented on February 11, 2026, totaling \$88.1 billion, with a focus on improving literacy, saving Michiganders money, protecting Medicaid, and fixing roads. The budget protects Medicaid access with \$780.4 million in stabilization funding and proposes new revenue sources to offset federal cuts, while also funding programs to comply with new federal requirements (H.R. 1).</p>		<p>State Budget Office</p>

Elected Officials

FEDERAL			
	NAME	NATIONAL OFFICE CONTACT INFORMATION	LOCAL OFFICE CONTACT INFORMATION
US Senate	Elissa Slotkin	825B Hart Senate Office Building Washington, D.C. 20510-2204 Phone: (202) 224-4822	315 W. Allegan St. Suite 207 Lansing, MI 48933
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

STATE	
Find Your State Senator	Home Page Find Your Senator - Michigan Senate (https://senate.michigan.gov/FindYourSenator/)
Find Your State Representative	Michigan House - Home Page (https://www.house.mi.gov/)



LAKESHORE
REGIONAL ENTITY

May 2026 Board of
Directors Presentation.

Stephanie VanDerKooi
Chief Operating Officer

Annual Report Highlights:

The **Lakeshore Regional Entity** has built a resilient, accountable, and adaptable system. As the organization moves forward, it will continue to emphasize on quality, innovation, and collaboration provides a strong foundation to continue strengthening the public behavioral health system.

To view the full legislative report,
[**CLICK HERE.**](#)

Annual Impact
Report
2025





FY27-29 Strategic Planning Process

May 2026 - Internal Review of Updates: Staff responsible for each section provided input as proposed changes to Strategic Plan aims, strategies, and tactics underwent review.

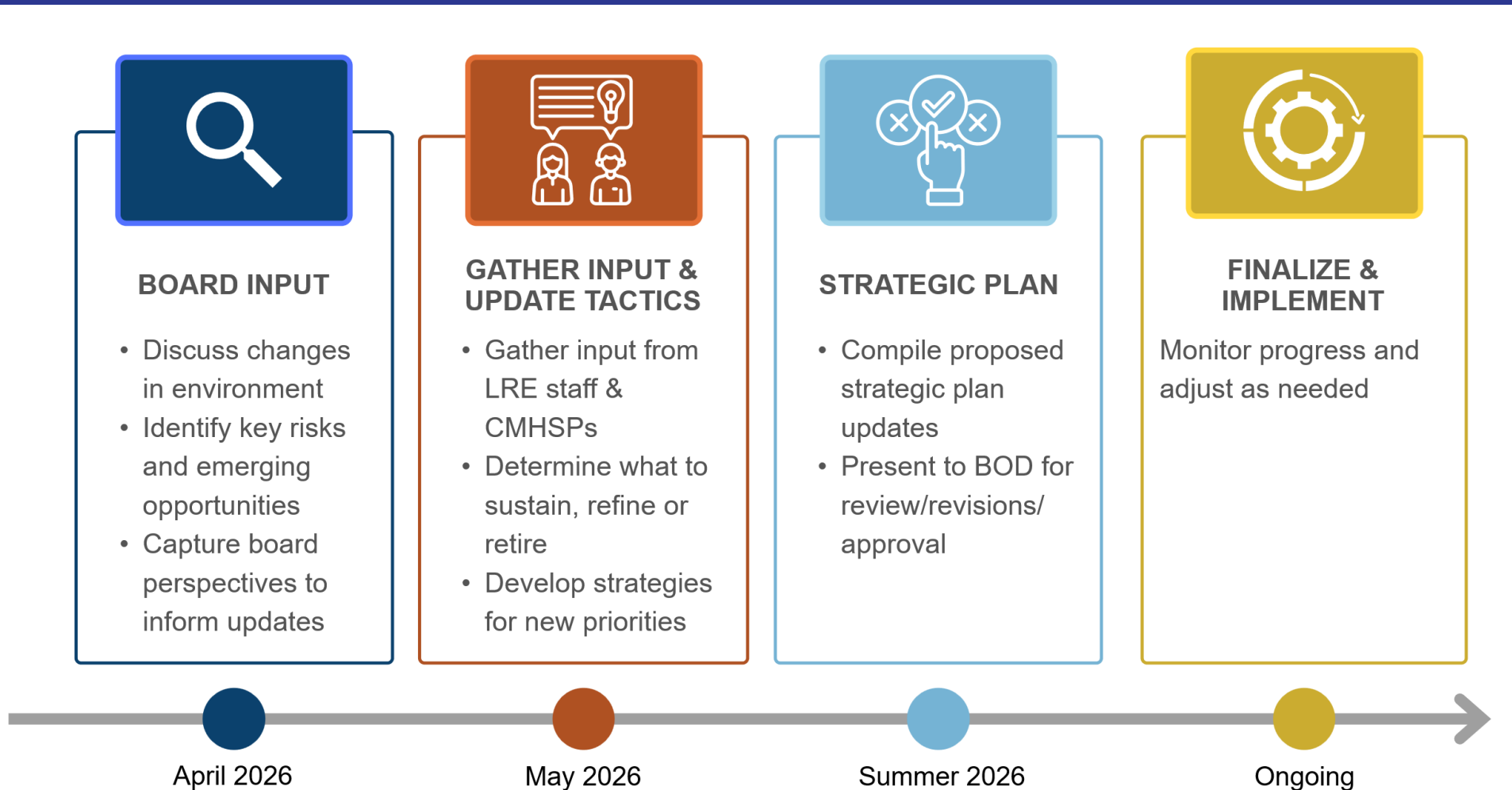
June 2026-ROAT Discussions on New Priorities: ROAT meeting discussions will focus on collecting feedback around the two priorities the Board identified during the April work session.

