

Meeting Agenda

**SUD OVERSIGHT POLICY BOARD**

Wednesday, March 11, 2026 4:00 PM

Board Room - Community Mental Health of Ottawa County  
12265 James Street, Holland, MI 49424

1. Call to Order: Chair
  - a. Welcome new members
2. Roll Call/Introductions: Chair
3. Public Comment: Chair
4. Conflict of Interest: Chair
5. Review/Approval of Agenda-Chair (*Attachment 1*)  
**Suggested Motion:** To approve the March 11, 2026, LRE Oversight Policy Board meeting agenda as presented.
6. Review/Approval of Minutes-Chair (*Attachment 2*)  
**Suggested Motion:** To approve the December 10, 2025, LRE Oversight Policy Board meeting minutes as presented.
7. Old Business
  - a. LRE Bylaws Amendments – (*Attachment 3*)  
**Suggestion Motion:** To approve the amended Lakeshore Regional Entity Oversight Policy Board Bylaws as presented.
8. New Business/Action
  - a. Election Officers – Patrick Sweeney (*Attachment 4*)  
**Nomination and Selection of Officers**  
**Suggested Motion:** To approve the recommendations for OPB Chair, Vice Chair and Secretary as nominated by the members.
  - b. Finance Report - Maxine Coleman
    - i. Statement of Activities (*Attachment 5*)
    - ii. PA2 Fund Balance Report (*Attachment 6*)
  - c. Community Mental Health of Ottawa County Reserve PA2 Request for Special Projects (*Attachment 7*)  
**Suggestion Motion:** To approve the request from Community Mental Health of Ottawa County for Reserve FY26 PA2 funds in the amount of \$172,000 for Community Based Treatment program to provide

SUD outpatient services including screening, assessment, treatment, case management, and recovery coaching.

9. Prevention/Treatment Updates
  - a. Prevention – Amy Embury
    - i. [FY25 Summary of Activities](#)
  - b. Treatment – Stephanie VanDerKooi
    - i. ASAM IV Implementation
    - ii. [FY25 Treatment Evaluation](#)
  
10. State/Regional Updates – Stephanie VanDerKooi
  - a. MDHHS PIHP System Rebid
  - b. Legislative Update (*Attachment 8*)
  
11. Round Table
  - a. Opiate Settlement Updates
  
12. Next Meeting  
June 10, 2026 – 4:00 PM  
CMHOC Board Room

## Meeting Minutes

**SUD OVERSIGHT POLICY BOARD**

Wednesday, December 10, 2025 4:00 PM

 Board Room - Community Mental Health of Ottawa County  
 12265 James Street, Holland, MI 49424

CALL TO ORDER:

Ms. Sarah Sobel, LRE Board Secretary, called the December 10, 2025, LRE Oversight Policy Board meeting to order at 4:00 PM.

ROLL CALL/INTRODUCTIONS:

MEMBER	P	A	MEMBER	P	A
Zee Bankhead			Richard Kanten	x	
Shelly Cole-Mickens	x		David Parnin	x	
Jessica Cook	x		Sarah Sobel	x	
Mark DeYoung	x		Stan Stek	x	
Dawn Fuller			James Storey	X	
Jordan Jorritsma			Joe Stone		
Rebecca Lange			Patrick Sweeney		
Horace Lattimore	x		Robert Walker	x	

PUBLIC COMMENT

No public comment

CONFLICT OF INTEREST

No conflict of interest declared.

REVIEW/APPROVAL OF AGENDA - Chair

LRE OPB 25-33 Motion: To approve the December 10, 2025, LRE Oversight Policy Board meeting agenda as presented.

Moved by: Cole Mickens Support: Parnin

MOTION CARRIED

REVIEW/APPROVAL OF MINUTES-Chair

LRE OPB 25-34 Motion: To approve the September 17, 2025, LRE Oversight Policy Board meeting minutes as presented.

Moved by: Storey Support: Parnin

MOTION CARRIED

OLD BUSINESS
**Suggested LRE Bylaws Amendments**
*(For discussion only – action to be considered during the March, 2026 OPB meeting)*

A request was made during the September 17, 2025, OPB meeting to develop a policy or include language in the bylaws related to member attendance requirements. The annual review of the Bylaws will be conducted during the March, 2026 OPB Meeting.

Mr. Walker commented on frustrations he has experienced when meetings are scheduled and a quorum is not available. Mr. Stek noted that the appointing county should be notified to discuss attendance issues. Mr. Storey suggested that the standard for attendance should be 100 percent as the OPB meets only four times per year. Members should commit to being in attendance or not accept the appointment. Consider 100 percent attendance with unexcused absences generating action.

### **Advocacy**

- i. [Tobacco Licensing Petition](#) (Senate Bills 462, 463, 465, and 466)

Currently, there is no licensing requirement in Michigan for tobacco retailers. These bills have passed in the Senate and will advance to the House of Representatives.

### **PA2 Fund Balance Report**

Report is provided to provide an overview of the current status of PA2 funds by county. FY25 PA2 fund balance is down approximately 3 percent over FY24.

### NEW BUSINESS/ACTION

#### **Finance Report** - Maxine Coleman

- i. Statement of Activities

Ms. Coleman reviewed the status of revenue and expenditures through October 2025. No concerns noted.

#### **2026 OPB Meeting Calendar**

LRE OPB 25-35 Motion: To approve the 2026 LRE Oversight Policy Board Meeting Schedule as presented.

Moved by: Walker

Support: Cole-Mickens

MOTION CARRIED

#### **Legislative Advocacy** - Cannabis Advertising

LRE OPB 25-36 Motion: To authorize the LRE Chief Operations Officer to send the letter as presented supporting Michigan House Bills 5134 and 5135 to the bill sponsors on behalf of the LRE Oversight Policy Board.

Moved by: Cook

Support: Steck

MOTION CARRIED

#### **Network180 Reserve PA2 Request for Special Projects**

LRE OPB 25-37 Motion: To approve the request from Network180 for Reserve FY26 PA2 funds in the amount of \$461,770 for 100 in 100 Housing Stabilization Case Management program.

Moved by: Stek

Support: Cook

MOTION CARRIED

Mr. Stek commented on his support of this program, which has been extremely successful in addressing the chronic homeless situation in Kent County. Mr. Don Avery reported that the

retention rate for those housed is 97 percent, which is significantly higher than the national average.

**Network180 Reserve PA2 Request for Special Projects**

LRE OPB 25-38 Motion: To approve the request from Network180 for Reserve FY26 PA2 funds in the amount of \$100,000 for Real Clean Individual and Family Treatment Program.

Moved by: Stek Support: Parnin  
MOTION CARRIED

The organization provides intensive SUD treatment focusing on youth involved in the criminal justice system, working closely with the youth and their families. The program will support one therapist with a target of serving 40 – 45 youth. Family involvement is a requirement for participation.

**OnPoint Reserve PA2 Request for Special Projects**

LRE OPB 25-39 Motion: To approve the request from OnPoint for Reserve FY26 PA2 funds in the amount of \$115,000 for the Adult Drug Court Treatment Program.

Moved by: Cook Support: Parnin  
MOTION CARRIED

The state court administrator’s office which provides funding has been responding to grant requests with partial funding. Funds awarded this year amounted to \$72,000 , resulting in a funding gap of \$115,000 for addressing treatment costs. PA2 funds will help to fulfill the obligations of the drug court program.

**FY26 Budget Amendment #1**

LRE OPB 25-40 Motion: To approve Amendment #1 to the allocation of FY26 PA2 funds for the LRE SUD Budget as presented and to advise and recommend that the LRE Board approve the amended FY26 non-PA2 fund budgets for SUD services as presented.

Moved by: Cook Support: Parnin  
MOTION CARRIED

PREVENTION/TREATMENT UPDATES

**Prevention** – Amy Embury

- i. MIRecovery Campaign – Promotional Videos

<https://youtu.be/ioV24iA0psY>

[https://youtu.be/syxarvaq\\_ro](https://youtu.be/syxarvaq_ro)

Ms. Embury discussed the promotional video that was developed in collaboration with GoMedia focusing on perinatal individuals.

**Treatment** – Amanda Tarantowski

- i. ASAM IV Implementation

The state initially expected ASAM IV implementation for assessment and treatment be complete by January 1. However, recent communication indicates that the date has been delayed due to several factors.

ii. Provider Network Adequacy

- Several providers in the region have discontinued providing detox services. There has been discussion with the state and the regional CMHSP CEO's. Results of the MDHHS Procurement are pending and will inform next steps.
- SUD Rates are under review.

STATE/REGIONAL UPDATES – Stephanie VanDerKooi

**MDHHS PIHP System Rebid**

- Court hearing occurred over three days (12/8, 12/9, 12/10). The judge has indicated that a ruling will be available early next week.

ROUND TABLE

**Opiate Settlement Updates** – no discussion

ADJOURN

LRE OPB 25-32 Motion: To adjourn the December 10, 2025, LRE Oversight Policy Board meeting.

Moved by: Kanten

Support: Cook

MOTION CARRIED

Ms. Sobel adjourned the December 10, 2025, LRE Oversight Policy Board meeting at 4:55 pm.

NEXT MEETING

March 11, 2026 – 4:00 PM

CMHOC Board Room

**Lakeshore Regional Entity  
Substance Abuse Oversight Policy Board**

**BYLAWS**

Revised ~~March 1, 2021~~ March 11, 2026

**I. Name/Legal Basis, Area, Authority**

- A. Name/Legal Basis: This body shall be known as the Substance Use Disorder Oversight Policy Board for the Lakeshore Regional Entity, as specified by the Intergovernmental Contract established 10/1/2014 by and among the Lakeshore Regional Entity, d/b/a Lakeshore Regional Entity (“LRE”), Allegan County, Kent County, Lake County, Mason County, Muskegon County, Oceana County and Ottawa County.
- B. Area: The Substance Use Disorder Oversight Policy Board for the LRE shall be responsible for the geographic areas encompassed by Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa Counties.
- C. Authority: These Bylaws (including revisions as applicable) were adopted at a regular meeting of the Substance Use Disorder Oversight Policy Board for the LRE, and enable the capacity of the LRE to perform its functions under the provisions of the Michigan Mental Health Code (Public Act 258 of 1974, as amended). They provide for area-wide comprehensive planning, development and coordination of a regional array of publicly accessible substance abuse prevention and substance use disorder treatment and recovery support services. The provisions of these Bylaws are established consistent with the Intergovernmental Contract.

**II. Purpose and Goals**

- A. The Oversight Policy Board shall have the following functions and responsibilities:
  - 1. Approval of any portion of LRE’s budget that contains 1986 PA 2 (MCL 211.24e(11)), funds (“PA 2 Funds”) for the treatment or prevention of substance use disorders. PA 2 Funds are to be used for substance use disorder treatment and prevention in the Counties from which the PA 2 Funds originated; the Oversight Policy Board will use the definition of these services from Public Act 500 of 2012, which may be amended by the Legislature:
    - a. Substance use disorder prevention services are “services that are intended to reduce the consequences of substance use disorders in communities by preventing or delaying the onset of substance abuse and that are intended to reduce the progression of substance use disorders in individuals. Substance use disorder prevention is an ordered set of steps that promotes individual, family, and community health, prevents mental and behavioral disorders, supports resilience and recovery, and reinforces treatment principles to prevent relapse” (PA 500 of 2012, Sec. 100d(12)).

- b. Substance use disorder treatment and rehabilitation services are “identifiable recovery-oriented services including: (a) early intervention and crisis intervention counseling services for individuals who are current or former individuals with substance use disorder, (b) referral services for individuals with substance use disorder, their families, and the general public, and (c) planned treatment services, including chemotherapy, counseling, or rehabilitation for individuals physiologically or psychologically dependent upon or abusing alcohol or drugs” (PA 500 of 2012, Sec. 100d(13)).
  - c. Recovery is defined as “a highly individualized process of healing and transformation where the individual gains control over his or her life. Related services include recovery management, recovery support services, recovery houses or transitional living programs, and relapse prevention. Recovery involves the development of a new meaning, purpose, and growing beyond the impact of addiction or a diagnosis. Recovery may include the pursuit of spiritual, emotional, mental, or physical well-being (PA 500 of 2012, Sec. 100c(14)).
- 2. Advise and make recommendations to the LRE Board of Directors regarding LRE’s budgets and expenditures for substance use disorder treatment or prevention using non-PA2 Funds
- 3. Advise and make recommendations regarding contracts with substance use disorder treatment or prevention providers.
- 4. To be a voice for the various communities within the boundaries of the LRE relative to substance abuse issues and needs.
- 5. To evaluate financial performance of providers – for purposes of fiscal accountability as well as for purposes of helping providers to improve their capabilities to be effective.
- 6. To make recommendations for changes in policies or laws to improve efficient delivery of services to the population targeted for service with funds entrusted to the board.
- 7. To recognize exceptional providers and/or their staff for good things being done in the region.
- 8. To communicate with constituent counties – through OPB members, but also as an entity (e.g., develop meeting synopses that OPB members can use for local reports).
- 9. Assist LRE in carrying out the following statutory duties of LRE under MCL 330.1274, which may be amended by the Legislature:
  - a. Developing comprehensive plans for substance use disorder treatment and rehabilitation services and substance use disorder prevention services consistent with guidelines established by the Michigan Department of Health and Human Services.

