
Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
June 26, 2024 – 1:00 PM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Mr. Stek
2. Roll Call/Conflict of Interest Question – Mr. Stek
3. Public Comment (Limited to agenda items only)
4. Consent Items:
Suggested Motion: To approve by consent the following items.
 - June 26, 2024, Board of Directors meeting agenda (*Attachment 1*)
 - May 22, 2024, Board of Directors meeting minutes (*Attachment 2*)
5. Community Advisory Panel (*Attachment 3*)
 - a. June 13, 2024, Community Advisory Panel Meeting Minutes
6. LRE FY23 Audit Presentation – Derek Miller, RPC (*Attachment 4*)
7. Reports –
 - a. LRE Leadership – Stephanie VanDerKooi, COO
 - LRE Annual Impact Report (*Attachment 5*)
 - Cannabis Oversight Sales Document (*Attachment 6*)
8. Chairperson’s Report – Mr. Stek
 - a. June 18, 2024, Executive Committee (*Attachment 7*)
9. Action Items –
 - a. Board Policy 10.2 – Committee Structure (*Attachment 8*)
Suggested Motion: To approve Board Policy 10.2 – Committee Structure as presented.
 - b. Statement of Support Opposing Washtenaw Lawsuit (*Attachment 9*)
Suggested Motion: To approve the LRE CEO to sign a statement of support opposing the Washtenaw lawsuit.
10. Financial Report and Funding Distribution – Ms. Chick (*Attachment 10*)
 - a. FY2024, May Funds Distribution (*Attachment 11*)

Suggested Motion: To approve the FY2024, May Funds Distribution as presented.

- b. Statement of Activities as of 4/30/2024 with Variance Reports (*Attachment 12*)
- c. Monthly FSR (*Attachment 13*)

11. CEO Report – Ms. Marlatt-Dumas

12. Board Member Comments

13. Public Comment

14. Upcoming LRE Meetings

- July 17, 2024 – Executive Committee, 1:00PM
- July 24, 2024 – LRE Executive Board Meeting, 1:00 PM

Meeting Minutes
BOARD OF DIRECTORS

Lakeshore Regional Entity
May 22, 2024 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. Stek

Mr. Stek called the May 22, 2024, LRE Board meeting to order at 1:08 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Stek

In Attendance: Ron Bacon, Jon Campbell, Patricia Gardner, O’Nealya Gronstal, Janice Hilleary, Sara Hogan, Richard Kanten, Alice Kelsey, Andrew Sebolt, Stan Stek, Janet Thomas, Craig Van Beek

Online: Jim Storey

Absent: Linda Dunmore

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 24-21 Motion: To approve by consent the following items.

- May 22, 2024, Board of Directors meeting agenda
- April 24, 2024, Board of Directors meeting minutes

Moved: Janet Thomas Support: Ron Bacon

MOTION CARRIED

LEADERSHIP BOARD REPORTS

Ms. Wendi Price reviews the report that is included in the packet for information.

Q: Are the audit results in a document that is submitted to the entity and the organization?

A: Yes, we are contractually required to provide a report to each organization.

Q: Are the reports public documents?

A: Yes, they are public documents. The LRE has discussed publishing the reviews online but there is concern that it may cause issues. Client data would not be available and would be redacted. If the Board would like to see any of the reviews, they would be available upon request.

CHAIRPERSON'S REPORT

The May 15, 2024, Executive Committee meeting minutes are included in the packet.

- The EC is having ongoing discussion regarding regional deficits, will continue to follow up and report back to the full Board.
- Proposed CEO draft contract continues to be worked on.

ACTION ITEMS

LRE 24-22 Motion: To approve the attached resolution regarding Conflict Free Access and Planning as presented and to submit the attached resolution to MDHHS.

Moved: Ron Bacon Support: Craig Van Beek

MOTION CARRIED

LRE 24-23 Motion: To approve LRE CEO to fully execute U.S. Signal Contract.

Moved: Jon Campbell Support: Ron Bacon

MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

CFO Report is included in the Board packet for information.

FY2024 March Funds Distribution

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

Moved: Ron Bacon Support: Patricia Gardner

MOTION CARRIED

Statement of Activities as of 3/31/2024 with Variance Report-

Included in the Board packet for information.

- Revenue under budget by \$8.5 million.
- Autism is over budget but expected to decline.
- Medicaid/HMP/CCBHC base capitation is lower than projected due to daily visit projections being lower than expected. The supplemental is also lower than expected due to lower daily visits. Higher than expected revenue on the HMP.
- Under budget on expenditures by approximately \$10 million.

Monthly FSR-

Included in the Board packet for information.

CEO REPORT

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

- The new Autism Manager will start at the beginning of June.
- FY23 Impact report is being wrapped up and targeting June to give to the Board.

- HAB waiver slots have been filled for this month and is the last of the 30 additional slots that were given to the region.
- MDHHS has sent notification that Opioid Health Homes will include SUD which opens it up to alcohol and opioids. This will be implemented slowly within the LRE region. This is an opportunity to bring additional revenue into the region.
- LRE/N180 was given an Autism CAP jointly by MDHHS. LRE and N180 will meet to discuss strategies. LRE has also learned that other in-region counties are beginning to have larger waitlists that will have to be addressed.
- The PIHP/CMH contract is continuing to be worked on with a target date of July to be sent to the CMHs for review.
- Walk-a-mile is scheduled for September 12.
- CMHAM has Board Works videos that can assist in understanding the role of Board members. <https://cmham.org/education-events/boardworks/>

BOARD MEMBER COMMENTS

NA

PUBLIC COMMENT

NA

UPCOMING LRE MEETINGS

- June 13, 2024 – LRE Community Advisory Group, 1:00 PM
- June 19, 2024 – Executive Committee, 1:00PM
- June 26, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

OTHER

ADJOURN

Mr. Stek adjourned the May 22, 2024, LRE Board of Directors meeting at 2:13 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Moran, Executive Assistant

CONSUMER ADVISORY PANEL MEETING NOTES

Thursday, June 13, 2024 – 1:00 PM to 3:00 PM

Virtual Teams Meeting or Call In

Present: Cindy B., Angela K., Tamara M., Jennifer E., Robert C., Sharon P., Angela K., Sharon H., James S., Tamara M., John M.

CMH: Chelsea Clark, Max Knoth, Cathy Potter, Jennifer Hoeker, Kelly Betts

LRE: Stephanie VanDerKooi, Michelle Anguiano, Mari Hesselink

1. Welcome and Introductions.
 - a. Review of the June 13, 2024, Agenda
 - b. Review of the March 14, 2023, Meeting Minutes

The June 13, 2024, meeting agenda and March 14, 2023, meeting minutes are accepted as presented.