July-ROAT Member Survey: This survey will target the Board's third identified priority—Artificial Intelligence (AI)/Technology Innovation.

Late Summer-Draft Plan Review: After staff updates are compiled, the plan will be presented to the Board for final approval.

NOTE: SUD Strategic Plan is under development within SUD ROAT and SUD Prevention workgroups. Instructions from MDHHS are pending.

Strategic Planning Timeline





NEW--National Drug Control Strategy:

The National Drug Control Strategy is prepared biennially by the Office of National Drug Control Policy. This document provides a strategic roadmap for the Administration to continue dismantling the drug supply and defeating the scourge of illicit drugs in our country.

The Office of National Drug Control Policy leads and coordinates the nation's drug policy, so it improves the health and lives of the American people.

To view a copy of the National Drug Control Strategy, [**CLICK HERE.**](#)

A background image showing autumn foliage, including brown and orange leaves on trees and grass in the foreground, partially obscured by a blue curved graphic element.

Legislative Update:

Multiple bills are currently in the legislature that would amend the Youth Tobacco Act.

HB 5370: Create and require a license to sell tobacco or nicotine products.

HB 5368: Allow a licensee under HB5370 to sell nicotine or tobacco at a location other than their establishment (ie a Farmer's Market or festival).

To view the full legislative report, [CLICK HERE.](#)

A silhouette of a lighthouse on a rocky shore at sunset. The sky is a mix of orange, red, and purple, with the sun low on the horizon. The lighthouse is a tall, dark structure with a lantern room at the top. The foreground shows the dark, jagged rocks of the shore.

Compliance Update:

A risk assessment procedure launched in October 2025 covered Finance, IT, Compliance, and all managed care functions. Mitigation plans are in place, with the Quality Improvement process tracking progress.

Following the annual program integrity report to the MDHHS-OIG, LRE's Compliance program received a compliant rating—a marked improvement over prior years.

Four investigations were completed in FY2026, averaging 54.8 days—well under the 120-day threshold. One yielded an adverse waste finding. All 9 State Fair Hearings to date ruled in the CMHSPs' favor.



Credentialing Update:

- The LRE Credentialing Committee reviewed and approved three new organizational providers, as well as five re-credentialing files in April.
- The statewide Credentialing Users group continues to meet monthly, and recently began meeting with only PIHP staff every other month. MDHHS is evaluating PIHP oversight, as well as other policy expectations.

Quality Update:

- In April, the Site Review Team completed systematic reviews of Forest View Hospital's inpatient and partial programs, Trinity Health Muskegon Inpatient Hospital, Pine Rest Hospital's inpatient and partial programs, and Ottawa CMH.
- In May, the team approved the ACAC Corrective Action Plan (CAP) and the Our Hope CAP, reviewed Arbor Circle SUD services, and updated the SUD State Reciprocity Group Tool. The team has also begun updating tools and processes for FY27.



Autism Update

- The autism framework is complete and ready to be implemented. It establishes a clear structure to promote consistency across the region and help reduce autism-related spending over time.
- An ABA provider meeting was held on May 15. The discussion supported continued alignment with providers and reinforced progress in service coordination.
- The autism team also hosted an autism evaluator meeting focused on strengthening collaboration across evaluators. The meeting aimed to identify opportunities to reduce barriers, improve communication, and support a more coordinated evaluation process.



Customer Services Update:

Customer Satisfaction Survey 2026-

- All paper surveys, QR codes and URL's have been sent out to the CMHSP for distribution.
- Distribution will be determined by CMHSP's
- The PowerBI portal is set up for 2026 data

To see the 2025 results, please [CLICK HERE.](#)

A silhouette of a lighthouse on a rocky shore at sunset. The sky is filled with orange and red clouds, and the ocean is visible in the background. The lighthouse is the central focus, with its tower and lantern room clearly defined against the bright sky.

Children's Waiver Program Update

LRE currently has 112 enrolled children on the CWP.

0 clients are invited to enroll on the CWP.

Currently have 0 MICHICANS Screens on the weighing pool waiting for invitation.



Veteran Navigator Report

FY26 Q2

The Veteran Navigator (VN) role was created to assist veterans and military families of all branches, eras, and discharge types. The VN works to connect veterans and their families to federal, state, and local resources to offer support for issues regarding mental health, substance use disorders, housing, and other unique circumstances that may impact veterans.

[CLICK HERE](#) for full report.