- b. Reviewing and commenting to the Michigan Department of Licensing and Regulatory Affairs on applications for licenses submitted by local treatment, rehabilitation, and prevention organizations.
- c. Providing technical assistance for local substance use disorder service programs.
- d. Collecting and transferring data and financial information from local programs to the Michigan Department of Community Health.
- e. Submitting an annual budget request to the Department of Community Health for use of state administered funds for its substance use disorder treatment and rehabilitation services and substance use disorder prevention services in accordance with guidelines established by the Department of Community Health.
- f. Making contracts necessary and incidental to the performance of the LRE's functions. The contracts may be made with public or private agencies, organizations, associations, and individuals to provide for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.
- g. Annually evaluating and assessing substance use disorder services in the LRE's region in accordance with guidelines established by the Department of Community Health.

**III. Membership and Meetings**

A. Oversight Policy Board Membership: The Oversight Policy Board members shall be appointed by the county commissions of the respective counties in the geographic boundaries of the Lakeshore Regional Entity and in the following numbers:

Allegan County	2 persons
Kent County	7 persons
Lake County	1 person
Mason County	1 person
Muskegon County	2 persons
Oceana County	1 person
Ottawa County	3 persons
TOTAL	17 persons

Counties may also designate alternates for their appointed member(s).

- B. Term of Membership: To provide for proper continuity of membership and effective membership, the Lakeshore Regional Entity will request that county commissions aim to appoint members to the Oversight Policy Board who are able to commit to three (3) year terms (January to December).
- C. Cultural Competence: Oversight Policy Board members must support and respect the cultural diversity of the communities within geographic region of the Lakeshore Regional Entity, and shall foster positive engagement by welcoming and appreciating all persons who are involved with prevention, treatment and recovery support services, including persons who are themselves participating in such services and/or

who are in recovery or those who represent related constituencies such as education, health, and social services agencies; local foundations and advocacy organizations; members of the general public, including civic organizations and the business community.

D. Staff Members: Staff support services for the Oversight Policy Board shall be provided by or through the Lakeshore Regional Entity.

E. Terminations and Resignation:

1. An Oversight Policy Board member who wishes to leave his or her appointment prior to the conclusion of his or her term must resign in writing to the Oversight Policy Board.
2. The Oversight Policy Board may recommend that a County vacate the seat of any member of the Oversight Policy Board if the member is absent without notification from three (3) consecutive, regularly scheduled Oversight Policy Board meetings.

F. Meetings: Oversight Policy Board meetings are subject to the Michigan Open Meetings Act. The Oversight Policy Board shall meet according to a schedule of meetings adopted at the last meeting of the previous year. The OPB will meet a minimum of twice per calendar year. Meetings shall be scheduled four (4) times per year, with additional meetings subject to the call of the Chairperson. At least 10 days' notice shall be given to all members of the Oversight Policy Board, licensed substance abuse service providers and the general public. ~~Members may attend in person or via electronic means (e.g., teleconference).~~

G. Voting and Quorum:

1. A simple majority (1/2) of the total number of appointed members is a quorum; seats that are vacant without appointed members do not count in the total.
2. A simple majority (1/2) of those present at any meeting is all that is required to take actions, adopt motions, etc. ... provided a quorum is present as described above.
3. A super-majority of two-thirds (2/3) of the total number of appointed members is required to approve changes in Bylaws; seats that are vacant without appointed members do not count in the total membership.

~~H. Absences Attendance: Members who will be absent from a scheduled meeting are expected to notify the chairperson/designee of their anticipated absence, ordinarily at least 24 hours in advance of the meeting.~~

1. Oversight Policy Board members are expected to attend 100% of regularly scheduled meetings throughout their appointed term. Board members should include regular meeting times in their personal calendars and refrain from scheduling conflicting meetings during that time.
2. Board members might occasionally miss meetings due to circumstances beyond their control such as illness, travel schedules, jury duty, or other

unforeseen circumstances. These will generally be considered "excused" absences. In these cases, board members must notify the Board Chair of anticipated absences from regularly scheduled meetings. "Silent failure" (i.e. missing a meeting without notification) is unacceptable.

3. Members who are unable to meet attendance requirements will be asked to resign from their appointment so that the Oversight Policy Board is able to function appropriately.

H.

- I. Conflict of Interest: Any Oversight Policy Board member with a conflict of interest (defined as the personal impact on the member, a family member, or a business associate) from any item coming before the Oversight Policy Board shall announce the conflict and refrain from participating in the discussion and from voting on the subject item.

#### **IV. Officers**

- A. Election: The Oversight Policy Board shall have three (3) officers: Chairperson, Vice-Chairperson, and Secretary. These officers shall be elected by the Oversight Policy Board from among its members at the first meeting held after January 1 of each year.
- B. Term of Office: Officers shall serve for a period of one year, commencing with a meeting of the Oversight Policy Board to be held each year for the purpose of electing officers. Officers shall assume their offices immediately upon election.
- C. Chairperson: The Chairperson shall preside at all meetings of the Oversight Policy Board and may form such committees as are necessary to assist in the execution of the functions and responsibilities of the Oversight Policy Board.
- D. Vice-Chairperson: The Vice-Chairperson shall assume the responsibilities of the Chairperson in the event of his/her absence. Should the active Chairperson vacate his/her seat or should become unable to perform the duties of his/her office, the Vice-Chairperson shall become the Chairperson for the unexpired term and assume all powers and responsibilities of the office. A vacancy in the office of Vice-Chairperson shall be filled by the Oversight Policy Board at its next meeting.
- E. Secretary: The Secretary shall see to it that minutes are taken at all official meetings of the Oversight Policy Board are provided to the members prior to the next meeting. The Secretary shall assume the responsibilities of the Vice-Chairperson in the event of his/her absence.

#### **V. Parliamentary Procedures**

- A. The Rules contained in Roberts Rules of Order: Revised shall govern the procedures of the Oversight Policy Board. However, when these rules of procedures are inconsistent with the Bylaws or any special rule of the Oversight Policy Board, the Bylaws or special rules of order shall prevail over Roberts Rules of Order, Revised.

Suspension of the Rules of the Board, including Roberts Rules of Order, Revised may only occur upon a super-majority of the Board.

**VI. Amendments**

- A. Oversight Policy Board Bylaws may be amended upon the affirmative vote of two-thirds (2/3) of all currently appointed members at any regular or special meeting of the members. The notice of the meeting shall set forth a summary of the proposed amendment(s) at least 14 days prior to the date of the meeting.

-----

These Bylaws were adopted by the Lakeshore Regional Partners Substance Use Disorder Oversight Policy Board at a regularly scheduled meeting held on August 5, 2015.

These Bylaws were revised by the Lakeshore Regional Entity Substance Use Disorder Oversight Policy Board at a regularly scheduled meeting held on June 3, 2020

**Substance Use Disorder Oversight Policy Board Roster**  
 1/1/2026

Seat	County	Member	Contact Information	Term Notes
<b>1</b>	ALLEGAN	Mark DeYoung Commissioner	4169 Hickory Street Dorr, Michigan 49323 (616) 681-9413 – home/business (616) 318-9612 – cell <a href="mailto:mdeyoung@allegancounty.org">mdeyoung@allegancounty.org</a>	Appoint: 5/2016 Expire: 12/31/2017 Re-appt: 1/1/2018 Expire: 12/31/2020 Re-appt: 1/1/2021 Expire: 12/31/2023 Re-appt: 1/1/2024 Re-appt: 12/12/2024 Expire: 12/31/2027
<b>2</b>	ALLEGAN	James Storey Commissioner	344 W 35th Street Holland, MI 49423 (616) 848-9767	Appoint: 10/1/2014 Expire: 12/31/2017 Re-appt: 1/1/2018 Expire: 12/31/2020 Re-appt: 1/1/2021 Expire: 12/31/2023 Re-appt: 1/1/2024 Re-appt: 12/12/2024 Expire: 12/31/2027
<b>3</b>	KENT	Joe Stone	12309 Podunk Avenue Greenville, MI 48838 (616) 303-9444 <a href="mailto:Stonejoe09@gmail.com">Stonejoe09@gmail.com</a>	Appoint: 1/1/2024 Expire: 12/31/2026
<b>4</b>	KENT	Shellie Cole-Mickens	1137 Kalamazoo SE Grand Rapids, MI 49507 (616) 634-1972 – work (616) 634-1972 – cell <a href="mailto:shelliec123@yahoo.com">shelliec123@yahoo.com</a>	Appoint: 10/2016 Expire: 12/31/2018 Re-appt: 1/1/2019 Expire: 12/31/2021 Re-appt: 1/1/2022 Expire: 12/31/2024 Re-appt: 1/1/2025 Expire: 12/31/2027
<b>5</b>	KENT	Erin Gillmet	1057 Lincoln Ave NW Grand Rapids, MI, 49504 616-274-9922 <a href="mailto:eringillmet@gmail.com">eringillmet@gmail.com</a>	Appoint: 1/1/2026 Expire: 12/31/2028
<b>6</b>	KENT	Zee Bankhead	POB 150581 Grand Rapids, MI 49515 (616) 425-9863 <a href="mailto:zbankhead@email.davenport.edu">zbankhead@email.davenport.edu</a>	Appoint: 1/3/2025 Expire: 12/31/2027 Re-appt: 1/1/2026 Expire: 12/31/2028
<b>7</b>	KENT	Nancy Morales	1646 Havana Ave SW Wyoming, MI, 49509 562-360-8550 <a href="mailto:nancy.morales@kentcountymi.gov">nancy.morales@kentcountymi.gov</a>	Appoint: 1/1/2026 Expire: 12/31/2026
<b>8</b>	KENT	Sarah Sobel	865 Anita Ave. NW Grand Rapids, MI 49534 Cell: 616.283.6281 <a href="mailto:sarahmsobel@gmail.com">sarahmsobel@gmail.com</a>	Appoint: 1/1/2019 Expire: 12/31/2020 Re-appt: 1/1/2021 Expire: 12/31/2023 Re-appt: 1/1/2024 Expire: 12/31/2026

<b>9</b>	KENT	Patrick Sweeney Chair	233 Centennial Ave Grand Rapids, MI 49504 (989) 854-2444 – cell <a href="mailto:patrick@bloomsluggett.com">patrick@bloomsluggett.com</a>	Appoint: 10/2014 Expire: 12/31/2016 Re-appt: 1/1/2017 Expire: 12/31/2020 Re-appt: 1/1/2021 Expire: 12/31/2023 Re-appt: 1/1/2024 Expire: 12/31/2026
<b>10</b>	LAKE	Dawn Fuller	2219 E. 10 Mile Rd Irons, MI 49644 231-396-9274 <a href="mailto:District4dm@co.lake.mi.us">District4dm@co.lake.mi.us</a>	Appoint:: 1/1/2025 Expire: 12/31/2027
<b>11</b>	MASON	Rebecca Lange	3747 N. Culver Ludington, MI 49431 (231) 852-0744 – cell <a href="mailto:rebeccalangemsw@gmail.com">rebeccalangemsw@gmail.com</a>	Appoint: 10/1/2014 Expire: 12/31/2016 Re-appt: 1/1/2017 Expire: 12/31/2020 Re-appt: 1/1/2021 Expire: 12/31/2023 Re-appt: 1/1/2024 Expire: 12/31/2026
<b>12</b>	MUSKEGON	Horace Lattimore	994 E. Apple Avenue Muskegon MI 49442 <a href="mailto:horacelattimore@gmail.com">horacelattimore@gmail.com</a>	Appoint: 2/18/2025 Expire: 12/31/2027
<b>13</b>	MUSKEGON	Jessica Cook	1903 Marquette Avenue, Suite A111, Muskegon, MI 49442 (231) 282-9051 <a href="mailto:CookJe@Muskegoncounty.net">CookJe@Muskegoncounty.net</a>	Appoint: 4/22/2025 Expire: 12/31/2026
<b>14</b>	OCEANA	Robert Walker	7389 S. Michigan Ave. Rothway, MI 49452 (231) 206-1633 <a href="mailto:rwalker@oceana.mi.us">rwalker@oceana.mi.us</a>	Appoint: 1/1/2023 Expire: 12/31/2024 Re-appt: 1/1/2025 Expire: 12/31/2027
<b>15</b>	OTTAWA	David Parnin	14466 Brigham Drive Grand Haven, MI 49417 (231) 206-3834 <a href="mailto:drparnin@msn.com">drparnin@msn.com</a>	Appoint: 12/1/2017 Expire: 12/31/2020 Re-appt: 2/9/2021 Expire: 12/31/2023 Re-appt: 1/1/2024 Expire: 12/31/2026
<b>16</b>	OTTAWA	Richard Kanten	3112 Beech Forest Street Hudsonville, MI 49426 (616) 669-0863 <a href="mailto:richardkanten1953@gmail.com">richardkanten1953@gmail.com</a>	Appoint: 10/2014 Expire: 12/31/2017 Re-appt: 1/1/2018 Expire: 12/31/2020 Re-appt: 2/9/2021 Expire: 12/31/2023 Re-appt: 1/1/2024 Expire: 12/31/2026
<b>17</b>	OTTAWA	Jordan Jorritsma	<a href="mailto:jjorritsma@miottawa.org">jjorritsma@miottawa.org</a>	Appoint: 5/27/2025 Expire: 12/31/2025 Re-appt: 1/1/26 Expire: 12/31/2027