2. Member Stories – Limit 5 minutes
 - a. Member Experiences
 - Robert C. updates the group that he was in a car accident and spent a month in the hospital.
 - Sharon H. has had difficulty navigating the judicial system during a personal situation and would like to discuss in a future meeting where to find resources in dealing with mental health and the court system.
3. Consumer Advisory Panel
 - i. CAP 2024 Goals
 - Awareness of Opioid issues and cultural issues in the school system and school age children.
 - Opioid Health Home/Behavioral Health Home (OHH/BHH)
Presentation – Stephanie
 - This is a way we can offer more care to individuals with substance use disorders. On October 1, this will begin including stimulants and alcohol along with opioids.
 - The region will slowly implement the OHH/BHH with 1-2 CMHs to start and then more will join as we move forward.
 - The PP presentation will be brought to LRE Board of Directors.
 - ii. CAP Newsletter –
 - The Summer newsletter will have more information regarding BHH/OHH.

- Dawn M. has shared her artwork for the upcoming newsletter.
 - Send any submissions for the newsletter to Mari at marih@lsre.org.
4. LRE Updates – Stephanie
- i. Autism Manager – Sara Reterstoff
 - Sara began last Monday, came to us from a provider in Ottawa County and is a BCBA. We would like her to attend the next CAP meeting.
 - ii. LRE/Network180 Autism Corrective Action Plan (CAP)
 - The state has given LRE/N180 a CAP around Autism. Due to the increase in Autism services there is a waitlist and we are hoping that the state is willing to work with us and help with this issue. We continue to work on improving Autism services.
5. Regional Updates – Stephanie
- i. 2023 Customer Satisfaction Survey Update
 - The survey is currently live in English and Spanish. There is an adult survey and a youth survey which can be filled out on CMH websites, paper forms and tablets located at the local CMHs.
 - There will be a “push” in September where the CMHs will be sending the surveys out by mail.
 - ii. FY23 Impact Report Update
 - Stephanie reviews the draft document and asks that if there are any errors or updates contact Stephanie with feedback at stephaniev@lsre.org
 - iii. HAB Waiver Slots Update
 - LRE was given 30 additional slots from Midstate Health Network (PIHP). The state is now reallocating more slots which will bring more funding to the region for more services. We will know in August the number of slots that we will receive.
 - iv. Ottawa CMH New Director
 - Lynne Doyle, previous Ottawa CMH Director has retired. The interim Director is Dr. Michael Brashears.
6. State Updates – Stephanie
- i. World Health Organization Disability Assessment Schedule 2.0 (WHODAS)
 - The state has picked a new IDD assessment/screening tool in place of the Support Intensity Scale (SIS) as they believe this will better fit our system.
 - A steering committee will be put in place in fall 2024, in spring of 2025 training will begin and then in fall 2026 the WHODAS will be implemented.
 - LRE will continue to update the group as details are given by the state..
 - ii. Conflict Free Access Planning (CFAP) Update

- The state reports to the federal government. What they want to see is some separation from providers assessing services while also offering those services as it would be a conflict of interest. The state of Michigan already has firewalls in place and so CMHAM, CMHs and PIHPs have advocacy in place opposing implementation of such a large system change.
 - OnPoint and the LRE Board of Directors have passed a resolution opposing this change. Many other Michigan PIHPs and CMHs have also passed the same type of resolution.
 - Link to document – [Conflict Free Access Planning](#)
- iii. Legislative Update
- Attachment that gives Bill #, Summary of the bill, Sponsor and Action date. The document is used to watch items that may affect the region.
 - Yellow – new, Gray – older and after 6 months it is pulled off, Green – Supported by CMHAM, Purple – Opposed by CMHAM
 - Bills that have been introduced before cannot be reintroduced but can have slight changes made and then brought forth as a new Bill.
 - Add - that it has been settled that direct care givers are receiving funds to hire staff for family members but are still working on the amount.
- iv. [Walk A Mile](#)
- September 12, 2024

7. CMH Updates

- OnPoint – have many job openings that are on their website.
- WM – Have a Hispanic grant that funded a commercial and a billboard targeting the Hispanic population in need of services.
- HW –
 - Health Wellness and Recovery Picnic on August 15 from 11am-2pm at Hackley Park. There will be free lunch for the first 1,000 people.
 - Planning for the Walk a Mile trip for individuals.
 - Working on the new strategic plan.
 - Recovery Fest on September 20, from 1-5pm at Hackley Park.

8. LRE Board Meeting

June 26, 2024 – LRE Board Meeting

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

Call-in information will be posted on the LRE website

9. Upcoming CAP Meetings for 2024 (2nd Thursday of every third month [Quarterly] - 1:00 pm to 3:00 pm)

June 13, September 12, December 12

CAP GOALS

iii. CAP 2024 Goals Discussion

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

Lakeshore Regional Entity

Financial Statements

September 30, 2023





Independent Auditor's Report

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

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the business-type activities, each major fund, and the aggregate remaining fund information of Lakeshore Regional Entity (the PIHP), as of and for the year ended September 30, 2023, and the related notes to the financial statements, which collectively comprise the PIHP's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities, each major fund, and the aggregate remaining fund information of the PIHP, as of September 30, 2023, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Lakeshore Regional Entity
Statement of Net Position
September 30, 2023

	Enterprise Funds		Internal Service Funds	Total Proprietary Funds
	Mental Health Operating	Public Act 2	Medicaid Risk Reserve	
Current assets				
Cash and cash equivalents	\$ 67,784,973	\$ 15,262,547	\$ -	\$ 83,047,520
Due from affiliates	44,661,649	23,616	-	44,685,265
Due from MDHHS	15,268,403	-	-	15,268,403
Due from other governmental entities	31,008	938,223	-	969,231
Due from other funds	24,524,356	583,870	54,897,928	80,006,154
Prepaid expenses	26,383	-	-	26,383
Total current assets	152,296,772	16,808,256	54,897,928	224,002,956
Noncurrent assets				
Capital assets - depreciable, net	31,672	-	-	31,672
Total assets	152,328,444	16,808,256	54,897,928	224,034,628
			PY Total assets	273,764,644
Current liabilities				
Accounts payable	4,757,334	1,940,463	-	6,697,797
Accrued payroll and benefits	150,554	-	-	150,554
Due to affiliates	56,487,069	-	-	56,487,069
Due to MDHHS	7,493,146	-	-	7,493,146
Due to other funds	55,342,701	-	24,663,453	80,006,154
Unearned revenue	16,087,653	-	-	16,087,653
Compensated absences	641,357	-	-	641,357
Total current liabilities	140,959,814	1,940,463	24,663,453	167,563,730
			PY Total liabilities	223,420,678
Net position				
Net investment in capital assets	31,672	-	-	31,672
Restricted	-	14,867,793	30,234,475	45,102,268
Unrestricted	11,336,958	-	-	11,336,958
Total net position	\$ 11,368,630	\$ 14,867,793	\$ 30,234,475	\$ 56,470,898
PY Total net position	8,255,235	13,795,904	28,292,827	50,343,966

Lakeshore Regional Entity
Statement of Revenues, Expenses, and Changes in Net Position
For the Year Ended September 30, 2023