Clinical Update:

FY26 IRR Exam Summary:

- The IRR exam results were strong overall, with a 95.4% pass rate across 40 regional test takers, reflecting continued consistency in the application of the Milliman Care Guidelines across Region 3 CMHs. Inpatient and Partial Hospitalization continued showing high performance and policy question results showed good improvement.
- Crisis Residential Unit performance remains our lowest reviewed area, though it has showed meaningful improvement from FY23.
- The results show a continued strong regional foundation with sustained reliability in UM practices.



Oversight Policy Board (OPB):

At its March 2026 session, the Oversight Policy Board voted to retain the existing officers for another year. Additional PA2 funds for special projects were requested, and the OPB granted approval for the allocation.

OPB will meet again on Wednesday, June 10. Agenda items include a review of Financial Reports and updates on current SUD Treatment and Prevention Activities across the region, including information on the [Providing Opportunities for Individuals In Need of Treatment & Support \(POINTS\) Act](#) .

Q&A

EXECUTIVE COMMITTEE SUMMARY

Wednesday, May 20, 2026, 1:00 PM

Present: Patricia Gardner, Janet Thomas, Ron Bacon, Richard Kanten, Craig Van Beek
LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi, Stacia Chick

WELCOME and INTRODUCTIONS

- i. Review of May 20, 2026, Meeting Agenda
- ii. Review of April 15, 2026, Meeting Minutes

May 20, 2026, agenda and April 15, 2026, meeting minutes are accepted as presented.

MDHHS UPDATES

- i. FY22 Cost Settlement Update
 - Currently no update.
- ii. Treasury Department Update
 - LRE filed for a dismissal that was granted.
- iii. 4 PIHPs Lawsuit
 - There is no update.
- iv. PIHP Rebid Update
 - Judge Yates has dismissed the lawsuit without prejudice. Following the dismissal, attorney Neil Marchand, who represents the CMHs, filed an appeal. The appeal is based on the judgement that MDHHS can decide on the number of PIHPs. The CMHs must be allowed to create PIHPs not the state.

COVENT BRIDGE PIHP AUDIT UPDATE

Ms. Marlatt-Dumas gave an update regarding the ongoing Covent Bridge audit process initiated by CMS in Michigan. Approximately 14 months ago, five PIHPs and five MHPS across the state were identified for review and required to submit substantial documentation. Initial concerns had been raised regarding the auditor's limited familiarity with Michigan's behavioral health system, mental health code, and capitation-based funding structure. After a period of limited activity, additional information requests were received that were viewed as not fully aligned with Michigan's service delivery and reimbursement models. More recently, Region 1 in the Upper Peninsula reported that certain CMHs had been contacted regarding specific case reviews associated with autism services. Concern was expressed regarding the broader national context, noting prior fraud, waste, and abuse findings involving autism programs in other states and acknowledging concern that Michigan's extensive autism service system could receive heightened scrutiny. The Committee was informed that no recent outreach had been reported among regional CMHs, though monitoring efforts continue. This update was provided for informational purposes, and supporting background materials, including previously shared documentation, will be distributed with the CEO report to provide additional context and refresh board members on the matter.

NON-COMPLIANCE ISSUES

i. FY24 MLR Report

- The Executive Committee was updated that the Fiscal Year 2024 Medical Loss Ratio (MLR) report was not submitted within required timelines due to unresolved financial matters, including approximately \$13.7 million under dispute and pending court-related determinations. As a result, FY24 and FY25 financial compliance audits were conducted concurrently, contributing to delays in completion. The financial audit is now nearing completion, and the FY24 MLR report is expected to be submitted by the end of the week. The LRE is currently out of compliance due to the late submission which the State has expressed concern about. The State has been kept apprised throughout the process, and further updates will be provided as the audit concludes and any compliance implications are determined.

ii. Managed Care Oversight

- The Executive Committee was informed of a received non-compliance letter regarding managed care oversight, related to an active N180 case currently subject to both state review and judicial proceedings. The matter involves a dispute over level of care determination and service continuation, with a court order directing restoration of services at a higher level and maintaining current placement while proceedings continue. It was noted that there has been coordination between LRE and N180, as well as ongoing consultation with legal counsel to ensure compliance with the court order while responding to the state's expectations. A formal response to the non-compliance letter was submitted within the required timeframe, citing applicable federal regulations, and a corrective action plan is now due within 20 days. The LRE and N180 will jointly develop the plan to address areas of agreement and ensure alignment moving forward while maintaining appropriate service authorization practices and compliance with legal and regulatory requirements.

iii. FY25-FY26 Financial Trending

- The Executive Committee was informed that last month the Board approved an updated risk management plan, which was subsequently submitted to the State. Following submission, LRE received a request from the State to schedule a meeting to review cost drivers underlying regional financial trends. During the meeting, LRE leadership and State actuarial representatives discussed key expenditure drivers, and Ms. Marlatt-Dumas noted concerns regarding the need for consistent State support of PIHP-level decisions when service authorization determinations are made. The State indicated it is continuing to review the information and will follow up as it evaluates potential next steps related to financial trending and any future rate considerations.