**Lakeshore Regional Entity  
Substance Use Disorders  
FY26 Block Grant Expenditures**

<b>Block Grant</b>	Year Ending 9/30/2026	Year To Date 1/31/2026		
	FY26 Budget Amendment 1	FY26 Budget to Date	Actual	Budget to Actual Variance
	<b>Operating Revenues</b>			
SUD Block Grant (includes SDA)	7,189,879	2,396,626	1,169,874	1,226,752
SUD Block Grant SOR	2,100,000	700,000	208,995	491,005
SUD Block Grant Gambling	250,000	83,333	42,360	40,973
Healing & Recovery Comm Engagement Infrastr.	458,098	152,699	0	152,699
Alcohol Use Disorder Tx	215,590	71,863	67,957	3,906
<b>Total Operating Revenues</b>	<b>10,213,567</b>	<b>3,404,522</b>	<b>1,489,186</b>	<b>1,915,336</b>
<b>Expenditures - Treatment</b>				
<b>LRE Direct &amp; Regional Administration - Treatment (incl TBD)</b>	678,492	226,164	98,868	127,296
LRE Direct & Administration - SOR	312,471	104,157	60,387	43,770
LRE Administration - HIng & Rec Comm Enga Infrastr.	101,950	33,983	0	33,983
<b>Treatment Payments to Members</b>				
OnPoint (Allegan Co CMH) - Treatment	466,000	155,333	55,762	99,571
OnPoint (Allegan Co CMH) - SOR	175,135	58,378	16,419	41,960
OnPoint (Allegan Co CMH) - HIng & Rec Comm Enga Infrastr.	82,987	27,662	0	27,662
OnPoint (Allegan Co CMH) - Alcohol Use Disorder Tx	14,661	4,887	0	4,887
Healthwest - Treatment	930,610	310,203	372,727	(62,523)
Healthwest - SOR	780,000	260,000	138,079	121,921
Healthwest - HIng & Rec Comm Enga Infrastr.	142,500	47,500	7,270	40,230
Healthwest - Alcohol Use Disorder Tx	27,156	9,052	27,156	(18,104)
Network180 - Treatment	2,455,982	818,661	604,309	214,352
Network 180 - SOR	535,139	178,380	108,908	69,471
Network180 - HIng & Rec Comm Enga Infrastr.	10,543	3,514	0	3,514
Network 180 - Alcohol Use Disorder Tx	104,350	34,783	50,531	(15,747)
CMH of Ottawa County - Treatment	791,000	263,667	243,978	19,689
CMH of Ottawa County - HIng & Rec Comm Enga Infrastr.	114,594	38,198	5,381	32,817
CMH of Ottawa County - Alcohol Use Disorder Tx	47,432	15,811	1,109	14,701
West Michigan CMH - Treatment	397,000	132,333	121,781	10,552
West Michigan CMH - SOR	114,703	38,234	34,057	4,178
West Michigan CMH - HIng & Rec Comm Enga Infrastr.	5,524	1,841	4,178	(2,337)
West Michigan CMH - Alcohol Use Disorder Tx	21,991	7,330	8,242	(911)

**Expenditures - Prevention**

<b>LRE Direct &amp; Regional Administration - Prevention</b>	257,317	85,772	99,697	(13,925)
LRE Direct & Regional Administration - SOR	17,052	5,684	1,299	4,385
LRE Direct Administration - Gambling	126,000	42,000	33,346	8,654

**Expenditures - Prevention - continued**

<b>OnPoint (Allegan Co CMH) - Prevention</b>	111,163	37,054	77,112	(40,058)
OnPoint (Allegan Co CMH) - SOR	50,000	16,667	20,417	(3,750)
<b>Arbor Circle / Pathways - Prevention</b>	280,000	93,333	89,670	3,663
Arbor Circle / Pathways - SOR	35,500	11,833	6,155	5,678
Arbor Circle / Pathways - Gambling	44,000	14,667	7,331	7,335
<b>District 10 Health Department - Prevention</b>	66,566	22,189	27,335	(5,146)
District 10 Health Department - SOR	47,500	15,833	20,360	(4,527)
District 10 Health Department - Gambling	38,000	12,667	2,906	9,761
<b>Healthwest - Prevention</b>	127,531	42,510	26,715	15,795
Healthwest - Gambling	42,000	14,000	7,874	6,126
Healthwest - SOR	32,500	10,833	10,007	826
<b>Kent County Health Department - Prevention</b>	246,000	82,000	117,588	(35,588)
<b>Mercy Health - Prevention</b>	44,000	14,667	25,349	(10,682)
<b>Network 180 - Prevention</b>	175,000	58,333	44,193	14,140
<b>Ottawa County Health Department - Prevention</b>	88,218	29,406	25,698	3,708
<b>Wedgwood Christian Services - Prevention</b>	75,000	25,000	31,586	(6,586)

<b>Total Expenditures</b>	10,213,567	3,404,522	2,633,780	770,743
---------------------------	------------	-----------	-----------	---------

**Total Change in Net Assets**

<b>0</b>	<b>0</b>	<b>(1,144,594)</b>	<b>1,144,594</b>
----------	----------	--------------------	------------------

As of 3/6/26

**Lakeshore Regional Entity  
Substance Use Disorders  
FY26 PA2 Expenditures**

	Year Ending	Year To Date		
	9/30/2026	1/31/2026		
<b>PA2</b>	FY26 Budget Initial	FY26 Budget to Date	Actual	Budget to Actual Variance
<b>Operating Revenues</b>				
PA2 Liquor Tax - Current FY	4,349,961	1,449,987	19,103	1,430,883
PA2 Liquor Tax - Reserves	816,587	272,196	0	272,196
<b>Total Operating Revenues</b>	<b>5,166,548</b>	<b>1,722,183</b>	<b>19,103</b>	<b>1,703,079</b>
<b>Expenditures - Prevention</b>				
OnPoint (Allegan Co CMH) - Prevention	143,680	47,893	443	47,450
Arbor Circle / Pathways - Prevention	371,609	123,870	63,125	60,745
District 10 Health Department - Prevention	133,310	44,437	34,664	9,773
Healthwest	90,395	30,132	18,436	11,696
Kent County Health Department - Prevention	251,393	83,798	128,564	(44,767)
Mercy Health - Prevention	13,507	4,502	9,506	(5,003)
Network 180 - Prevention	131,077	43,692	20,018	23,675
Community Mental Health of Ottawa County	38,265	12,755	15,242	(2,487)
Ottawa County Health Department - Prevention	61,890	20,630	6,910	13,720
Wedgwood Christian Services - Prevention	92,585	30,862	12,948	17,914
<b>Expenditures - Treatment</b>				
Treatment Payments to Members				
OnPoint (Allegan Co CMH)	209,707	69,902	0	69,902
Healthwest	381,976	127,325	61,952	65,373
Network180	2,262,619	754,206	713,706	40,501
CMH of Ottawa County	818,489	272,830	168,502	104,328
West Michigan CMH	166,046	55,349	0	55,349
<b>Total Expenditures</b>	<b>5,166,548</b>	<b>1,722,183</b>	<b>1,254,015</b>	<b>468,168</b>
<b>Total Change in Net Assets</b>	<b>0</b>	<b>0</b>	<b>(1,234,911)</b>	<b>1,234,911</b>

As of 3/6/26

**Lakeshore Regional Entity  
Substance Use Disorders  
FY26 Medicaid Treatment Expenditures**

Year To Date Through 1/31/26

CATEGORY	CMHSP Medicaid YTD Totals	LRE Admin Med YTD Totals	LRE Medicaid Budget Totals	LRE % of Budget Spent
<b>Total Expenditures for Treatment Services</b>				
	\$ 1,675,104.55	\$ -	\$ 7,205,920	23.25%
Women's Specialty Services	\$ 317,884.98	\$ -	\$ 711,715	44.66%
Other Specialty Services - (incl SUD Health Homes)	\$ -	\$ -	\$ 54,672	0.00%
Access Management System	\$ 95,237.56	\$ -	\$ 356,327	26.73%
General Administration	\$ 42,026.98	\$ 103,676.96	\$ 598,048	24.36%
<b>GRAND TOTAL OF SA EXPENDITURES</b>	<b>\$ 2,130,254.07</b>	<b>\$ 103,676.96</b>	<b>\$ 8,926,682</b>	<b>25.03%</b>
<b>SOURCE OF FUNDS</b>				
Medicaid	\$ 2,130,254.07	\$ 103,676.96	\$ 8,926,682	25.03%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
<b>TOTAL FUNDING</b>	<b>\$ 2,130,254.07</b>	<b>\$ 103,676.96</b>	<b>\$ 8,926,682</b>	<b>25.03%</b>

As of 3/6/26

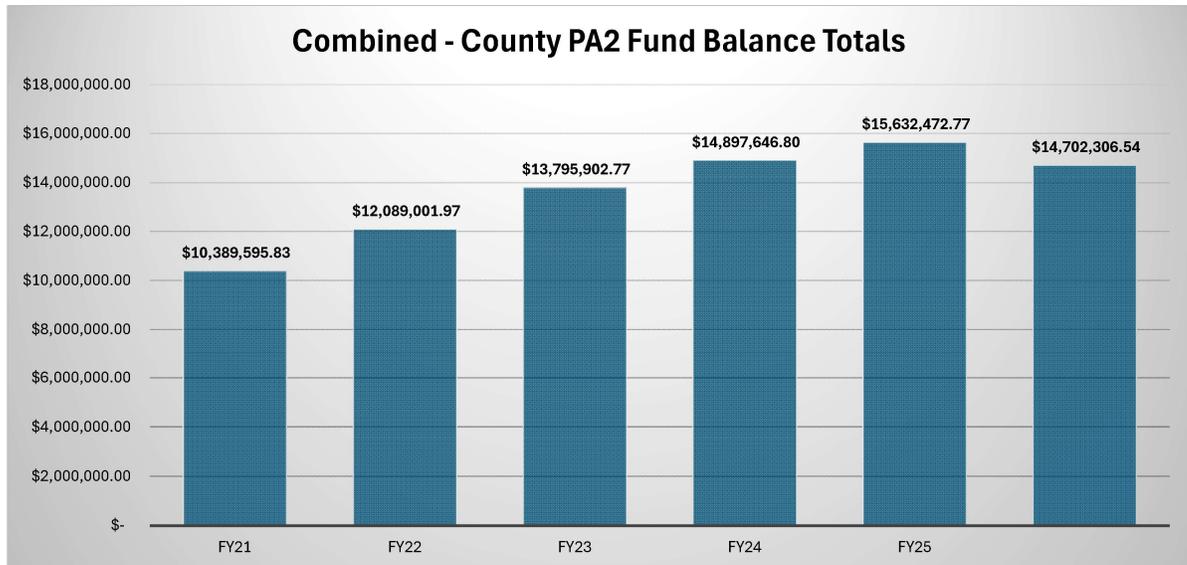
**Lakeshore Regional Entity  
Substance Use Disorders  
FY26 Healthy MI Plan Treatment Expenditures**

Year To Date Through 1/31/26

CATEGORY	CMHSP HMP YTD Totals	LRE Admin HMP YTD Totals	LRE HMP Budget Totals	LRE % of Budget Spent
<b>Total Expenditures for Treatment Services</b>				
	\$ 3,576,839.55	\$ -	\$ 12,088,875	29.59%
Women's Specialty Services	\$ 131,273.38	\$ -	\$ 290,835	45.14%
Other Specialty Services	\$ -	\$ -	\$ -	0.00%
Access Management System	\$ 198,175.27	\$ -	\$ 478,913	41.38%
General Administration	\$ 48,021.13	\$ 159,025.53	\$ 833,560	24.84%
<b>GRAND TOTAL OF SA EXPENDITURES</b>	<b>\$ 3,954,309.33</b>	<b>\$ 159,025.53</b>	<b>\$ 13,692,183</b>	<b>30.04%</b>
<b>SOURCE OF FUNDS</b>				
Healthy MI Plan	\$ 3,954,309.33	\$ 159,025.53	\$ 13,692,183	30.04%
Other: Local	\$ -	\$ -	\$ -	0.00%
Other: Federal	\$ -	\$ -	\$ -	0.00%
Fees	\$ -	\$ -	\$ -	0.00%
<b>TOTAL FUNDING</b>	<b>\$ 3,954,309.33</b>	<b>\$ 159,025.53</b>	<b>\$ 13,692,183</b>	<b>30.04%</b>

As of 3/6/26

**Lakeshore Regional Entity  
PA2 Fund Summary Report  
FY 2021 - FY 2026**



	FY21	FY22	FY23	FY24	FY25	FY26
<b>County Fund Bal Total</b>	\$ 10,389,595.83	\$ 12,089,001.97	\$ 13,795,902.77	\$ 14,897,646.80	\$ 15,632,472.77	\$ 14,702,306.54
Increase	\$ 1,699,406.14	\$ 1,706,900.80	\$ 1,071,889.92	\$ 734,825.97	\$ (1,311,069.13)	\$ (1,200,493.12)
% Change		14.1%	7.8%	4.9%	-8.4%	-8.2%

**FY2018**

**On 2/6/2019 LRE requested \$ 5,315,565.70**

Use of Reserve Funds- To address the FY2018 Medicaid and Healthy Michigan regional budget deficit. Each County's PA2 reserve funds shall only be applied against that county's Medicaid/Healthy Michigan operating deficit.