	Enterprise Funds		Internal Service Funds	Total Proprietary Funds
	Mental Health Operating	Public Act 2	Medicaid Risk Reserve	
Operating revenues				
Medicaid	\$ 327,614,186	\$ -	\$ -	\$ 327,614,186
Healthy Michigan	58,212,472	-	-	58,212,472
Incentive payments	3,898,133	-	-	3,898,133
CCBHC	34,417,493	-	-	34,417,493
State and federal grants	10,823,144	-	-	10,823,144
Contributions - local match drawdown	1,007,548	-	-	1,007,548
PA2 revenues	-	4,545,508	-	4,545,508
Total operating revenues	435,972,976	4,545,508	-	440,518,484
			PY Operating revenues	433,526,905
Operating expenses				
Funding for affiliate partners				
Medicaid	316,868,332	-	-	316,868,332
Healthy MI	45,780,974	-	-	45,780,974
CCBHC	34,275,898	-	-	34,275,898
SUD block grant	7,555,991	-	-	7,555,991
PA2 liquor tax	-	2,374,528	-	2,374,528
Total funding for affiliate partners	404,481,195	2,374,528	-	406,855,723
Other contractual obligations				
Contracted services - prevention	2,519,191	1,182,985	-	3,702,176
Hospital rate adjuster	12,088,692	-	-	12,088,692
Local match expense	1,007,548	-	-	1,007,548
IPA assessment	4,643,676	-	-	4,643,676
Total other contractual obligations	20,259,107	1,182,985	-	21,442,092
Administrative expenses				
Board per diem	15,550	-	-	15,550
Capital outlay - under \$5,000	27,467	-	-	27,467
Depreciation expense	134,017	-	-	134,017
Dues and memberships	15,803	-	-	15,803
Insurance	18,908	-	-	18,908
Legal and accounting	333,311	-	-	333,311
Meetings	5,861	-	-	5,861
Professional contracts	1,228,618	-	-	1,228,618
Rent	11,119	-	-	11,119
Salaries and fringes	4,794,433	-	-	4,794,433
Supplies	16,251	-	-	16,251
Travel and training	73,813	-	-	73,813
Utilities	47,677	-	-	47,677
All other costs	1,328	-	-	1,328
Total administrative expense	6,724,156	-	-	6,724,156
Total operating expenses	431,464,458	3,557,513	-	435,021,971
			PY Operating expenses	405,291,926
Operating income (loss)	4,508,518	987,995	-	5,496,513
Non-operating revenues (expenses)				
Interest income	549,023	83,894	435	633,352
Interest expense	(2,933)	-	-	(2,933)
Total non-operating revenues (expenses)	546,090	83,894	435	630,419

Lakeshore Regional Entity
Statement of Revenues, Expenses, and Changes in Net Position
For the Year Ended September 30, 2023

	Enterprise Funds		Internal Service Funds	Total Proprietary Funds
	Mental Health Operating	Public Act 2	Medicaid Risk Reserve	
Transfer in (out)				
Transfer in	\$ -	\$ -	\$ 1,941,213	\$ 1,941,213
Transfer (out)	(1,941,213)	-	-	(1,941,213)
Change in net position	3,113,395	1,071,889	1,941,648	6,126,932
			PY Change in net position	28,330,127
Net position, beginning of year	8,255,235	13,795,904	28,292,827	50,343,966
Net position, end of year	\$ 11,368,630	\$ 14,867,793	\$ 30,234,475	\$ 56,470,898

Lakeshore Regional Entity
Notes to the Financial Statements
September 30, 2023

NOTE 10 - UNEARNED REVENUE

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

Description	Amount
Medicaid and Healthy Michigan Savings	16,053,896
Other unearned revenues	33,757
Total	16,087,653

NOTE 11 - LONG-TERM LIABILITIES

Direct Borrowings

Description	Original Borrowing	Interest Rates	Final Maturity	Outstanding at Year-end
Leestma Management Horizon	174,505	6.00%	2023	-

The PIHP's outstanding loans from direct borrowings related to mental health operations contains provisions that in an event of default, either by (1) unable to make principal or interest payments (2) false or misrepresentation is made to the lender (3) become insolvent or make an assignment for the benefit of its creditors (4) if the lender at any time in good faith believes that the prospect of payment of any indebtedness is impaired. Upon the occurrence of any default event, the outstanding amounts, including accrued interest become immediately due and payable.

Changes in the long-term liabilities are as follows:

Description	Beginning Balance	Additions	Reductions	Ending Balance	Due within one year
Compensated absences	359,727	335,589	(53,959)	641,357	641,357
Direct borrowings	89,416	-	(89,416)	-	-
Total	449,143	335,589	(143,375)	641,357	641,357

NOTE 12 - NET INVESTMENT IN CAPITAL ASSETS

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

Net investment in capital assets	Amount
Capital assets being depreciated	31,672

NOTE 13 – RETIREMENT AND OTHER POST EMPLOYMENT BENEFIT PLANS

Defined Contribution Retirement Plan – 401(a)

Plan Description

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

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

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

The PIHP has established a Medicaid Risk Reserve Fund, in accordance with Michigan Department of Health and Human Services guidelines, to assist in managing any potential operating shortfalls under the terms of its contract with the MDHHS.

NOTE 15 – CONTINGENT LIABILITIES

Under the terms of various federal and state grants and regulatory requirements, the PIHP is subject to periodic audits of its agreements, as well as a cost settlement process under the full management contract with the State. Such audits could lead to questioned costs and/or requests for reimbursement to the grantor or regulatory agencies. Cost settlement adjustments, if any, as a result of compliance audits are recorded in the year that the settlement is finalized. The amount of expenses which may be disallowed, if any, cannot be determined at this time, although the PIHP expects such amounts, if any, to be immaterial.

The PIHP is a defendant in various lawsuits. Although the outcome of these lawsuits is not presently determinable, in the opinion of the PIHP's legal counsel, the resolution of these matters will not have a material adverse effect on the financial condition of the PIHP.

NOTE 16 – ECONOMIC DEPENDENCE

The PIHP receives over 90% of its revenues from the State of Michigan directly from MDHHS.

NOTE 17 – TRANSFERS

The Mental Health Operating fund transferred \$1,941,213 to the Medicaid Risk Reserve fund during the year for the purpose of covering the risk associated with the Medicaid Managed Care Specialty Services Program Contract.

NOTE 18 – SUBSEQUENT EVENTS

The PIHP entered into a lease agreement with Leestma for office space. The agreement runs from October 1, 2023 (subsequent to year end) to September 30, 2026. The anticipated lease asset and related lease liability is estimated to be \$269,439 and is expected to be included as part of the FY2024 financial statements.

NOTE 19 - UPCOMING ACCOUNTING PRONOUNCEMENTS

GASB Statement No. 100, *Accounting Changes and Error Corrections*, was issued by the GASB in June 2022 and will be effective for the PIHP's fiscal year September 30, 2024. The primary objective of this Statement is to enhance accounting and financial reporting requirements for accounting changes and error corrections to provide more understandable, reliable, relevant, consistent, and comparable information for making decisions or assessing accountability.

This Statement prescribes the accounting and financial reporting for 1) each type of accounting change and 2) error corrections. This Statement requires that (a) changes in accounting principles and error corrections be reported retroactively by restating prior periods, (b) changes to or within the financial reporting entity be reported by adjusting beginning balances of the current period, and (c) changes in accounting estimates be reported prospectively by recognizing the change in the current period.