BOARD MEETING AGENDA ITEMS

i. Annual Report

BOARD WORK SESSION AGENDA

- i. Artificial Intelligence (AI) Presentation

OTHER

- The Executive Committee was informed that anticipated attendance and agenda content for the June board meeting is being reviewed. Due to venue scheduling constraints, the Hub is not available for the June meeting, as it was previously reserved in advance, and alternative space options are currently being evaluated. Leadership noted that attendance in June is typically lower and that there may be limited substantive agenda items beyond routine disbursements. As a result, consideration is being given to whether cancel the June board if no significant business items arise. Staff will evaluate available alternate locations and confirm whether a suitable venue can be secured, with a potential reservation being prioritized for September (HUB also not available). Further updates will be provided as scheduling, and agenda needs are finalized.
- Mental Health Framework – The Executive Committee was informed that MDHHS issued a communication regarding the proposed Mental Health Framework (MHF) implementation following the public comment period. The notice, received last Friday and distributed broadly to stakeholders, indicated that MDHHS will temporarily delay implementation of the MHF coverage responsibility policy to allow for system-wide preparation. Further updates will be provided as additional guidance is issued by MDHHS regarding revised timelines or implementation expectations.

Executive Committee/CEO SESSION (STANDING ITEM)

NA

UPCOMING MEETINGS

- May 27, 2026 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- May 27, 2026 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- June 11, 2026 – LRE Community Advisory Panel, 1:00 PM
- June 17, 2026, – Executive Committee, 1:00PM
- June 24, 2026 – LRE Executive Board Meeting, 1:00 PM
TBD

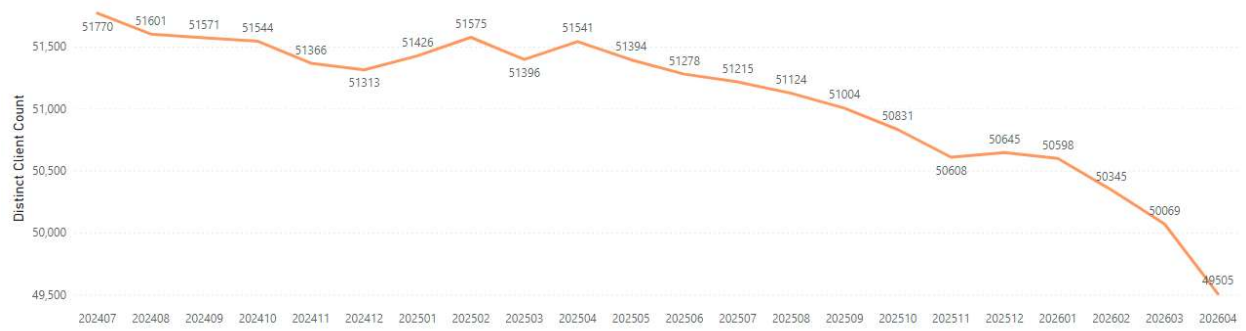
ADJOURN

Lakeshore Regional Entity Board Financial Officer Report for May 2026 5/27/2026

- **Disbursements Report** – A motion is requested to approve the April 2026 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through March is included as an attachment. These figures are draft and will not be final until after the audit is complete.
- **LRE Combined Monthly FSR** – The March LRE Combined Monthly FSR Report is included as an attachment for this month’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual **surplus** fiscal year-to-date through March of **\$4.4 million**, a projected annual **deficit** of **\$15.3 million**, and a budgeted **deficit** of **\$14.7 million** regionally (Medicaid and HMP) is shown in this month’s report. All CMHSPs have an actual **surplus** except Network180 who has a **deficit** of **\$3.8 million** and CMH of Ottawa with a **deficit** of **\$1 million**. HealthWest, OnPoint, and West Michigan CMH have a projected **surplus**. Network180 and CMH of Ottawa have projected **deficits**. All CMHSPs have a budgeted **surplus or breakeven**, except Network180 with a budgeted **deficit** of **\$15 million**.
- **Cash Flow Issues** – No new concerns reported to LRE. N180 has an outstanding **\$6 million** cash advance due upon completion of the FY25 Medicaid/HMP Cost Settlement.
- **Treasury/IPA Update** –The case in the Court of Claims was dismissed without prejudice on May 4, 2026.
- **FY2026 Revenue Projections** – FY26 April revenue is within 0.03% of expected total year-to-date revenue based on the March quarterly projections. FY26 waivers continued to be paid out at FY25 rates. MDHHS expects to recoup and repay waiver revenue at the correct rates at a future date.
- **Financial Data/Charts** – The charts below show 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 July 2024 – April 2026. The LRE has experienced a decline in enrollments for DAB, TANF, and HMP, mirroring patterns observed throughout the state. The PIHPs shared combined enrollment data with MDHHS, which is investigating possible system issues but has found no evidence yet. Regionally, year-to-date eligibility is below MDHHS’s actuarial projections (DAB - 0.31%, TANF -5.0%, HMP -3.8%).