**Per 10/3/2018 OPB Meeting Minutes**

**PA2 Reserve Funding Program Grants Update** – A policy and application for providers to apply for reserve PA2 funds for special projects was developed early in 2019. The process was completed over the summer, with applications being submitted and reviewed. Unfortunately, due to the regional deficit, these project expenditures are not possible at this time. If, after final regional budget numbers allow for these grants, the applications will be presented to the OPB to discuss possible grants.

**PA2 Fund Balance by FY**

	FY21	FY22	FY23	FY24	FY25	FY26
<b>County</b>						
Allegan County	\$ 253,059.12	\$ 349,168.72	\$ 477,818.49	\$ 669,859.94	\$ 802,660.95	\$ 863,780.17
Kent County	\$ 5,812,785.29	\$ 7,002,883.63	\$ 7,982,606.15	\$ 8,103,054.08	\$ 7,917,532.01	\$ 6,691,501.92
Lake County	\$ 193,476.10	\$ 218,272.41	\$ 243,561.11	\$ 274,877.05	\$ 304,138.06	\$ 304,650.16
Mason County	\$ 519,997.72	\$ 584,441.99	\$ 614,093.94	\$ 700,862.34	\$ 797,419.12	\$ 819,391.03
Muskegon County	\$ 768,648.01	\$ 821,638.47	\$ 1,173,531.19	\$ 1,407,222.75	\$ 1,623,214.13	\$ 1,618,195.11
Oceana County	\$ 240,583.42	\$ 271,305.03	\$ 313,183.27	\$ 375,776.34	\$ 405,617.24	\$ 421,736.27
Ottawa County	\$ 2,601,046.17	\$ 2,841,291.72	\$ 2,991,108.62	\$ 3,365,994.30	\$ 3,781,891.26	\$ 3,983,051.88
	\$ 10,389,595.83	\$ 12,089,001.97	\$ 13,795,902.77	\$ 14,897,646.80	\$ 15,632,472.77	\$ 14,702,306.54

### Allegan Fund Bal. YTD

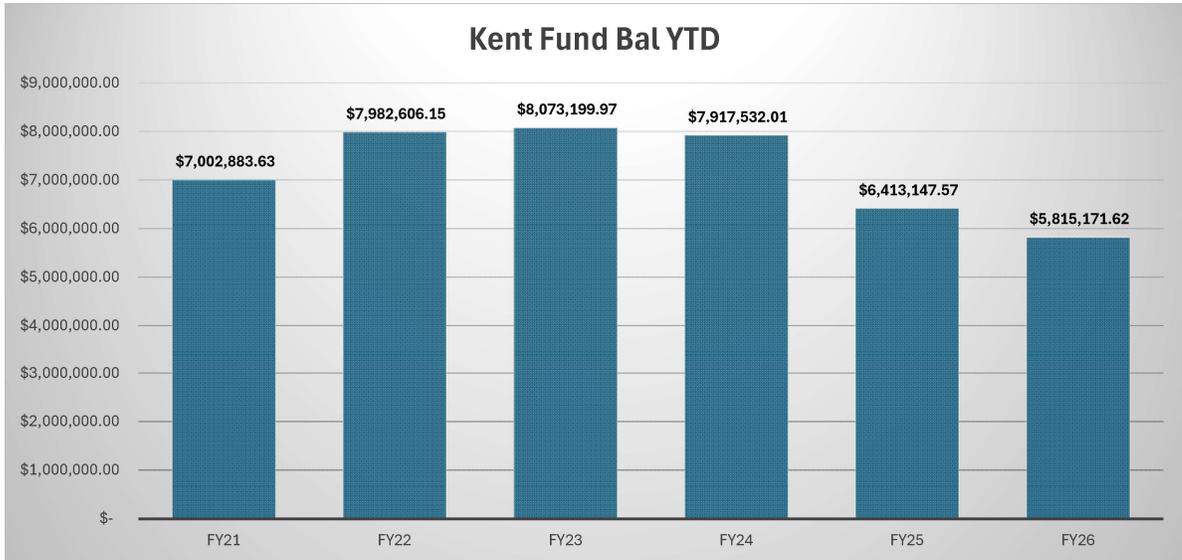


Allegan County	FY21	FY22	FY23	FY24	FY25	FY26
Beginning Fund Balance	\$ 253,059.12	\$ 349,168.72	\$ 477,818.49	\$ 669,859.94	\$ 802,660.95	\$ 863,780.17
Revenues	\$ 186,148.60	\$ 188,688.77	\$ 282,080.45	\$ 301,240.13	\$ 293,802.19	\$ 1,071.38
Expenses	\$ 90,039.00	\$ 60,039.00	\$ 90,039.00	\$ 168,439.12	\$ 232,682.97	\$ 443.04
FY Total	\$ 349,168.72	\$ 477,818.49	\$ 669,859.94	\$ 802,660.95	\$ 863,780.17	\$ 864,408.51
% Change		38%	37%	40%	20%	8%

**FY2025**

**On 9-4-2024 OnPoint requested up to \$100,000**

Special Project - To fund local drug courts in FY25.



Kent County	FY21	FY22	FY23	FY24	FY25	FY26
Beginning Fund Balance	\$ 5,812,785.29	\$ 7,002,883.63	\$ 7,982,606.15	\$ 8,103,054.08	\$ 7,917,532.01	\$ 6,691,501.92
Revenues	\$ 1,837,707.72	\$ 1,826,393.32	\$ 2,781,259.25	\$ 2,829,011.02	\$ 2,692,847.13	\$ 8,131.95
Expenses	\$ 647,609.38	\$ 846,670.80	\$ 2,690,665.43	\$ 3,014,533.09	\$ 4,197,231.57	\$ 884,462.25
FY Total	\$ 7,002,883.63	\$ 7,982,606.15	\$ 8,073,199.97	\$ 7,917,532.01	\$ 6,413,147.57	\$ 5,815,171.62
% Change		20%	14%	1%	-2%	-19%

**FY2023**

**On 9-6-2023 N180 requested up to \$1,400,000**

Use of Reserve Funds- To fund two programs (Family Engagement Team and Recovery Management) at Network180 for FY2023 expenditures.

**FY2024**

**On 1-8-2025 N180 requested \$1,256,139.47**

Use of Reserve Funds- To offset budget shortfalls for FY 2024.

**FY2025**

**On 1-8-2025 N180 requested \$294,060**

Special Project - For 100 in 100 initiative targeting homelessness. Funding four (4) Housing Stabilization Case Managers (CM) employed through Mel Trotter Ministries and Degage Ministries to assist rehoused individuals in maintaining housing, meet health and wellness goals including access to SUD services and supports, and secure and maintain financial security.

**On 3-12-2025 N180 requested \$1,879,569**

Use of Reserve Funds - To fund two programs (Family Engagement Team and Recovery Management) at Network180 for FY2025 expenditures.

**On 4-16-2025 Wedgwood Christian Services requested \$8,300**

Use of Reserve Funds- Continue to provide SUD prevention services through the Project Success program at Burton Middle School due to ARPA funding cuts.

**FY2026**

**On 9-17-2025 Kent County Health Department requested \$105,772**

Use of Reserve Funds- To support 1.188 FTE Salary/Fringe (3 staff), mileage, printing & class materials, evaluation, and office expenses due to FY26 PA2 budget cut.

**On 9-17-2025 Wedgwood requested \$37,970**

Use of Reserve Funds- To support .55 FTE Salary/Fringe (2 staff), conference/training, Supplies, and office expenses due to FY26 PA2 budget cut.

## Lake Fund Bal YTD



Lake County	FY21	FY22	FY23	FY24	FY25	FY26
Beginning Fund Balance	\$ 193,476.10	\$ 218,272.41	\$ 243,561.11	\$ 274,877.05	\$ 304,138.06	\$ 304,650.16
Revenues	\$ 26,183.31	\$ 25,288.70	\$ 31,315.94	\$ 33,612.01	\$ 31,648.99	\$ 449.11
Expenses	\$ 1,387.00	\$ -	\$ -	\$ 4,351.00	\$ 31,160.86	\$ 6,953.00
FY Total	\$ 218,272.41	\$ 243,561.11	\$ 274,877.05	\$ 304,138.06	\$ 304,626.19	\$ 298,146.27
% Change		13%	12%	13%	11%	0%

### FY2025

**On 7-30-2025 West Michigan CMH requested \$6,036**

Special Project - To cover projected shortfalls in Department of Justice for SUD jail bases services grant that will exceed available funding in SUD Block Grant and SOR grants.

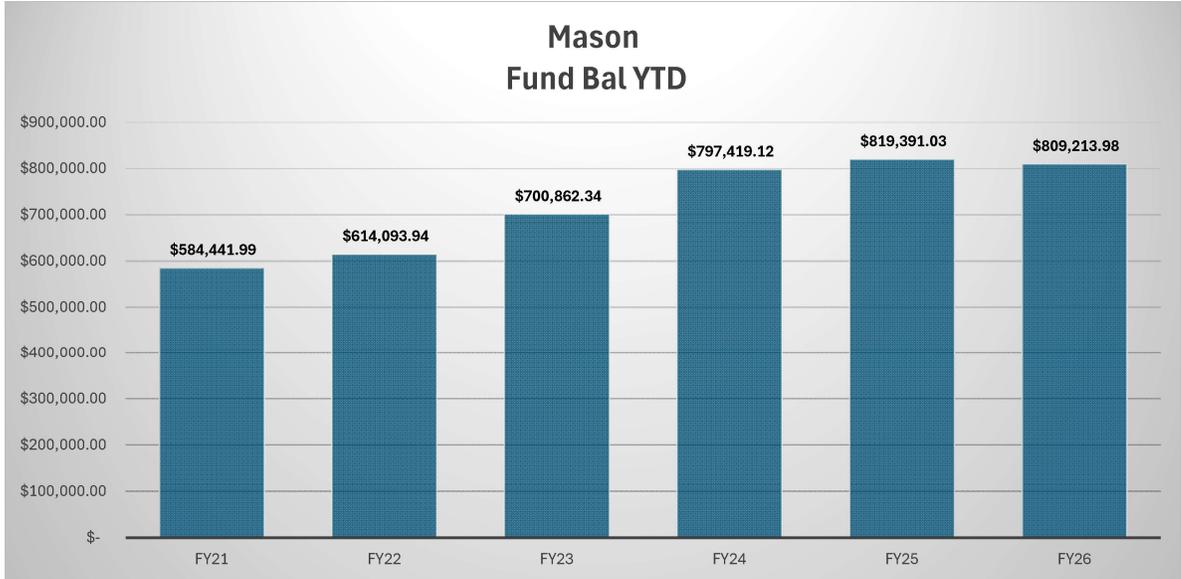
### FY2026

**On 9-17-2025 District Health Department #10 requested \$18,000**

Use of Reserve Funds - To support .105 FTE Salary/Fringe (2 staff), Travel, Supplies, office expenses, printing materials due to FY26 PA2 budget cut.

**On 9-17-2025 West Michigan CMH requested \$6,953**

Use of Reserve Funds - To offset budget shortfalls in SUD Block Grant for FY 2026.



Mason County	FY21	FY22	FY23	FY24	FY25	FY26
Beginning Fund Balance	\$ 519,997.72	\$ 584,441.99	\$ 614,093.94	\$ 700,862.34	\$ 797,419.12	\$ 819,391.03
Revenues	\$ 78,252.27	\$ 78,065.95	\$ 116,724.08	\$ 125,849.78	\$ 97,161.27	\$ 1,197.95
Expenses	\$ 13,808.00	\$ 48,414.00	\$ 29,955.68	\$ 29,293.00	\$ 75,189.36	\$ 11,375.00
FY Total	\$ 584,441.99	\$ 614,093.94	\$ 700,862.34	\$ 797,419.12	\$ 819,391.03	\$ 809,213.98
% Change		12%	5%	14%	14%	3%

**FY2025**

**On 7-30-2025 West Michigan CMH requested \$2,088**

Special Project - To cover projected shortfalls in Department of Justice for SUD jail bases services grant that will exceed available funding in SUD Block Grant and SOR grants.

**FY2026**

**On 9-17-2025 District Health Department #10 requested \$45,000**

Use of Reserve Funds - To support .25 FTE Salary/Fringe (2 staff), Travel, Supplies, office expenses, and printing materials due to FY26 PA2 budget cut.

**On 9-17-2025 West Michigan CMH requested \$17,344**

Use of Reserve Funds - To offset budget shortfalls in SUD Block Grant for FY 2026.