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

This Statement requires that liabilities for compensated absences be recognized for (1) leave that has not been used and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. This Statement requires that a liability for certain types of compensated absences—including parental leave, military leave, and jury duty leave—not be recognized until the leave

IMPACT REPORT 2023





Table of Contents

03	INTRODUCTION
06	ACCOMPLISHMENTS
08	SERVICE STATISTICS
11	PERFORMANCE REPORT CARD
14	SUBSTANCE USE DISORDER PREVENTION
17	CUSTOMER SERVICES
20	AUTISM SERVICES
21	HABILITATION SUPPORTS WAIVER
22	CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE WAIVER
23	CHILDREN'S WAIVER PROGRAM
24	VETERAN NAVIGATOR
25	FINANCES
26	CREDENTIALING
27	INNOVATION/PRACTICES
28	INNOVATION/TECHNOLOGY

Lakeshore Regional Entity is a Prepaid Inpatient Health Plan for people with mental illness, developmental disabilities, and substance use disorder in Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa counties.



INTRODUCTION

Dear Fellow Stakeholders:

I am pleased to report 2023 was a year of significant achievements across Region 3. It was a year marked by strong financial performance, higher quality of service delivery, and excellent operating outcomes. The year has also brought greater collaboration with our regional partners, initiating a growing excitement toward a more integrated culture and a deeper commitment to the communities in which we serve.



The performance exhibited reinforces our values:

 <p>LOCAL SOLUTIONS</p> <p>VALUE LOCAL DIFFERENCES</p> <p>We value locally unique service systems that are responsive to local needs, partnerships, and available resources.</p>	 <p>FISCAL RESPONSIBILITY</p> <p>ACCOUNTABLE & RESPONSIBLE WITH FUNDS</p> <p>Transparent and accountable use of public funds. Maximize available resources.</p>	 <p>COLLABORATIVE RELATIONSHIPS</p> <p>FOSTER EFFECTIVE PARTNERSHIPS</p> <p>Nurture collaboration based on mutual trust & shared commitment to quality. Approach all interactions with respect, openness, and a commitment to proactively resolve conflict.</p>	 <p>INNOVATION</p> <p>BOLDLY PURSUE EXCELLENCE</p> <p>Pursue audacious goals by challenging the status quo and trying new things. Actively work to identify and support opportunities for innovation.</p>
---	--	---	--

The accomplishments demonstrated in the Lakeshore Regional Entity (LRE) 2023 Annual Impact Report reflect the talent and commitment of the LRE team and CMHSP teams' collective efforts. They do an amazing job and I thank them for their continued hard work. Our shared values, purpose and vision are essential elements of our culture.

In addition, LRE will continue to provide data that drives innovation and paves the way for improvements to methodologies that create cost effective quality service delivery to the member community mental health organizations and regional network providers. We are committed to being a dynamic resource for empowering regional development.

I am confident that as we continue to invest in the people and resources within our region, LRE will have a strong presence in the future.

Thank you for your ongoing support.

Sincerely,

Mary Marlatt Dumas

Mary Marlatt Dumas
Chief Executive Officer
LRE

Executive Board Members

The LRE Executive Board of Directors is comprised of 14 community/business leaders serving throughout the LRE's seven-county geographical footprint. The LRE values and appreciates the Board's commitment to upholding the LRE's mission and vision.