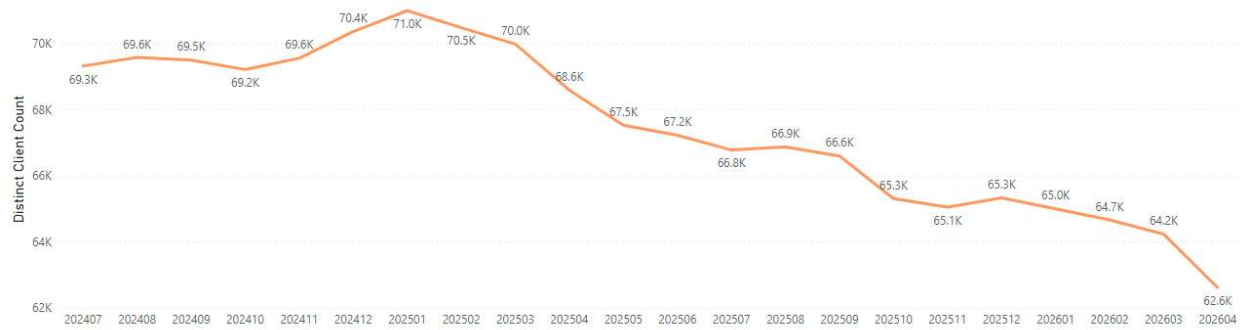
DAB

Eligibility - Number of Consumers by Month



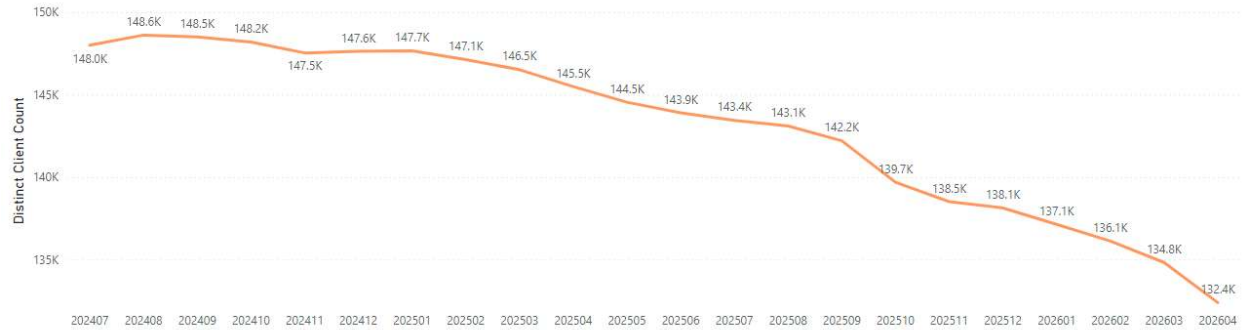
HMP

Eligibility - Number of Consumers by Month



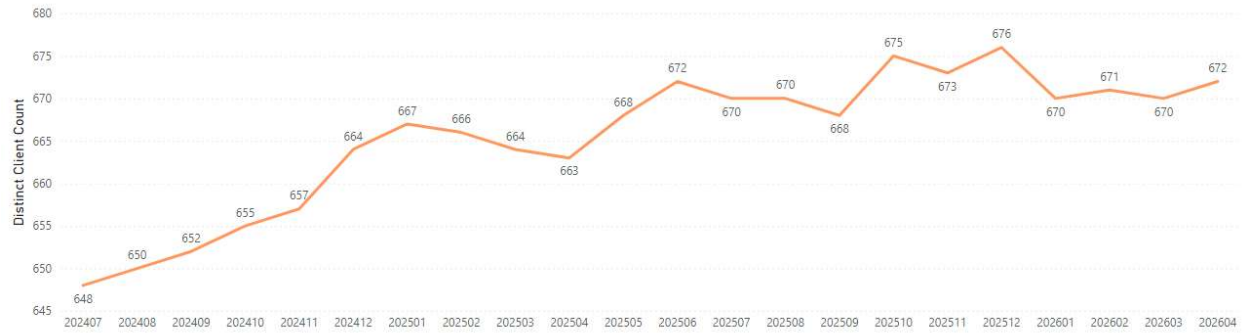
TANF

Eligibility - Number of Consumers by Month



HSW

Eligibility - Number of Consumers by Month



LRE has been closely tracking missing HSW payments, and per MDHHS requirements, those missing payments are reported to MDHHS four months after the missing payment occurred.

- **Legal Expenses** – Below, this chart contains legal expenses of the LRE that have been billed to the LRE to date for FY2022 through FY2026.

Lakeshore Regional Entity Legal Expenses Report

Fiscal Year	Managed Care / MDHHS Contract	By-Laws				General	State Fair			Total
		Operatiing Agreement	Health West Litigation	N180 Litigation	Hearings		CCBHC	ISF Litigation		
FY22	\$ 187,807.86	\$ 12,200.00	\$ 30,555.94	\$ -	\$ 325.00	\$ -	\$ 812.50	\$ -	\$ 231,701.30	
FY23	\$ 149,640.86	\$ -	\$ 10,720.00	\$ 52,874.13	\$ 10,250.00	\$ -	\$ -	\$ -	\$ 223,484.99	
FY24	\$ 9,186.40	\$ -	\$ 387.20	\$ 1,154.40	\$ 50,000.00	\$ -	\$ -	\$ -	\$ 60,728.00	
FY25	\$ 24,018.83	\$ -	\$ -	\$ -	\$ 178,998.45	\$ 18,802.00	\$ -	\$ 74,954.20	\$ 296,773.48	
FY26	\$ -	\$ -	\$ -	\$ -	\$ 58,878.00	\$ -	\$ -	\$ -	\$ 58,878.00	
Total	\$ 370,653.95	\$ 12,200.00	\$ 41,663.14	\$ 54,028.53	\$ 239,573.45	\$ 18,802.00	\$ 812.50	\$ 74,954.20	\$ 812,687.77	