## Muskegon Fund Bal YTD



Muskegon County	FY21	FY22	FY23	FY24	FY25	FY26
Beginning Fund Balance	\$ 768,648.01	\$ 821,638.47	\$ 1,173,531.19	\$ 1,407,222.75	\$ 1,623,214.13	\$ 1,618,195.11
Revenues	\$ 436,285.19	\$ 436,332.91	\$ 499,788.81	\$ 512,428.93	\$ 495,143.63	\$ 2,110.95
Expenses	\$ 383,294.73	\$ 84,440.19	\$ 266,097.25	\$ 296,437.55	\$ 501,535.43	\$ 55,475.46
FY Total	\$ 821,638.47	\$ 1,173,531.19	\$ 1,407,222.75	\$ 1,623,214.13	\$ 1,616,822.33	\$ 1,564,830.60
% Change		7%	43%	20%	15%	0%

### FY2025

#### On 3-12-2025 Healthwest requested \$80,470

Use of Reserve Funds - To fund FOC Recovery Management Team, support CCAR Trainings in Muskegon, support staffing for Fresh Coast Alliance in assisting individuals with accessing SUD and Recovery Supports within the community due to funding cuts in other areas.

#### On 4-16-2025 Healthwest requested \$76,000

Use of Reserve Funds - Staffing, administrative and organizational support for Life Align due to ARPA funding cuts.

## Oceana Fund Bal YTD



Oceana County	FY21	FY22	FY23	FY24	FY25	FY26
Beginning Fund Balance	\$ 240,583.42	\$ 271,305.03	\$ 313,183.27	\$ 375,776.34	\$ 405,617.24	\$ 421,736.27
Revenues	\$ 40,869.61	\$ 41,878.24	\$ 62,593.07	\$ 56,898.90	\$ 53,802.76	\$ 604.05
Expenses	\$ 10,148.00	\$ -	\$ -	\$ 27,058.00	\$ 46,824.10	\$ 16,336.00
FY Total	\$ 271,305.03	\$ 313,183.27	\$ 375,776.34	\$ 405,617.24	\$ 412,595.90	\$ 406,004.32
% Change		13%	15%	20%	8%	2%

### **FY2025**

**On 7-30-2025 West Michigan CMH requested \$18,205**

Special Project- To cover projected shortfalls in Department of Justice for SUD jail bases services grant that will exceed available funding in SUD Block Grant and SOR grants.

### **FY2026**

**On 9-17-2025 District Health Department #10 requested \$30,000**

Use of Reserve Funds- To support .2 FTE Salary/Fringe (2 staff), Travel, Supplies, office expenses, printing materials due to FY26 PA2 budget cut.

**On 9-17-2025 Arbor Circle requested \$68,965**

Use of Reserve Funds- To support Salary/Fringe (1 staff), professional development, office expenses and supplies due to FY26 PA2 budget cut.

**On 9-17-2025 West Michigan CMH requested \$16,014**

Use of Reserve Funds- To offset budget shortfalls in SUD Block Grant for FY 2026.

## Ottawa Fund Bal YTD



Ottawa County	FY21	FY22	FY23	FY24	FY25	FY26	
Beginning Fund Balance	\$ 2,601,046.17	\$ 2,841,291.72	\$ 2,991,108.62	\$ 3,365,994.30	\$ 3,781,891.26	\$ 3,983,051.88	
Revenues	\$ 556,289.18	\$ 550,970.99	\$ 855,641.40	\$ 921,217.48	\$ 801,772.98	\$ 5,538.09	
Expenses	\$ 316,043.63	\$ 401,154.09	\$ 480,755.72	\$ 505,320.52	\$ 692,623.79	\$ 244,551.85	
FY Total	\$ 2,841,291.72	\$ 2,991,108.62	\$ 3,365,994.30	\$ 3,781,891.26	\$ 3,891,040.45	\$ 3,744,038.12	
% Change		9%	5%	13%	12%	3%	-6%

### **FY2024**

**On 9-6-2023 CMHOC requested \$60,000**

Special Project - To fund Recovery Coach Support Services to the Homeless Population in FY2024.

### **FY2025**

**On 9-4-2024 CMHOC requested \$61,147**

Special Project - To fund the expansion of SoBar Recovery Community Center in FY25.

**On 9-4-2024 CMHOC requested \$60,000**

Special Project - To fund Recovery Coach Support Services to the Homeless Population in FY2025 (Continuation of 2024 project)

**On 1-8-2025 CMHOC requested \$16,382**

Special Project - Funding for a portion of a prevention specialist position to conduct prevention related activities to decrease stigma, prevent prescription drug misuse, and promote overdose prevention. Funding will also support Ottawa County's Recovery Fest celebration

**On 4-16-2025 CMHOC requested \$60,000**

Use of Reserve Funds - To continue SoBar Recovery Community Center's operations due to ARPA funding cuts.

### **FY2026**

**On 9-17-2025 CMHOC requested \$200,000**

Special Project - To continue funding for the Prevention and Stigma Reduction program at SoBar Recovery Community Center in FY26.

**On 9-17-2025 CMHOC requested \$60,000**

Special Project - To continue funding Recovery Coach Supportive Services to work with Community Action House's homeless outreach team in FY26.

**On 9-17-2025 Arbor Circle requested \$180,569**

Use of Reserve Funds - To support 1.65 FTE Salary/Fringe (3 staff), youth conference, coalition supplies, Safe Prom, Reducing Alcohol focus, Evaluation, and office expenses due to FY26 PA2 budget cut.

**On 9-17-2025 Ottawa Public Health requested \$30,000**

Use of Reserve Funds - To support printing costs to promote initiatives, office supplies, operating supplies to support SUD initiatives, programming and community outreach due to FY26 PA2 budget cut.



February 24, 2026

Stephanie VanDerKooi  
Lakeshore Regional Entity  
5000 Hakes Dr, Suite 500  
Norton Shores, MI 49441

Dear Ms. VanDerKooi,

I am writing to request Ottawa County PA2 funds to continue an Ottawa County SUD treatment Program. I am requesting \$172,000.00 to continue to community-based SUD treatment and support services, formerly known as Deflection, Diversion and Reentry. This team focuses on assisting justice involved individuals transition from Ottawa County Jail into the community by connecting them with recovery resources and treatment.

Attached you will find a recent report completed by the Center for Behavioral Health and Justice at Wayne State University highlighting the Deflection, Diversion, and Reentry team's work within Ottawa County. Funding will allow this team to transition away from grant funding and into a permanent funding model.

Please feel free to contact me with any additional questions.

Sincerely,

*Joel Ebbers, LMSW CAADC CCS*

Joel Ebbers, LMSW CAADC CCS  
Director of Substance Use Services  
Community Mental Health of Ottawa County

## SPECIAL PROJECT APPLICATION FOR PA2 FUNDS

DATE: 3/18/2026

PROVIDER NAME: Community Mental Health of Ottawa County

CURRENT PROVIDER:

YES     NO

PROGRAM TITLE: **Community Based Treatment**

CONTACT PERSON: Joel Ebbers

CONTACT EMAIL: jebbers@miottawa.org

PROVIDER ADDRESS: 12265 James St. Holland 49424

AMOUNT REQUESTED: \$172,000.00

### SERVICE TYPE

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Assessment</li> <li><input checked="" type="radio"/> Individual Therapy</li> <li><input type="radio"/> Group Therapy</li> <li><input type="radio"/> Family Therapy</li> <li><input type="radio"/> Didactic Groups</li> <li><input type="radio"/> Residential Detox</li> <li><input type="radio"/> Recovery Housing</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Level III.1 (low intensity)</li> <li><input type="radio"/> Level III.3 (moderate to high intensity)</li> <li><input type="radio"/> Level III.5 (significant/complex intensity)</li> <li><input type="radio"/> Medication Assisted Treatment</li> <li><input checked="" type="radio"/> Peer Recovery</li> <li><input type="radio"/> Prevention/Other: <a href="#">Click here to enter text.</a></li> </ul> |
|---|--|

### PROGRAM DESCRIPTION

<b>I. Describe the situation you intend to address:</b>	
<i>Problem Statement: describe the problem that your activities are designed to improve.</i>	Individuals engage in the criminal justice system have higher rates of SUD and have more psychosocial needs to manage once released.
<i>Describe the conditions that contribute to the identified problem (List the data sources if applicable)</i>	<small>Key Substance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health. (2022). Substance Abuse and Mental Health Services Administration</small> Ottawa County Jail – K6 Data
<i>Describe the program's target population. Be sure to identify if you are targeting any specialty or priority population.</i>	The CMHOC Community Based SUD team will continue to target justice involved and individuals with high psychosocial needs.

<i>Describe why your agency is best fit to provide this service?</i>	CMHOC provides outpatient treatment within Ottawa County, and provides screening, assessment, and treatment within Ottawa County Jail. CMHOC is uniquely positioned to coordinate services for individuals both in jail and within the community.
<b>II. Describe what you will do to address the situation:</b>	
<i>Describe the program's activities (what are you going to do?):</i>	Community based team will provide SUD outpatient services including screening, assessment, treatment, case management, and recovery coaching. Referrals will be made for higher levels of care, and individuals needing medication management will have the service available.
<i>Describe the expected frequency of the activity(ies) and how you determined this.</i>	With 2.5 FTE the expected caseload will be around 40 to 60 individuals depending on severity of cases. Productivity guidelines will be followed per CMHOC policy.
<i>Describe the number of persons in the target population you expect to serve during each activity event</i>	Click or tap here to enter text.

<b>III. Explain the necessary costs for your program</b> <i>(provide narrative to support the resources identified that require funds).</i>
Funding is being requested to cover staff costs for the initial 7 months. Clients eligible for standard funding (CCBHC, BG, Commercial, etc) will be costed to the correct payor. Once the program is fully operational it is expected to be fully funded through CCBHC Medicaid.

<b>IV. Describe the goals you have established for the program.</b> (goals do not have to be measurable) <i>(TO BE COMPLETED BY NEW PRORGRAMS ONLY)</i>
1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

4. Click or tap here to enter text.

5. Click or tap here to enter text.

**PERFORMANCE MONITORING (TO BE COMPLETED BY NEW PROGRAMS ONLY)**

**V. Describe how you will measure your program’s success at meeting its goals. (Please identify only those measures that make sense for your proposed program. Not all measurement categories identified below must be measured.)**

<b>Outcomes</b>	<p><b>Process:</b> Describe (in specifically measurable terms) what you hope to achieve during this grant period. These process indicators should measure such things as “how many?” “how often?” etc. Include benchmark or threshold for measurement as well as expected achievement date.</p>	1. Click or tap here to enter text.
		2. Click or tap here to enter text.
		3. Click or tap here to enter text.
	<p><b>Participant:</b> Describe (in specifically measurable terms) what outcomes participants in your program can reasonably expect to achieve as a result. Include benchmark or threshold for measurement as well as expected achievement date.</p>	1. Click or tap here to enter text.
		2. Click or tap here to enter text.
		3. Click or tap here to enter text.
	<p><b>Impact:</b> Describe the impact you expect the program will have upon your community, target population, and/or intervention practices. Impact measurement is different from outcome measurement in that it is not consumer specific.</p>	1. Click or tap here to enter text.
		2. Click or tap here to enter text.
		3. Click or tap here to enter text.



**Diversion  
Intervention through  
Boundary Spanning**

# Implementation Report

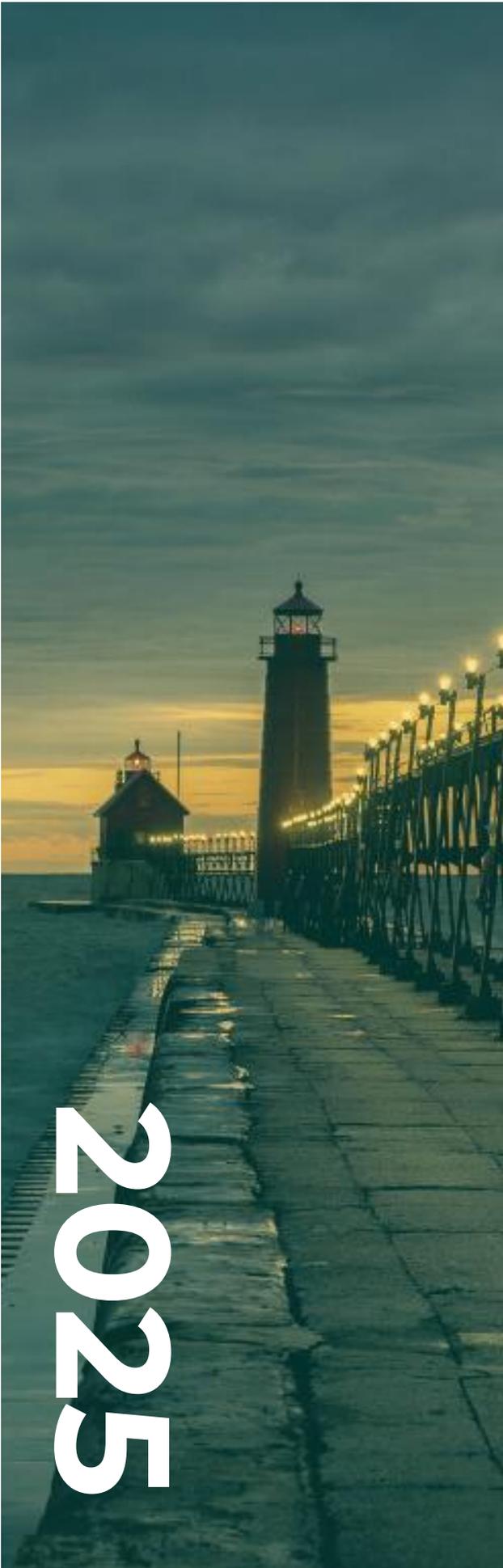
Prepared by :

**The Center for Behavioral  
Health and Justice**

In collaboration with:

**Community Mental Health  
Ottawa County**

**2025**





# ABOUT THE CBHJ

The Center for Behavioral Health and Justice (CBHJ) at the Wayne State University School of Social Work is proud to provide this report on the Diversion Intervention Through Boundary Spanning (DIBS) pilot in Ottawa County. As evaluators and consultants on DIBS, we bring experience from prior work on the Jail Diversion pilot, Stepping Up technical assistance, crisis response, and Assisted Outpatient Treatment (AOT). This foundation uniquely positions us to support and inform the DIBS initiative.