Pastor Craig Van Beek
Allegan



Alice Kelsey
Allegan



Jim Storey
Allegan



Jon Campbell
Kent



Patricia Gardner
Kent



Stan Stek
Kent



Ron Bacon
Lake, Mason, Oceana



Ron Sanders
Lake, Mason, Oceana



Andy Sebolt
Lake, Mason, Oceana



Linda Dunmore
Muskegon



Janice Hilleary
Muskegon



Janet Thomas
Muskegon



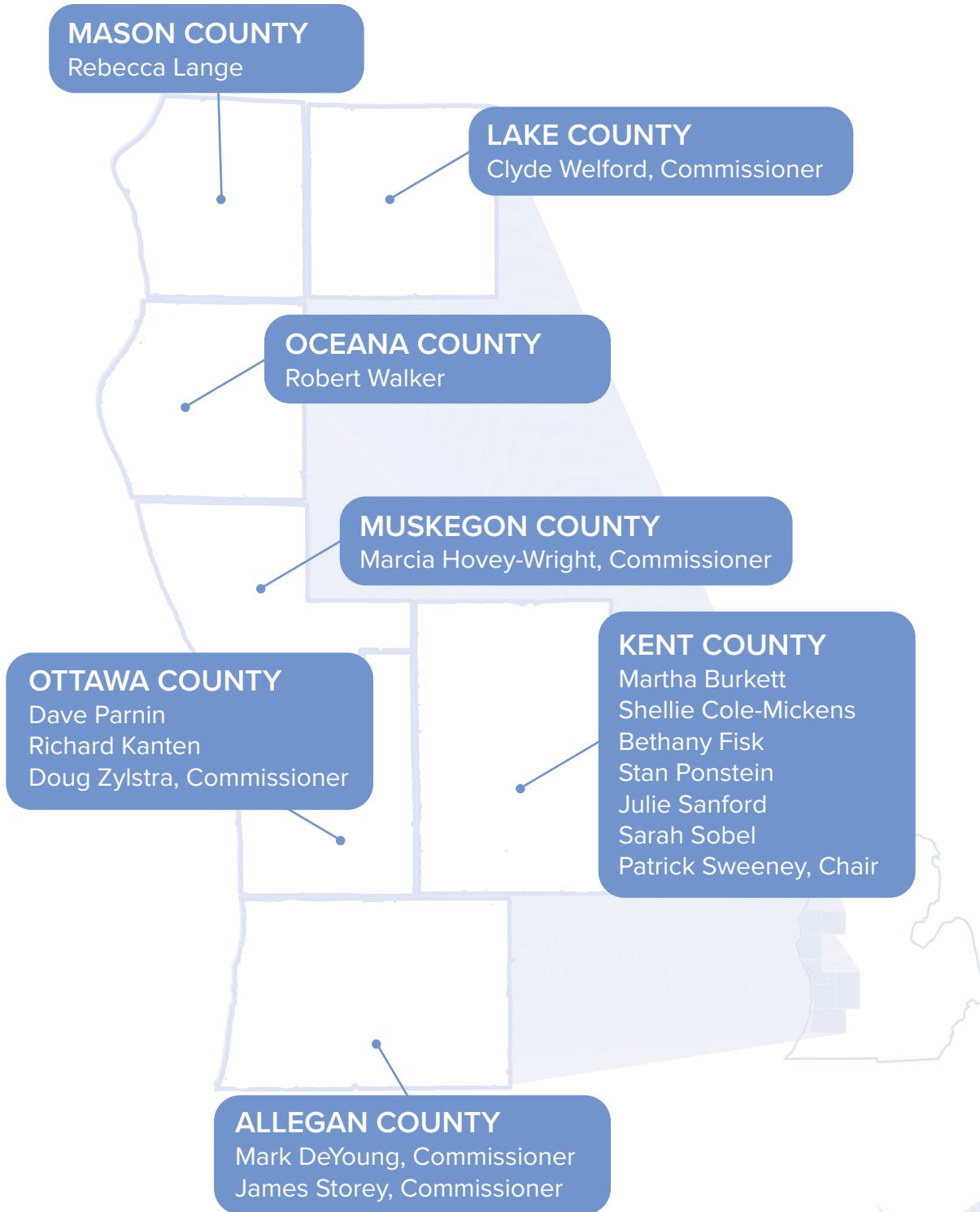
Sara Hogan
Ottawa



Richard Kanten
Ottawa



Substance Use Disorder Oversight Policy Board





Grants

LRE Substance Use Disorders (SUD) Sponsored Trainings

- ✓ The LRE supported the keynote speaker for the 2023 Lakeshore Muskegon Community Opiate Task Force Summit held August 18, 2023 featuring Dr. Alexander Elswick.
- ✓ LRE sponsored three webinars on Emerging Drug Trends presentations with Karen Williams.
 - Brain Chemistry: It's What Drugs of Abuse Mess With
 - The Teen Brain & Drugs: Why They Are at the Greatest Risk!
 - The Science of Hope: The Foundation of Resilience, Motivation & Recovery.
- ✓ Provided 85 virtual scholarships to LRE SUD Prevention Coalitions for professionals and key sector representatives for up-to-date drug recognition education from a national presenter, Jermaine Galloway aka "Tall Cop".



Dr. Alexander Elswick

State Opioid Response (SOR3)

- ✓ Implemented evidence-based prevention programming in schools and juvenile justice settings in five counties.
- ✓ Made significant progress in implementing jail-based medication assisted treatment (MAT) in Lake, Mason, Oceana, and Muskegon counties. Served 468 individuals with jail-based medications for opioid use disorder (MOUD) throughout the region.
- ✓ A mobile care unit was outfitted, operationalized, and is now serving areas of need within Kent, Ottawa and Allegan counties. It served 1,031 individuals throughout the region this year, and reports 73 LIVES SAVED through their Naloxone Distribution program.
- ✓ Provided free Suboxone to 308 individuals for help with Opiate Use Disorder.

ACCOMPLISHMENTS

Gambling Disorders

- ✓ Supported four local provider projects to address prevention and treatment for gambling disorders in the LRE region with allocations totaling \$157,935.
- ✓ The regional gambling website, StayOuttaTheDangerZone.com, was updated and promoted during Problem Gambling Awareness Month through a multi-media campaign conducted in partnership with the Sports Director of WZZM/Channel 13 website. The campaign achieved 296,000 impressions, reaching 36,000 people during March and April of 2023.

Smoking Cessation

- ✓ Grant funds continue to be distributed to all Region 3 PIHP Member CMHSPs. The funds pay for staff time, indirect costs, supplies, and materials to develop and maintain trainers to provide training in the DIMENSIONS smoking cessation curriculum. Many peers and staff have been trained in the DIMENSIONS curriculum and provide cessation groups in their communities.

Native American

- ✓ In FY23, 77 Native American individuals received various culturally-relevant behavioral health services.

COVID-19 Supplemental Funding

- ✓ During FY23, SUD Prevention funding provided programming support for youth summits, public messaging campaigns and opportunities for parent/youth education. One provider program demonstrated a 17% increase in knowledge of risks and consequences and perception of harm regarding alcohol and marijuana for youth who participated in programming. Region-wide, SUD related professionals were able to participate and offer professional development summits and conferences.
- ✓ COVID Grant Funds earmarked for treatment were used to support a number of new pilot programs and initiatives. Kent County opened an Engagement Center within a homeless shelter, staffed with recovery coaches who are charged with building relationships with individuals and working with them on stages of change. This program has a large number of participants each month and has successfully referred many clients to formal treatment. We're also supporting a sober living home for mothers with children, as a transitional living environment between formal treatment and independent living. Ottawa County has begun offering same day medications for opioid use disorder, a model that seems to be connected with improved long term outcomes for clients. We've also been able to support evidence-based contingency management programs for clients, as well as staff development and retention opportunities for clinical staff that weathered the storms of COVID and remained in the system, committed to our clients.

SUD Treatment Infrastructure Grant

- ✓ The LRE was able to assist Our Hope Association in securing a \$495,000 grant to open an expanded residential treatment facility with an on-site detox program.

Hispanic Services

- ✓ In FY23, 129 LatinX individuals received culturally-relevant behavioral health services.

Utilization Management*

- ✓ Intensive Crisis Stabilization Services (ICSS) consists of a two-person mobile crisis team that attempts to meet face to face with a family in crisis in order to help mitigate

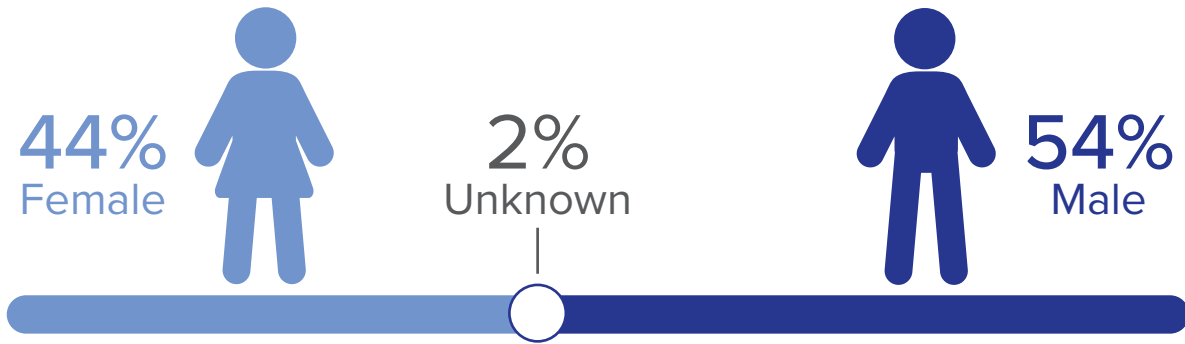
SERVICE STATISTICS: BEHAVIORAL HEALTH TREATMENT

the need for hospitalization or law enforcement involvement. ICSS is a Medicaid funded service intended to help children and families get through crisis situations. During FY23 Region 3 fielded over 1300 calls. 67% of those calls resulted in face-to-face services being provided in less than 1 hour (urban areas) or 2 hours (rural areas). ICSS calls are fielded 24 hours a day with the majority of those calls placed from either Muskegon or Kent Counties.