As of April 30, 2026



BOARD ACTION REQUEST

Subject: April 2026 Disbursements

Meeting Date: May 27, 2026

RECOMMENDED MOTION:

To approve the April 2026 disbursements of \$37,583,829.29 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Allegan County CMH	\$2,797,758.68
Healthwest	\$6,628,373.59
Network 180	\$16,685,644.15
Ottawa County CMH	\$4,486,778.04
West Michigan CMH	\$2,231,988.63
SUD Prevention Expenses	\$130,597.79
Hospital Reimbursement Adjuster (HRA)	\$2,392,632.00
Michigan IPA Tax - Quarterly	\$1,228,041.90
SUD Public Act 2 (PA2)	\$312,246.64
Administrative Expenses	\$3,082,399.87
Total:	\$37,583,829.29

87.70% 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: 5/19/2026



Statement of Activities - Actual vs. Budget
Fiscal Year 2025/2026
As of Date: 3/31/26

	Year Ending 9/30/2026	3/31/2026		
	FY26 Budget <u>Amendment 2</u>	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	301,000,095	150,500,048	152,126,772	1,626,724
DHS Incentive	471,247	235,624	-	(235,624)
Autism Revenue	67,445,656	33,722,828	35,565,761	1,842,933
Healthy Michigan	36,154,699	18,077,350	19,771,863	1,694,513
Performance Bonus Incentive	2,648,663	1,324,332	-	(1,324,332)
Hospital Rate Adjuster (HRA)	23,383,692	11,691,846	2,400,615	(9,291,231)
Member Local Contribution to State Medicaid	1,007,548	503,774	503,774	-
Health Homes (BHH/SUDHH)	27,700	13,850	13,486	(364)
MDHHS Grants	10,798,608	5,399,304	4,436,875	(962,429)
PA 2 Liquor Tax	5,166,548	2,583,274	1,177,221	(1,406,053)
Interest Earnings	1,365,174	682,587	214,839	(467,748)
Use of ISF/Savings	16,476,076	8,238,038	-	(8,238,038)
Miscellaneous Revenue	5,500	2,750	-	(2,750)
Total Operating Revenues	465,951,207	232,975,604	216,211,206	(16,764,398)
Expenditures				
Salaries and Fringes	8,006,979	4,003,490	2,382,027	(1,621,462)
Office and Supplies Expense	316,958	158,479	94,166	(64,313)
Contractual and Consulting Expenses	1,025,954	512,977	352,324	(160,653)
Managed Care Information System (PCE) *	345,200	172,600	141,707	(30,893)
Legal Expense *	229,000	114,500	56,833	(57,667)
Utilities/Conferences/Mileage/Misc Exps	3,998,465	1,999,233	32,072	(1,967,161)
Grants - MDHHS & Non-MDHHS	637,422	318,711	246,010	(72,701)
Hospital Rate Adjuster / Taxes	28,295,860	14,147,930	4,848,716	(9,299,214)
Prevention Expenses - Grant & PA2	3,214,006	1,607,003	1,375,463	(231,540)
SUD Treatment Expenses - Grants	693,492	346,746	259,891	(86,855)
Member Payments - Medicaid/HMP	406,936,648	203,468,324	197,988,235	(5,480,089)
Member Payments - PA2 Treatment	3,838,837	1,919,418	1,239,269	(680,149)
Member Payments - Grants	7,404,838	3,702,419	2,953,949	(748,470)
Local Contribution to State Medicaid	1,007,548	503,774	503,774	(0)
Total Expenditures	465,951,207	232,975,604	212,474,435	(20,501,169)
Total Change in Net Assets	(0)	(0)	3,736,771	3,736,771

* The categories of Managed Care Information Systems (PCE) and Legal are Net of amounts applied to Grants



**Statement of Activities
Budget to Actual Variance Report
For the Period ending March 31, 2026**

As of Date: 3/31/26

Operating Revenues

Medicaid/HSW/SED/CWP	N/A - Closely aligned with the current budget projections.
DHS Incentive	This revenue is received quarterly beginning in April.
Autism Revenue	N/A - Closely aligned with the current budget projections.
Healthy Michigan	Revenue is increasing based on latest projections. Adjustments made in April.
Performance Bonus Incentive	FY26 Revenue will be received after the end of the fiscal year if health plan performance metrics are met.
Hospital Rate Adjuster	HRA is typically paid quarterly. First quarter HRA payment was delayed, pending CMS rate approval. First payment received in April.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
MDHHS Grants	SUD grant payments are received quarterly. First payment received in February.
PA 2 Liquor Tax	PA2 revenues are received quarterly, after the Department of Treasury issues payments to the counties. Quarter 1 was withheld for the state's debt service requirements.
Interest Revenue	Interest is down with 2 CDs maturing. Reinvestment is pending.
Use of ISF/Savings	Revenue will likely be applied to CMHSP Member deficits at year end, as needed, per the Board approved FY26 Revised Risk Management Strategy Plan.
Miscellaneous Revenue	Revenue may be received throughout the year, but the budgeted amount is not guaranteed.