The CBHJ delivers data-driven research, evaluation, and technical assistance to support community partners at the intersection of behavioral health and the criminal legal system. We aim to prevent and divert individuals with behavioral health needs from the criminal legal system toward appropriate care, enhancing wellbeing for individuals and communities.



## CBHJ EVALUATION TEAM

**Principal Investigator:** Dr. Sheryl Kubiak, [spk@wayne.edu](mailto:spk@wayne.edu)

**Jail Diversion Manager:** Nikayla Williams, [nikayla.williams@wayne.edu](mailto:nikayla.williams@wayne.edu)

**Senior Project Coordinator:** Heidi Bisson, [heidi.bisson@wayne.edu](mailto:heidi.bisson@wayne.edu)

**Program Assistant:** Phoenix DiMauro, [phoenix.dimauro@wayne.edu](mailto:phoenix.dimauro@wayne.edu)

**Data Analyst:** Rachel May, [rachelmay@wayne.edu](mailto:rachelmay@wayne.edu)

**Data Assistant:** Will Eineman, [will.eineman@wayne.edu](mailto:will.eineman@wayne.edu)

**Strategic Planning:** Adria Clark, [adria.clark@wayne.edu](mailto:adria.clark@wayne.edu)

**Jail Consultant:** Todd Rawling, [todd.rawling@wayne.edu](mailto:todd.rawling@wayne.edu)

# ACKNOWLEDGEMENTS

This project is funded through the Michigan Department of Health and Human Services (MDHHS) and is supported by the work of the Michigan Mental Health Diversion Council (MMHDC). Established in 2013, the MMHDC aims to improve the deflection and diversion of individuals with behavioral health concerns and/or developmental disabilities from the criminal legal system. Since 2014 the CBHJ has partnered with the MMHDC on a variety of projects including Jail Diversion pilots, Stepping Up technical assistance, Assisted Outpatient Treatment, and crisis response. Their support of these projects reflects an ongoing investment in innovative, community-based responses and best practices born out of recognizing the specific needs of communities around the state.



The Diversion Intervention Through Boundary Spanning (DIBS) pilot project in Ottawa County is led by Community Mental Health Ottawa County (CMHOC) in collaboration with many partners including, Ottawa Sheriff's Office, Holland Police Department, Ottawa County Jail, the Ottawa County Diversion Council, and numerous community partners.



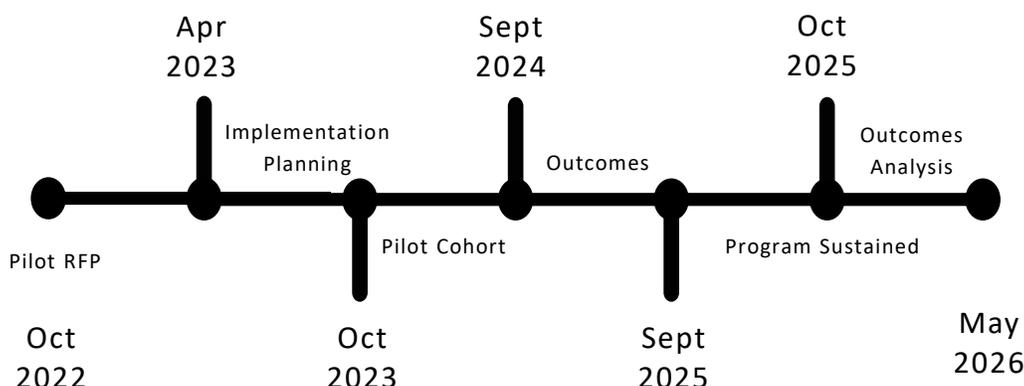
# PROJECT AND EVALUATION

## PURPOSE

DIBS is the Diversion Intervention Through Boundary Spanning pilot and evaluation. Using the Sequential Intercept Model (SIM), this project aims to enhance deflection and diversion at multiple points across the criminal legal system for individuals with behavioral health conditions, substance use disorders, and/or intellectual and developmental disabilities. These individuals often face unique challenges and can become needlessly ensnared in the system, making them strong candidates for diversion efforts. More specifically, the DIBS project seeks to **identify innovative, sustainable, and replicable best and promising practices** that can inform programs statewide. This report highlights the strategies, strengths, and challenges that have played a role in developing and implementing a DIBS program in Ottawa County.

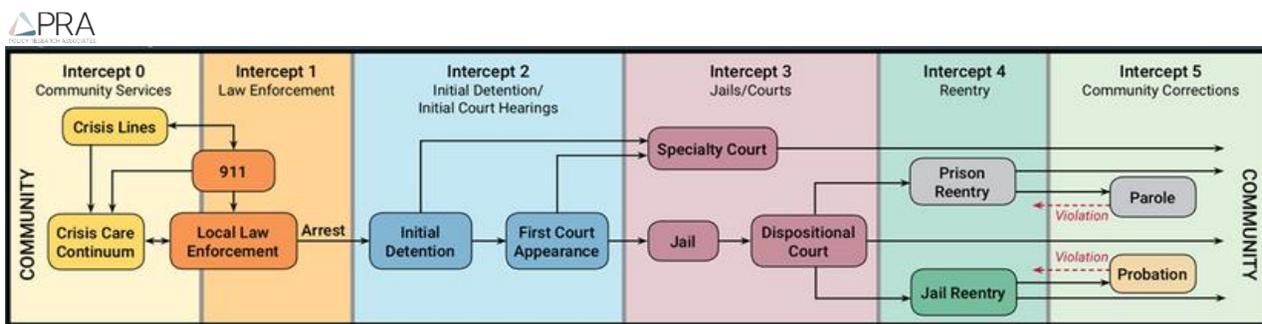
## TIMELINE

In October of 2022, MDHHS issued a Request for Proposal (RFP) to enhance diversion efforts across the state through Boundary Spanner models that emphasize collaborative approaches to supporting individuals across the SIM. Four agencies, representing four counties, were awarded grants to implement DIBS pilot programs. Implementation began in April of 2023 with the pilot cohort period running from October of 2023 through September of 2024. Between October of 2024 through September of 2025 the pilots were in the outcomes period with the goal of producing outcomes reports in 2026.



# SEQUENTIAL INTERCEPT MODEL

The **Sequential Intercept Model (SIM)** was developed in the early 2000s and is widely endorsed by Substance Abuse and Mental Health Services Administration (SAMHSA), Policy Research Associates (PRA), and other national organizations. It serves as the foundation for the Council’s current initiatives, offering a conceptual framework for communities to organize targeted strategies. The SIM identifies six points of intercept (numbered 0–5) where individuals with mental health or substance use disorders can be prevented, deflected, or diverted from involvement in the criminal legal system and instead connected to appropriate supports and services.



# MAKING CONNECTIONS

For individuals with behavioral health and substance use concerns, the hours and days directly following criminal legal involvement, or release from jail, present a critical juncture for intervention. After receiving stabilizing care, quick and immediate connection to services in the community significantly improves treatment outcomes for these individuals.



23%

23 percent of individuals booked into a sample of 10 MI county jails in 2019 were **identified as having a mental health concern** during booking screening.

55%

55 percent of individuals booked into a sample of 10 MI county jails in 2019 **reported problematic substance use**.

33%

Use of a valid mental health screen at booking **improved identification** of mental health issues up to 33% across sample of 10 MI county jails (2017).

Screening standards are regulated by MDOC administrative rules. However, these **guidelines offer little direction** around types of screening and how screening practices should be implemented.

38%

38 percent of individuals who screened positive for serious mental illness (SMI) in the sample of 10 MI county jails, **were provided jail-based mental health services** (2019).

11%

11 percent of those receiving behavioral health treatment **received a mental health service in the community within 14 days** of their release (2019).

In one Michigan county, individuals who received continuity of mental health care **stayed out of jail 3.3 times longer** than those who did not.

9%

9 percent of individuals who screened positive for serious mental illness (SMI) in the sample of 10 MI county jails **participated in a jail diversion program** (2019).

Currently, there is **no clear definition for 'diversion'** that is generally accepted across the state.

Findings and recommendations derived from ten jail diversion pilot programs across Michigan (2015-2020) which were funded by the Mental Health Diversion Council (MDHC) and the Michigan Department of Health and Human Services (MDHHS) to improve response to individuals with serious mental illness (SMI) involved in the local criminal legal system. The CBHJ engaged the pilot counties in a system evaluation to identify and measure interventions across intercepts 1 – 5 of the Sequential Intercept Model.



# BOUNDARY SPANNING

## WHO:

- Clinicians
- Peers with lived experience
- Community health workers (CHW)
- Recovery coaches
- Clinical supervisors
- CMH case managers
- Court case managers
- Community liaisons

## HOW:

- Assessing overall needs
- Bridging clinical and non-clinical services
- Clinical assessments
- Establishing CMH connections
- Addressing SDOH needs
- Skills building
- Making referrals
- Education and coalition building

## PARTNERS:

- CMH case managers
- Community organizations
- Law enforcement
- Court staff and attorneys
- Community corrections
- Primary care providers
- Local health dept. (DHS)
- Housing agencies
- Sober Living
- SUD and MAT providers
- Jail administration & staff (includes jail medical)



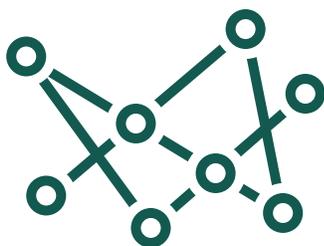
Fosters communication between **providers and the criminal legal system.**



Creates opportunities to identify cross-system **goals and develop shared processes.**



Improves **coordination of treatment and services** with, and on behalf of, individuals.



**Facilitates connections** to community-based services and supports.



**Disrupt the cycle of recidivism** across both the criminal legal system and hospitals.



**Ease burden** to law enforcement, jails, courts, and hospitals.

# ENHANCING JAIL DIVERSION

The DIBS pilot and evaluation builds on existing jail diversion efforts that have been implemented in Ottawa County in recent years, including mental health court teams, the COSSUP opioid response team, Crisis Intervention Teams (CIT), and Stepping Up technical assistance. This work serves to strengthen cross-system collaboration and enhance continuity of care for justice-involved individuals.

As part of DIBS implementation, Community Mental Health Ottawa County (CMHOC) established the **Deflection, Diversion, Reentry (DDR)** team in early April 2023. By October of 2023, strategic planning was in progress and data collection plans were in place. The pilot cohort period was October 2023 through September 2024 with an outcomes period continuing through September of 2025. Upon completion of the outcomes period, CBHJ will gather administrative data and conduct outcomes analysis to be provided in a future report.

*"This team is a great asset!"*

- community service provider



**Build team and establish process**

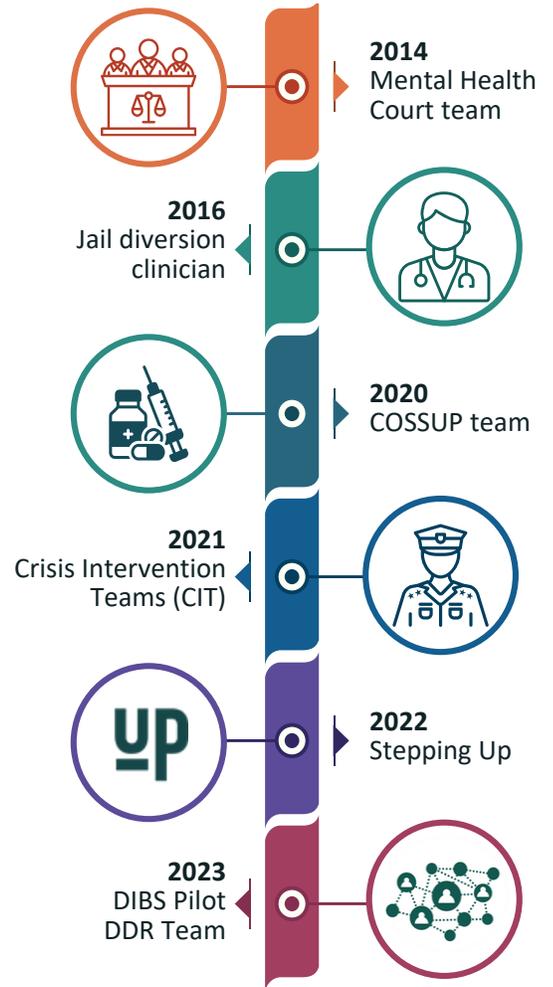


**Strategic Planning and Coalition Building**



**Data Collection Strategies**

## JAIL DIVERSION IN OTTAWA COUNTY



The DDR team is composed of seasoned CMHOC staff, which has eased implementation and maximized institutional knowledge and cross-system trust building. The team collaborated internally and externally to identify eligibility criteria, establish referral pathways, and determine shared processes.