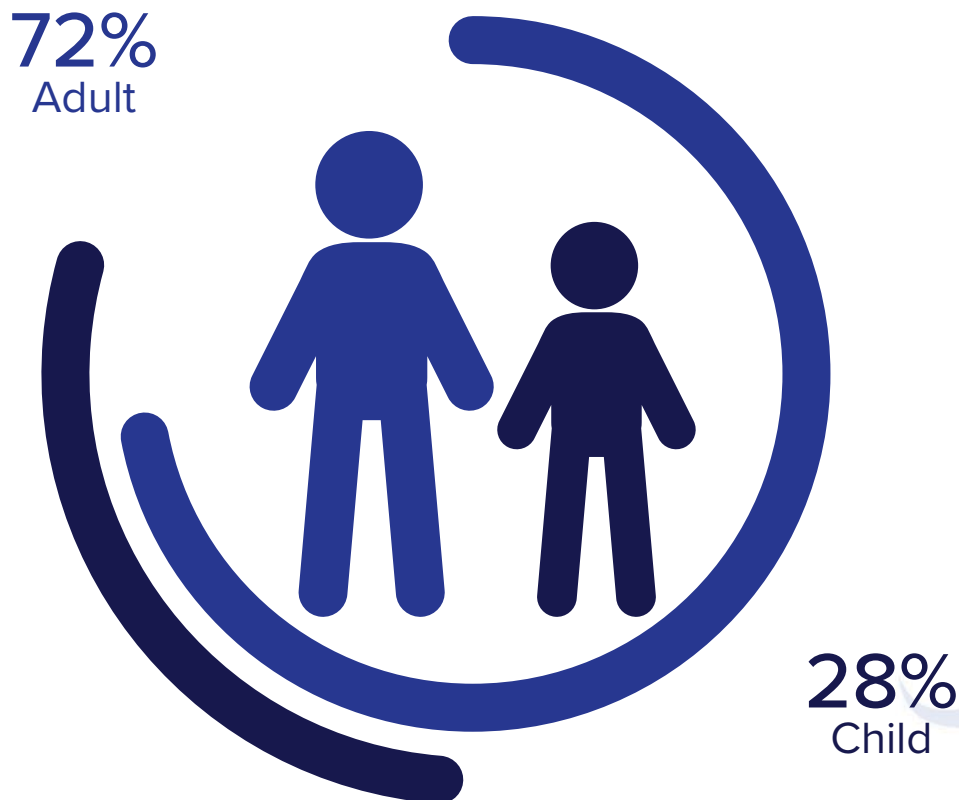
Measuring Impact 2023

Numbers Served

Unique Count Of Consumers Served by Gender

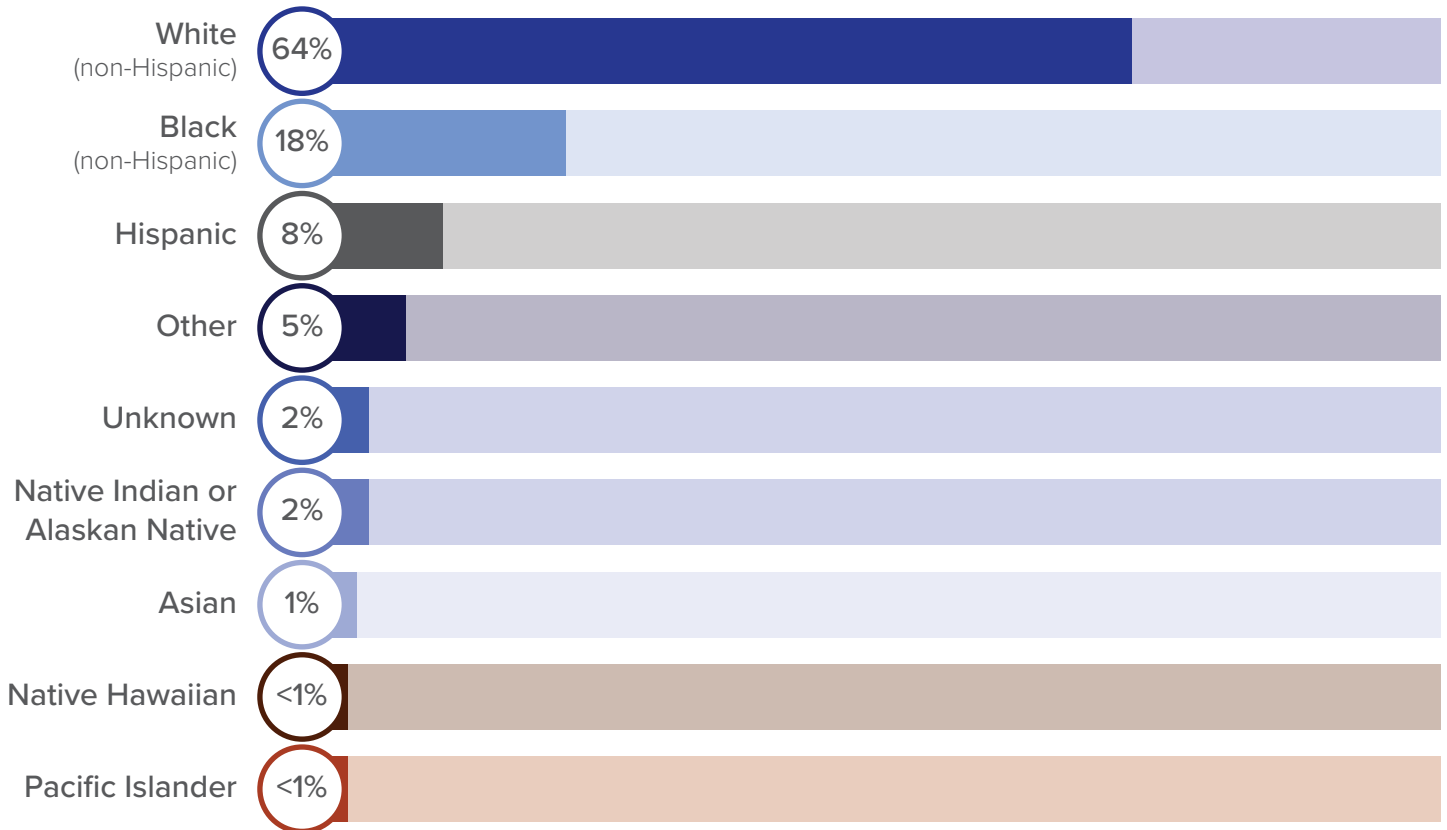


Unique Count Of Consumers Served by Age

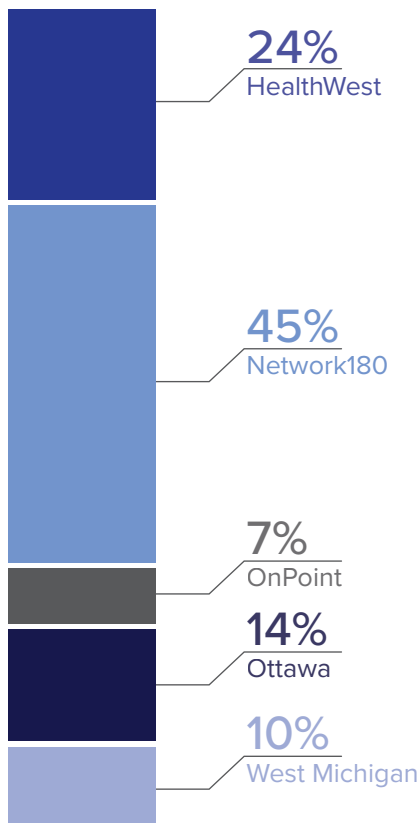


SERVICE STATISTICS: BEHAVIORAL HEALTH TREATMENT

Consumers Served By Race/Ethnicity



Percent Served By CMH



Count Of Unique Persons Served By Population

3,984
DD/IDD¹ Adult

1,957
DD/IDD¹ Child

12,552
Mental Illness

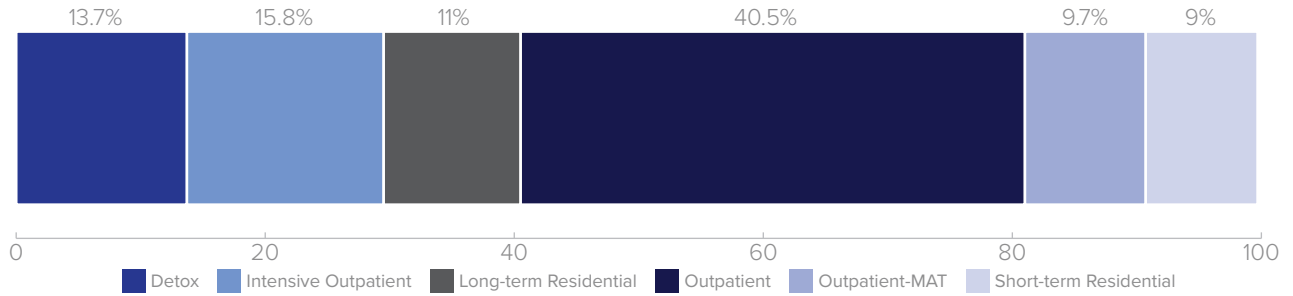
6,613
SED²

5,062
SUD³

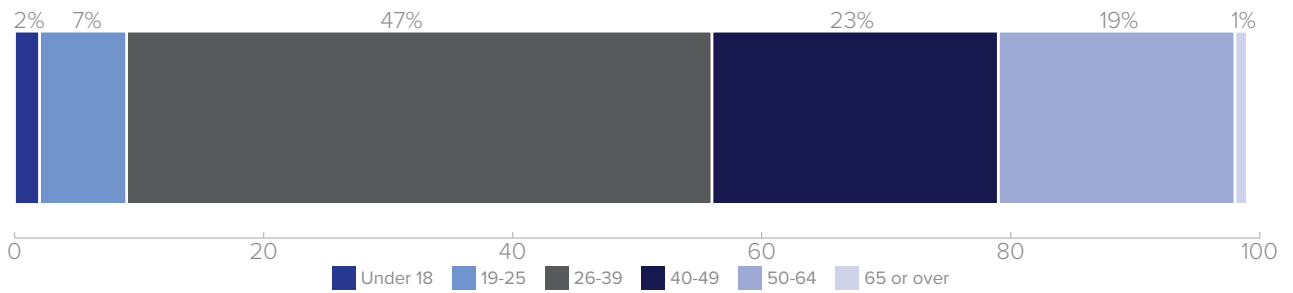
¹ Developmental Disabilities/Intellectual Developmental Disabilities
² Serious Emotional Disturbance
³ Substance Use Disorder

Admissions

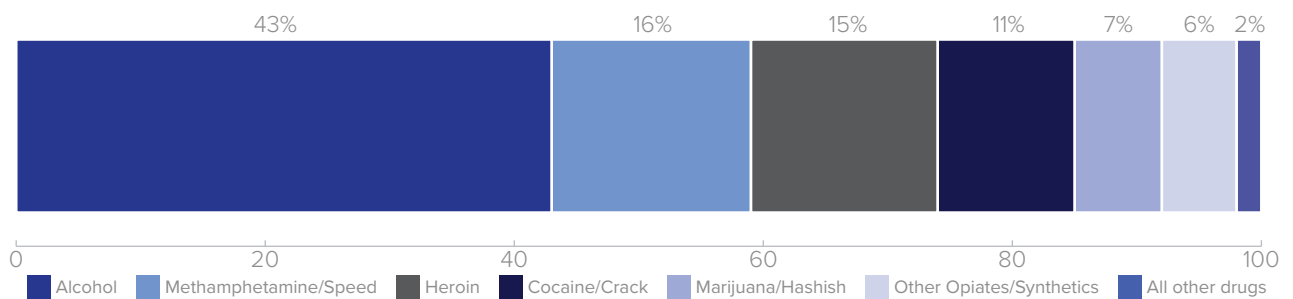
Admission By Level Of Care



Admission By Age Group



Primary Substance At Admission



Admission By Gender



Health Services Advisory Group

External Quality Review

- ✓ Health Services Advisory Group (HSAG) validated LRE's two Performance Improvement Projects (PIPs) upon first submissions for Year 1 and Year 2.
- ✓ HSAG validated LRE's data collection and reporting processes via the Performance Measure Validation (PMV) audit.
- ✓ Since HSAG revised its compliance review standards in FY19, LRE received its highest audit score in FY23, which was driven by the engagement of subject matter experts from all relevant LRE departments.
- ✓ HSAG fully validated LRE's remediation efforts for audit years FY21 and FY22.

Process Efficiency Gains