Expenditures

Salaries and Fringes	Some expenses in this category will occur later in the fiscal year. Will be monitored for adjustments during the next amendment.
Office and Supplies	Some expenses in this category will occur later in the fiscal year. Will be monitored for adjustments during the next amendment.
Contractual/Consulting	Some expenses in this category will occur later in the fiscal year. Will be monitored for adjustments during the next amendment.
Managed Care Info Sys	Some expenses in this category will occur later in the fiscal year.
Legal Expense	Some expenses in this category will occur later in the fiscal year. Will be monitored for adjustments during the next amendment.
Utilities/Conf/Mileage/Misc	This line item includes LRE's contingency fund and will be monitored for adjustments during the next amendment.
Grants - MDHHS & Non-MDHHS	Expenditures under due to some MDHHS grant amendment and payment delays.
HRA/Taxes	HRA is typically paid quarterly. First quarter HRA payment was delayed, pending CMS rate approval. First payment received in April.
Prevention Exps - Grant/PA2	MDHHS SUD grant payments are made quarterly.
Member Med/HMP Payments	N/A - Closely aligned with the current budget projections.
Member PA2 Tx Payments	Billings against this line item typically occur after other grant funding is applied.
Member Grant Payments	Most of these payments are billed to LRE and paid by MDHHS 45-60 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.

For internal use only. This report has not been audited, and no assurance is provided.

Lakeshore Regional Entity Combined Monthly FSR Summary
 FY 2026
 March 2026 Reporting Month
 Reporting Date: 5/18/26

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue	40,295,623	99,803,711	16,690,892	27,531,395	13,666,614	3,059,129	201,047,364
Total Capitated Expense	33,999,662	102,682,749	15,706,364	28,566,261	11,764,998	3,059,129	195,779,163
Actual Surplus (Deficit)	6,295,962	(2,879,039)	984,528	(1,034,866)	1,901,617	-	5,268,202
% Variance	15.62%	-2.88%	5.90%	-3.76%	13.91%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%) (Variance Explanation provided by CMHSP)	HW continues to see a decline in services averaging 5% per month FY26 compared to FY25; largely in the Adult population	Utilization remains high and consistent with FY25, driven by inpatient, autism, and specialized residential services.	OnPoint held on provider rate increase until January 1, 2026 to confirm revenue was coming in as expected. This surplus is expected to be utilized in future months.	92k was received in revenue from 1st & 3rd party collection. Current FY26 deficit projection	WM is experiencing a decline in expense related to residential care but we do expect the surplus to decrease some as provider rate increases are fully rolled out.	Less than threshold for explanation.	
<i>LRE Note: Actual revenue is understated/ (overstated) by the amount listed due to MDHHS paying FY25 rates for waivers instead of FY26 rates. MDHHS intends to recoup and repay at the correct rates at a later date.</i>							
	155,921	(927,964)	(182,482)	(40,226)	157,793	-	(836,958)
Actual Surplus (Deficit)	6,451,883	(3,807,003)	802,046	(1,075,092)	2,059,410	-	4,431,244
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of: March							
Total Projected Medicaid/HMP Revenue	79,094,856	193,641,266	32,357,360	53,537,332	27,134,911	13,922,556	399,688,282
	(0)	0	-	0	-	-	
Total Capitated Expense Projections	76,437,742	206,926,000	32,302,624	58,349,177	27,043,915	13,922,556	414,982,014
Projected Surplus (Deficit)	2,657,114	(13,284,733)	54,737	(4,811,845)	90,996	-	(15,293,732)
% Variance	3.36%	-6.86%	0.17%	-8.99%	0.34%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%) (Variance Explanation provided by CMHSP)	Less than threshold for explanation.	Utilization remains high and consistent with FY25, driven by inpatient, autism, and specialized residential services. Additionally, autism service demand exceeds funding, as regional rate allocations do not reflect county-level needs. Finally, while CSU rates are included in PMPM funding, current regional allocations do not adequately cover N180 operating costs as the only CSU in the region.	Less than threshold for explanation.	Projecting similar expenses as last year incl the FY25 deficit currently reporting, of which increase is due to rate increase & utilization, however, medicaid revenue allocation has decreased for FY26 & is not keeping up with cost of providing services.	Less than threshold for explanation.	Less than threshold for explanation.	
PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	11/12/2025	3/11/2026	11/10/2025	11/14/2025	11/12/2025		
Medicaid/HMP Revenue			DRAFT ONLY - NOT ACCEPTED AS FINAL				
Total Budgeted Medicaid/HMP Revenue	79,430,870	192,305,302	32,595,722	53,601,952	27,043,915	13,922,556	398,900,317
Total Budgeted Capitated Expense	79,162,747	207,292,460	32,595,722	53,601,952	27,043,915	13,922,556	413,619,353
Budgeted Surplus (Deficit)	268,123	(14,987,158)	-	-	-	-	(14,719,036)
% Variance	0.34%	-7.79%	0.00%	0.00%	0.00%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%) (Variance Explanation provided by CMHSP)	Less than threshold for explanation.	Utilization remains high and consistent with FY25, driven by inpatient, autism, and specialized residential services. Additionally, autism service demand exceeds funding, as regional rate allocations do not reflect county-level needs. Finally, while CSU rates are included in PMPM funding, current regional allocations do not adequately cover N180 operating costs as the only CSU in the region.	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	2,388,991	1,702,425	54,737	(4,811,845)	90,996	-	(574,696)
% Variance	3.01%	0.89%	0.17%	-8.98%	0.34%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%) (Variance Explanation provided by CMHSP)	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	Used Oct-Feb projection numbers. BUT, we are reviewing the numbers to ensure the accuracy - therefore projection may change. Spending plan did not take into consideration the FY25 deficit. Current exps projected higher than plan, however, budget reduction and utilization management strategies are currently being discussed in an attempt to address the projected variance	Less than threshold for explanation.	Less than threshold for explanation.	