To strengthen cross-system relationship building, the team reengaged the diversion council through discussions, mapping, and presentations. This provided opportunities to build knowledge and understanding around the jail diversion landscape in the community.

The DDR team worked closely with the CBHJ data team to identify relevant project data variables and collection strategies. Through these efforts, the DIBS data was successfully integrated into CMHOC electronic medical records system.

# THE DEFLECTION, DIVERSION, REENTRY TEAM AT OTTAWA COUNTY COMMUNITY MENTAL HEALTH

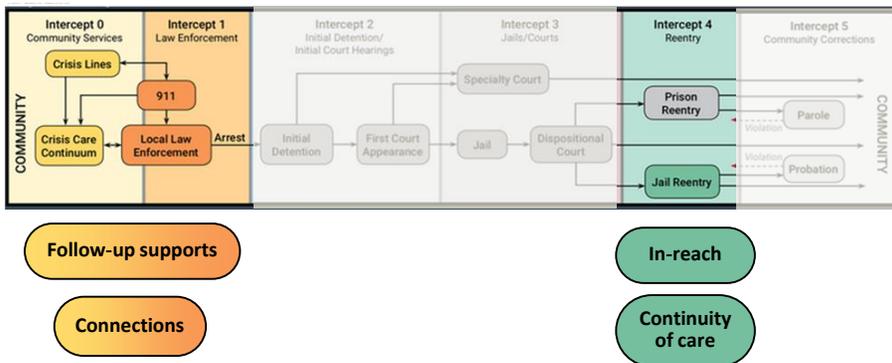
## TEAM MAKEUP

**Program Director:** Project oversight, supervision, strategic planning and cross-system coalition building.

**Diversion Liaison:** MSW mental health clinician, assessment and consultation, engage and educate community partners.

**Community Support Specialist:** Bachelor level mental health specialist, coordinate and engage in direct services and supports, bridge case management and ensure “warm hand-off.”

**Recovery Coach:** Peer, direct supports and guidance, skills building, navigating transition into community.



## TARGET POPULATION

ADULTS (18+)

BEHAVIORAL HEALTH CONCERNS

SUBSTANCE USE DISORDERS

CO-OCCURRING DISORDERS

INTENSIVE NEEDS

HIGH RISK

## PILOT FOCUS

Taking a collaborative approach, the DDR team has established a workflow that serves to strengthen deflection, diversion, and reentry across the system. For the DIBS pilot, the team is focused on improving connections to services and follow up for those engaging law enforcement in the community and increase jail in-reach and enhance continuity of care for those reentering the community from Ottawa County Jail.

The team collaborates closely to review cases and develop integration plans. They identify areas of specialty focus including individualized case management and addressing social determinants of health (SDOH) while prioritizing rapport and trust building with both community partners and individuals served.

# REFERRALS AND SERVICES

between October 1, 2023 and September 30, 2024.

## REFERRAL INTO DDR

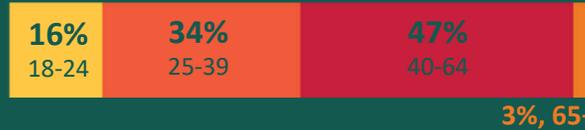
75 clients



## GENDER



## AGE



on average  
**116 days**  
active

## COMMON NEEDS OF CLIENTS

Client eligibility for DDR services was recorded as part of data collection at intake. Multiple needs were able to be identified for an individual client, if applicable. Common areas of support needed among the service group included:



**39%**  
Recovery support



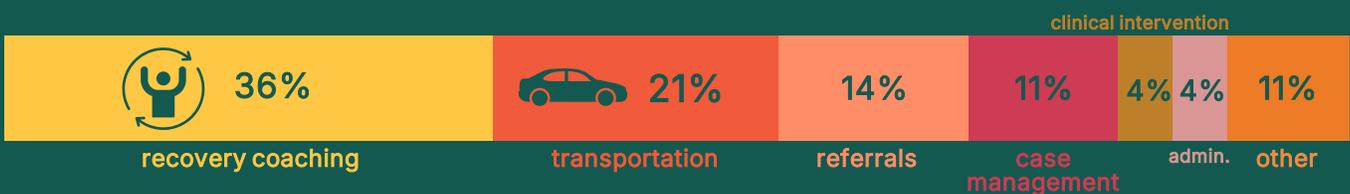
**47%**  
Housing insecurity



**35%**  
Securing and navigating healthcare

## 1,176 RECORDED SERVICES

The DDR team tracked what took place at each encounter with clients—whether in-person or otherwise. It is important to note that some individuals received multiple services. These included:



Part of boundary spanning work envisions the inclusion of a warm handoff of the client from the boundary spanning team to a relevant, reputable service provider and/or supports. Much of this work is related to addressing the social determinants of health (SDOH) with the DDR team taking a **social prescribing** approach to meet clients where they are and create opportunities to strengthen and build social support networks to improve service engagement and outcomes.



housing



employment



health care



food access



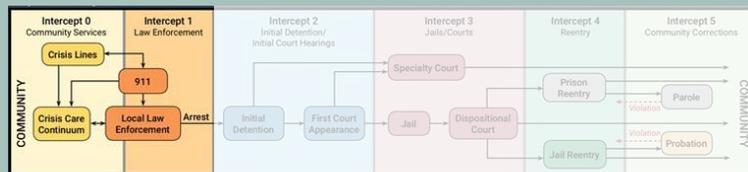
education



legal support

# INTERCEPTS 0/1

## Crisis Response and Law Enforcement



## PROJECT AIMS

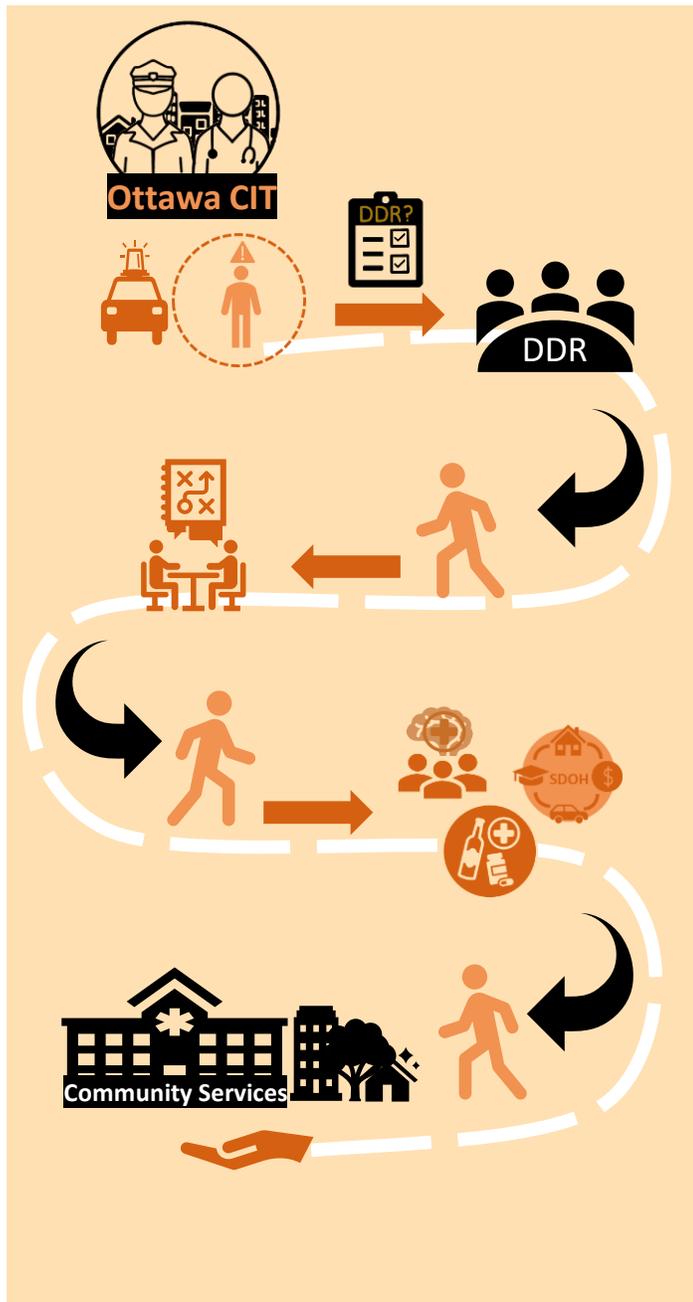
The DDR team aimed to identify strategic points of engagement with individuals who have interacted with crisis responders or law enforcement. The goal is to intervene early to enhance community-based support and stabilization, thereby diverting eligible individuals from deeper involvement in the criminal legal system. Although the Crisis Intervention Teams (CIT) co-response team conducts follow-up activities, the DDR team recognized a gap in services for individuals with more complex needs. In response, they developed individualized community integration plans and collaborate to strengthen support networks, promoting long-term engagement and stability.

## INDIVIDUAL-LEVEL IMPACTS

For individuals being referred to the DDR team in the community, there is an increased likelihood of connections to needed services, supports, and resources. Because the DDR team is focused on assessing and following up on both clinical and non-clinical needs, individuals can, and do, receive ongoing assistance related to behavioral health needs as well as addressing social determinants of health (SDOH) factors.

## SYSTEM-LEVEL IMPACTS

Through these efforts, the DDR team has provided a pathway for the CIT co-response team to refer those with more intensive needs, creating the opportunity for crisis clinicians to dedicate more time to acute crisis. To strengthen this partnership, the DDR team has participated in CIT meetings and presentations. The DIBS boundary spanning efforts in Ottawa County have contributed to the expansion of the CIT program and has informed areas of improvement related to 24/7 mobile crisis and contributed to growing partnerships with local PDs, including the decision to embed a clinician in Holland PD.



11% of all referrals came from CIT team



10% of all DDR services recorded for this group



Seven average services per person

### NEEDS IDENTIFIED:

- 63% Transportation
- 38% SUD/Recovery
- 38% Housing
- 25% Healthcare
- 23% Financial

### SERVICES RECEIVED:

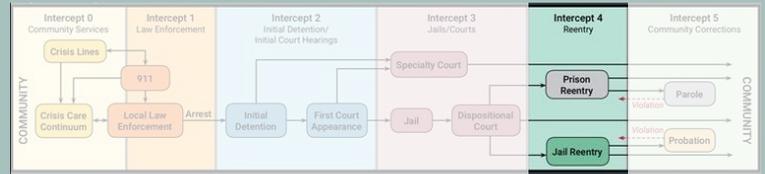
- 47% Recovery coaching
- 16% Case management
- 9% Clinical intervention
- 5% Referrals

### PARTNERS AT INTERCEPT 5

- Law enforcement agencies
- CIT team (CMH)

# INTERCEPT 4

## Reentry



## PROJECT AIMS

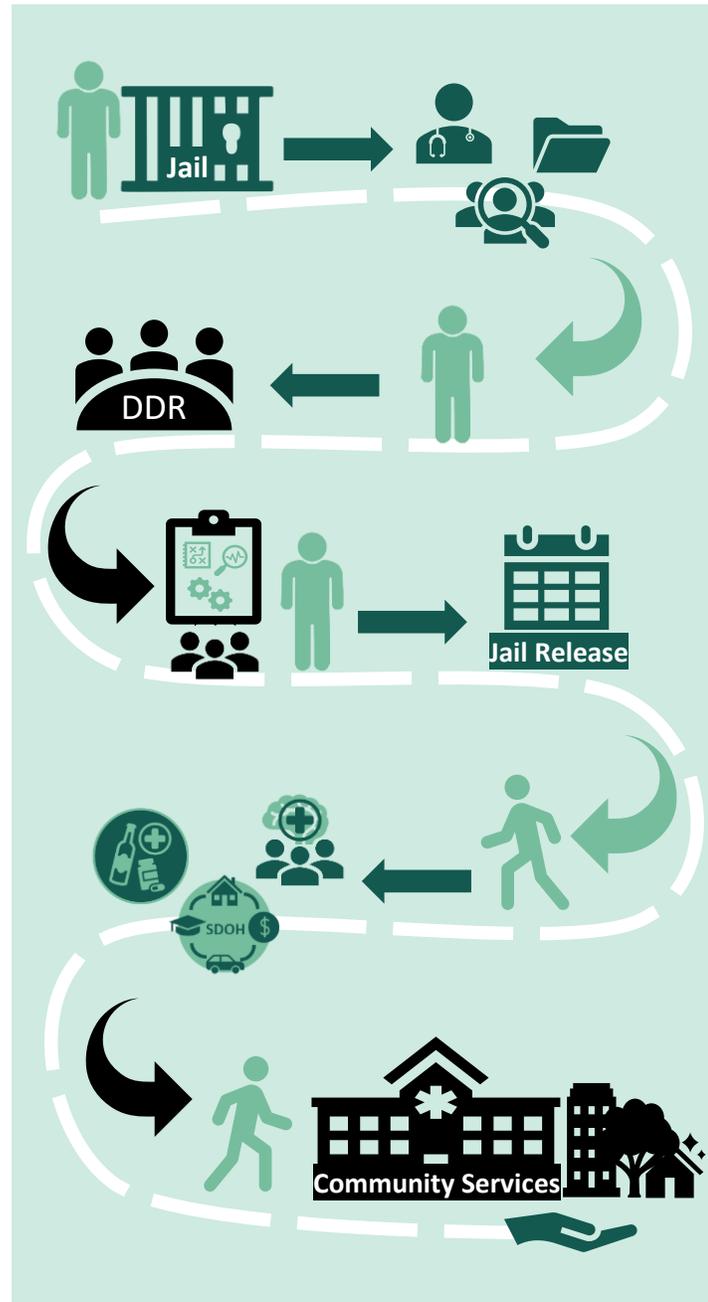
The DDR team sought to improve access to reentry services for the most at-risk individuals identified in the Ottawa County Jail. Recognizing that reentry planning plays an integral role in strengthening continuity of care and success in the community, the team collaborated with others across the system to maximize resource utilization.