- ✓ LRE improved the efficiency of the CMHSP Site Review process by reducing the Site Review Cycle Time from 19.5 weeks to 9.1 weeks, including any Corrective Action Plan (CAP) development by the CMHSPs, which is a 114% reduction in cycle time.
- ✓ LRE reduced the average time for CMHSPs to enter CAP responses into Lakeshore Integrated Data Solutions (LIDS) from 40 hours to zero hours by leveraging technology and pivoting from LIDS to PowerBI Dashboards.
- ✓ With MDHHS' launch of the Customer Relationship Management (CRM) for critical incidents, LRE hand-entered all critical incidents into the CRM to minimize disruption to the CMHSPs until MDHHS solidified its technical requirements. LRE then developed a standardized CMHSP reporting template. LRE successfully operationalized the new critical incident reporting requirements in LIDS via the standardized CMHSP reporting template.
- ✓ LRE developed five new Quality PowerBI (PBI) Dashboards: Audits, MMBPIS, CIRE, Encounter look-up tool, and Behavior Treatment Plan Review Committee.
 - a. The Audits PBI Dashboard allows for detailed aggregate data that enables LRE to pinpoint systemic issues at the CMHSP level related to clinical and credentialing processes and enables LRE to draft actionable reports for CMHSPs' remediation efforts.
 - b. The Encounter look-up PBI Dashboard allows LRE to pull clinical and credentialing samples for CMHSP, SUD, and IP Site Reviews versus having the CMHSPs and organizational providers pull samples, which reduces the administrative burden on CMHSPs and organizational providers.



Improved Quality & Compliance

Increased the number of facilities reviews completed by over 300%, from 80 in FY21 to 325 in FY23 by hiring and diverting auditing staff.