Lakeshore Regional Entity
FY2026 FSR Monthly Comparison of Surplus/(Deficit) Detail
(Excluding CCBHC)

March 2026 Reporting Month
Reporting Date: 5/18/26

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	3,692,293	(2,560,810)	(1,420,667)	(2,566,732)	1,150,489	(1,705,427)
Autism	2,759,590	(1,246,193)	2,222,713	1,491,640	908,921	6,136,671
Total Distributed Medicaid/HMP Revenue	6,451,883	(3,807,003)	802,046	(1,075,092)	2,059,410	4,431,244
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	(1,240,604)	(8,889,859)	(3,981,126)	(4,027,460)	(2,001,547)	(20,140,596)
Autism	3,897,718	(4,394,874)	4,035,863	(784,385)	2,092,543	4,846,864
Total Distributed Medicaid/HMP Revenue	2,657,114	(13,284,733)	54,737	(4,811,845)	90,996	(15,293,732)

Lakeshore Regional Entity
FY2026 FSR Monthly Comparison of Surplus/(Deficit)

Actual	Nov	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Significant Change Explanations
HW	3,210,521	1,880,517	(1,330,003)	4,135,097	2,254,579	5,539,968	1,404,871	6,451,883	911,915	HW continues to see a decline in services averaging 5% per month FY26 compared to FY25; largely in the Adult population
N180	(2,499,914)	(3,522,325)	(1,022,411)	(3,796,208)	(273,882)	(3,743,865)	52,342	(3,807,003)	(63,138)	
OnPoint	369,888	400,276	30,387	561,154	160,878	793,592	232,438	802,046	8,454	
Ottawa	1,725,566	1,650,528	(75,038)	477,495	(1,173,033)	(125,262)	(602,757)	(1,075,092)	(949,830)	Current FY26 deficit projection
WM	1,307,093	1,276,611	(30,481)	1,452,997	176,386	1,896,932	443,935	2,059,410	162,478	
Total	4,113,153	1,685,607	(2,427,546)	2,830,536	1,144,929	4,361,365	1,530,830	4,431,244	69,879	

Projection	Nov	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Significant Change Explanations
HW	3,869,714	(4,266,494)	(8,136,208)	(105,768)	4,160,726	1,767,867	1,873,635	2,657,114	889,247	HW continues to see a decline in services averaging 5% per month FY26 compared to FY25; largely in the Adult population
N180	(2,078,970)	(2,759,095)	(680,125)	(14,987,158)	(12,228,064)	(13,284,733)	1,702,425	(13,284,733)	(0)	
OnPoint	-	(107,520)	(107,520)	(107,520)	0	(238,361)	(130,842)	54,737	293,098	OnPoint reporting a \$293k decrease in expenses projections from prior month.
Ottawa	(3,469,038)	(3,580,703)	(111,665)	(4,276,735)	(696,032)	(4,811,845)	(535,110)	(4,811,845)	(0)	
WM	-	50,080	50,080	50,080	0	90,996	40,916	90,996	-	
Total	(1,678,294)	(10,663,732)	(8,985,438)	(19,427,101)	(8,763,370)	(16,476,077)	2,951,025	(15,293,732)	1,182,345	

Proposed Spending Plan/Budget	Nov	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Significant Change Explanations
HW	268,123	268,123	-	268,123	(0)	268,123	-	268,123	-	
N180	(2,078,970)	(2,078,970)	-	(14,987,158)	(12,908,189)	(14,987,158)	-	(14,987,158)	-	
OnPoint	-	-	-	-	-	-	-	-	-	
Ottawa	-	-	-	-	-	-	-	-	-	
WM	-	-	-	-	-	-	-	-	-	
Total	(1,810,847)	(1,810,847)	-	(14,719,036)	(12,908,189)	(14,719,036)	-	(14,719,036)	-	