## INDIVIDUAL-LEVEL IMPACTS

Individuals referred to the DDR team receive assessments and comprehensive community integration plans to strengthen continuity of care. This intervention includes both clinical (behavioral health and substance use) and non-clinical (social determinants of health (SDOH)) services and supports. Working with community partners, the DDR team facilitates connections and monitors engagement to enhance stability in the community. The DDR team works with individuals to develop skills for managing their behavioral and physical health, as well as handling day-to-day responsibilities and navigating the criminal legal system.

## SYSTEM-LEVEL IMPACTS

In order to strengthening reentry, the DDR team developed referral pathways and processes with other teams in the jail. Through their collaborations, the team was able to provide earlier in-reach and more intensive follow-up to individuals who had previously participated in jail-based services, supporting stabilization into the community and easing the burden on the system more broadly.



**57%** 57% of all referrals came from jail

**44%** 44% of jail referrals came from COSSUP

**55%** 55% of all DDR services recorded for this group

### NEEDS IDENTIFIED:

**60%** Transportation

**53%** Housing

**49%** Healthcare

**47%** Financial

**38%** SUD/Recovery

### SERVICES RECEIVED:

**57%** Recovery coaching

**27%** Referrals

**18%** Case management

**6%** Clinical intervention

**10** Avg. services per person

### PARTNERS AT INTERCEPT 5

- Jail admin & staff
- COSSUP team
- Jail Crisis Team
- Jail medical provider

# COLLABORATING ACROSS THE SYSTEM

In addition to supporting crisis intervention and reentry through the DIBS pilot, the DDR team has also identified opportunities to support jail diversion and continuity of care at other points across the system. As a result of their cross-system collaboration, the team began exploring how they might support the mental health court, the public defenders office, and the probation department to enhance deflection, diversion, and reentry activities happening in these areas. The team is focused on assessing what processes are already in place, ensuring they contribute and not duplicate efforts.



## Intercept 2 Initial detention & court hearing

5%  
referrals from  
public defender

- Building relationship with the public defenders office to intervene earlier, identify needs, and provide support and follow up in the community.



## Intercept 3 Specialty Court

3%  
referrals from  
1090 court

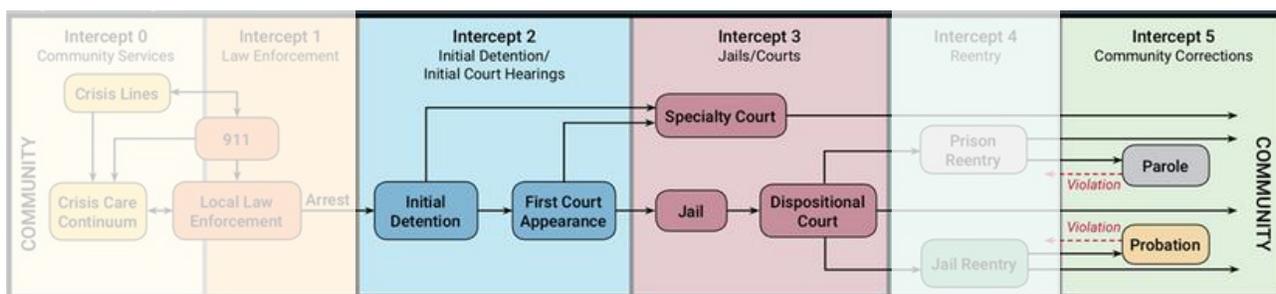
- Collaborating with 1090 mental health court to make contact and improve treatment engagement.



## Intercept 5 Community Corrections

5%  
referrals from  
probation officers

- Connecting with probation to increase service engagement, address SDOH factors, and reduce recidivism risk.
- Engaging with MAT services to strengthen continuity of care into the community.



# IMPROVING SERVICE PROVISION



- Team approach maximizes varied experience and expertise.
- Focus on guidance and support around social determinants of health factors.
- Using social prescribing approach to meet needs in a community setting.
- Identified opportunity to engage local DHS staff to facilitate Medicaid reactivation.
- Attention to criminal-legal skills building to decrease burden on CJ system.
- Revisions to eligibility criteria to identify mild and moderate and first-time offenders.
- Strengthening individual and system-wide networks while facilitating self-determination.

**100%**  
think the team is  
accessible and  
responsive

**82%**  
think individuals  
have benefited  
from partnership

**80%**  
think processes  
have improved

**92%**  
look forward to  
continued  
partnership

Responses from a cross-system DIBS partner survey in Ottawa county (2024).

# STRENGTHENING THE SYSTEM

## Strategic Planning

- Engaging county partners to create shared vision and roadmap.
- Fostering better decision making for short-and-longer-term goals.
- Addressing community boundary spanning needs by identifying priorities.
- Developing strategies for adapting to changing circumstances on macro and mezzo levels.

## Data-to-action

- Reengaging data integration started under Stepping Up.
- Implementing electronic SMI/SUD screen at jail booking.
- Establishing email flags to notify CMH staff of positive SUD screens.
- Integrating data for more accessible monitoring and reporting.

## Sustainability

- Identifying shared sustainability goals and objectives.
- Determining key performance indicators (KPI) with ongoing monitoring.
- Revising org structure to better support programs and services.
- Engaging in ongoing cross-system collaboration.

# CHALLENGES

- ▶ **Housing**
  - Limited options
  - Restrictive eligibility
  - Cost prohibitive
- ▶ **Public Transit**
  - Insufficient coverage
  - Missing routes in key areas, including the jail
- ▶ **Medicaid**
  - Lacking clear reactivation process
  - Barriers obtaining documentation
- ▶ **Funding**
  - Maintaining team
  - Sustaining services not billable to Medicaid
- ▶ **Staffing**
  - Coverage & Capacity
    - Intensive services
    - Geography
    - Scheduling
- ▶ **Jail release**
  - Unplanned date/time
  - Difficulty making contact



# SOLUTIONS

- ▶ Invited housing agencies/authority into diversion council.
- ▶ Adjusting criteria to serve mild and moderate, and first-time offenders.
- ▶ DIBS funds supported additional vehicle for team use.
- ▶ Developing sustainability plan to integrate positions into broader jail diversion team.
- ▶ Seeking collaboration with DHS to improve application and reactivation of Medicaid.
- ▶ Building collaboration with courts and probation to expand referral pathways.



# KEY BENEFITS

TO THE BOUNDARY SPANNING APPROACH

- Improved public safety and community trust
- Better outcomes for people with complex needs
- Reduced jail overcrowding and system strain
- Faster access to behavioral health and crisis care
- Stronger cross- system collaboration
- Economic benefits and cost savings
- Healthier, more resilient communities

# NEXT STEPS

- Expanding from pilot to practice
- New space, new model
- Sustaining through integration
- Serving complex needs
- Funding and impact





# Lakeshore Regional Entity’s Legislative Update – 2/18/2025

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

ATTACHMENT 8

## 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 first time, referred to Committee on Government

**BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH**

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	SB 18	Provides conditions on the use of certain federal benefits, including disability benefits, for a child in foster care. (DHHS/LEGAL)	Jeff Irwin	Operations 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
	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

**BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH**

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
				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, Rederred 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 5/8/2025: Reported favorably without amendment, referred to Committee of the Whole 5/20/2025: Referred to Committee of the Whole favorably without amendment, placed on order of a third reading 5/21/2025: passed roll call, received in House, read a first time, referred to Committee on Health Policy

**BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH**

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	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	<b>Adverse Childhood Experiences:</b> 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
	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

## 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 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. <b>*PLEASE SEE THE MISCELLANEOUS UPDATES SECTION BELOW FOR MORE INFORMATION*</b>	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

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	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
	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

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				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 Committee on Regulatory Reform. No hearings set at this time.</i>  <a href="#">Sign the Petition – Tobacco Free</a>
#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	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  <a href="#">Sign the Petition – Tobacco Free</a>
	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	6/11/25 – Introduced, Referred to Committee on Health Policy 6/26/25 – Referred to Committee of the Whole 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
	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	6/11/25 – Introduced, Referred to Committee on Health Policy 6/26/25 – Referred to Committee of the Whole 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
	SB 592	A bill to require reentry services and support for certain individuals after resentencing.	Sylvia Santana	9/25/25 – Introduced, Referred to Committee on Civil Rights, Judiciary, and Public Safety 12/4/25 – Referred to the Committee of the Whole

**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"> <li>• 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.</li> <li>• 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.</li> <li>• They also would establish licensure fees and qualifications and civil and criminal penalties for violations of the proposed Act.</li> </ul>	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"> <li>• Marihuana.</li> <li>• A marihuana-infused product.</li> <li>• A marihuana accessory.</li> <li>• A marihuana establishment.</li> </ul>	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

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	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 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.	Cam Cavitt	9/17/25 – Introduced, Read a first time, referred to the Committee on Regulatory Reform 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	The bill would enact the "Comprehensive Road Funding Tax Act" to do the following: -- 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  <a href="#">Sen. Geiss Champions Legislation to Protect Michigan Youth from Gambling, Sports Betting Advertisements - Senator Erika Geiss</a>
	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

## 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
	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
	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
	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

**BILLS & REGULATIONS PERTAINING TO ARTIFICIAL INTELLIGENCE**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				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 referred to the Committee on Small Business and Entrepreneurship

**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	<b>Mental Health Services for Students Act of 2025:</b> 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	<b>Ensuring Excellence in Mental Health Act:</b> 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	12/9/25 – Introduced, Read twice, Referred to the Committee on Finance  <b>Action Alert:</b> Contact your Senator - <a href="#">National Council for Mental Wellbeing   Ensuring Excellence in Mental Health Act</a>

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H.R.27 S. 331	<b>HALT Fentanyl Act:</b> 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	<b>Protecting Kids from Fentanyl Act of 2025:</b> 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	<b>Families Care Act:</b> 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	<b>PREPARE Act of 2025:</b> 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	<b>SUPPORT for Patients and Communities Reauthorization Act of 2025 (SUPPORT Act):</b> 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	<b>SEEK HELP Act:</b> 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	<b>Small and Homestead Independent Producers Act of 2025:</b> 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
	<b>HR 1</b>	<p><b>One Big Beautiful Bill Act:</b> 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 (<a href="#">H Con. Res. 14</a>) 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><b>Proposed Federal Legislation Would Ban Virtually All Hemp-Based Cannabinoid Products   Shipman &amp; Goodwin LLP</b></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><b>H.R.1 Implementation Journey</b></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	<b>No Red Tape For Addiction Treatment Act:</b> 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

## LEGISLATIVE CONCERNS

### LOCAL THREATS AND CHALLENGES

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
<b>FY 26 Appropriations Issues</b>	See Attached Document		 FY26 CMHA key budget issues.docx
<b>COVID Relief Funding Rescinded – ARPA Funds</b>	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: <a href="#">Mental health and addiction funding on the federal chopping block : NPR</a>  State perspective: <a href="#">Nessel sues as Trump health cuts hit Michigan disease, addiction programs</a>

## MISCELLANEOUS UPDATES

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	<b>Presidential Drug Policy Priorities</b>	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		<a href="#">ONDCP Releases Trump Administration’s Statement of Drug Policy Priorities – The White House</a>  <a href="#">2025-Trump-Administration-Drug-Policy-Priorities.pdf</a>
	<b>Regional Opposition to HB 4255 &amp; 4256</b>	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.†
	<b>H.R.1 Implementation</b>	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.		<a href="#">H.R.1 Implementation Journey</a>
	<b>SAMHSA Action Alert</b>	<b>Congress must keep mental health a bipartisan priority in the FY 26 appropriations bill</b>		<a href="#">Funding Restored! Thank Congress &amp; Encourage them to Keep Mental Health a Bipartisan Priority</a>
	<b>Gov. Whitmer’s FY 27 Budget</b>	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).		<a href="#">State Budget Office</a>

## Elected Officials

<b>FEDERAL</b>			
<b>NAME</b>		<b>NATIONAL OFFICE CONTACT INFORMATION</b>	<b>LOCAL OFFICE CONTACT INFORMATION</b>
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

<b>STATE</b>	
Find Your State Senator	<a href="https://senate.michigan.gov/FindYourSenator/">Home Page Find Your Senator - Michigan Senate</a> ( <a href="https://senate.michigan.gov/FindYourSenator/">https://senate.michigan.gov/FindYourSenator/</a> )
Find Your State Representative	<a href="https://www.house.mi.gov/">Michigan House - Home Page</a> ( <a href="https://www.house.mi.gov/">https://www.house.mi.gov/</a> )