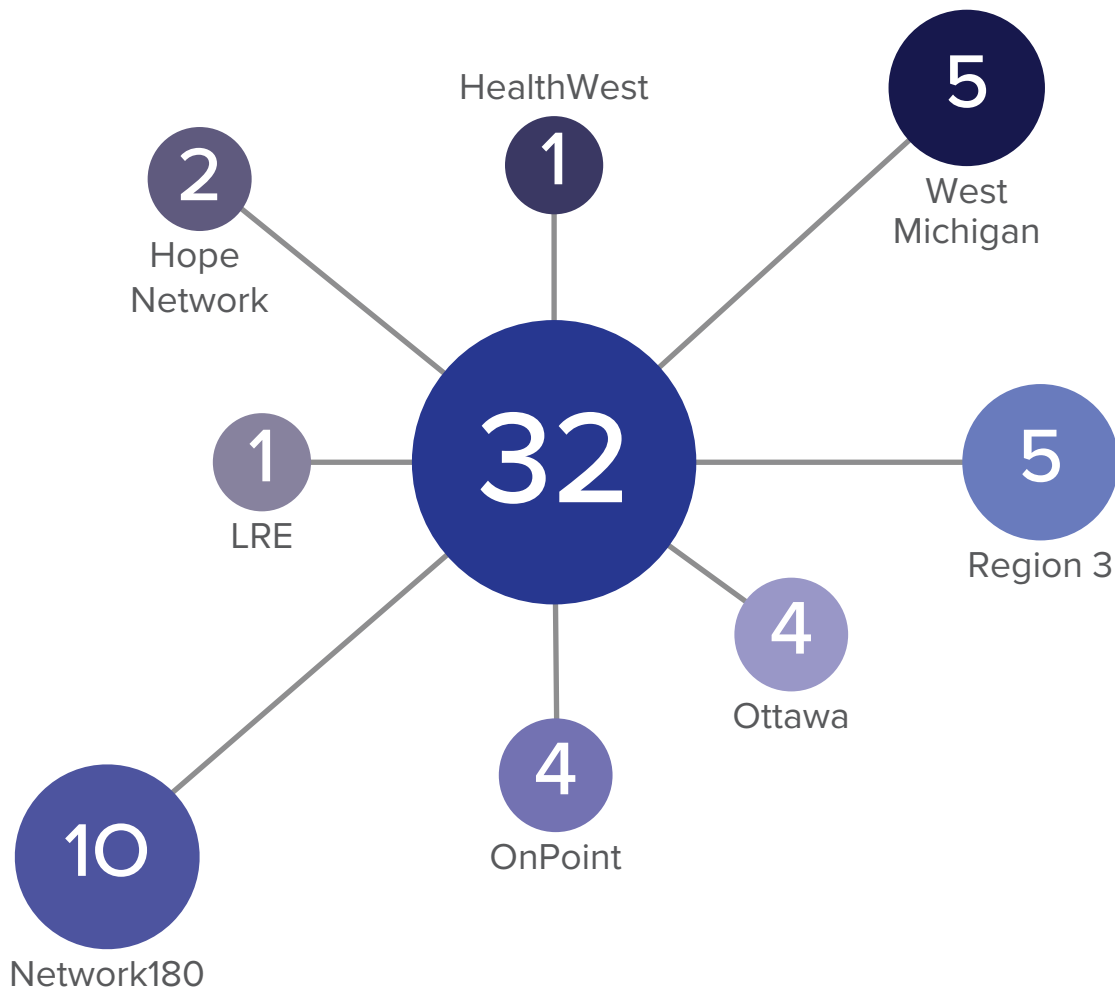


PERFORMANCE REPORT CARD: HEALTH SERVICES ADVISORY GROUP

Improved Quality & Compliance:

- ✓ During FY23 Facilities Reviews, LRE improved compliance rates and quality of care by issuing 403 CAPs with 178, or 43%, related to Home and Community Based Services (HCBS) non-compliance, of which 80, or 43%, were due to the use of locks/barriers and 60, or 34%, were due to non-compliant documentation standards. LRE resolved 398, or 98.8%, of the 403 CAPs from FY23.
- ✓ LRE conducted 32 HCBS Trainings with CMHSP and the Provider Network bolstering the knowledge of and compliance with the HCBS Final Rule. LRE has noticed marked improvements in Individual Plan of Service (IPOS) and Behavior Treatment Plan (BTP) HCBS compliance at the majority of its CMHSPs.
- ✓ LRE's CMHSP Site Reviews resulted in an overall improvement in Credentialing Audits of over 3%.
- ✓ LRE revised its Quality Assessment and Performance Improvement Plan (QAPIP) reporting template, and MDHHS' review of LRE's FY23 QAPIP and work plan resulted in the most favorable review ever garnered by LRE.

HCBS Trainings by Entity



Compliance Monitoring

State Fair Hearings

What is a State Fair Hearing (SFH)?

- ✓ It is a type of trial afforded to a Medicaid beneficiary that wishes to contest an appeal based off of a denial, reduction, or suspension of services.
- ✓ It is an impartial review by a state level Administrative Law Judge (ALJ) of a decision made by the local agency (CMHSP) or the PIHP.
- ✓ The beneficiary must exhaust the local appeal before requesting a fair hearing.
- ✓ It is governed by 42 CFR 431.200 et seq. 431.214.



All cases listed were originally denied by the CMH and LRE before proceeding to the state level for appeal, where the ALJ affirmed or reversed the case.



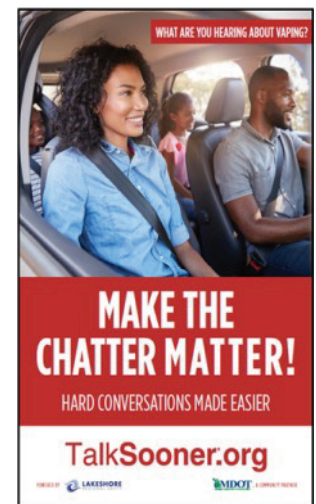
Prevention Services

TalkSooner

TalkSooner partnered with MDOT for the Make the Chatter Matter campaign. Posters from TalkSooner.org in English and Spanish were displayed at most of MDOT's 77 rest areas and Welcome Centers around the state to encourage family conversations.

MIRecovery.org

MIRecovery.org is a comprehensive set of options for people in recovery from substance use disorder and addiction. The site is hosted by the LRE regional work team.



LRE Funded SUD Prevention Numbers Served

Between FY21 and FY23, almost 300,000 individuals received prevention services throughout the region.

During FY21, providers began offering many services using a virtual format rather than in-person due to COVID-19. For many initiatives, virtual programming has continued where it was found to be beneficial.

During FY21, prevention providers proactively responded to limitations caused by COVID-19. Prevention providers digitized existing programs and resources that schools could use in remote settings which ensured service continuation. Providers remained flexible and accommodating to ensure communities received the services needed as situations evolved.

Estimated Reach

Estimated reach is collected for activities where an official count of persons is not possible. Providers estimate that they have achieved more than 16 million impressions through campaigns such as TalkSooner, Above the Influence, and others.

Estimated reach for the LRE region totaled 3M in FY21, 10.9M in FY22, and 2.4M in FY23. The increased reach during FY22 was likely due to additional time-limited specialty grants, many of which were used to support marketing campaigns.

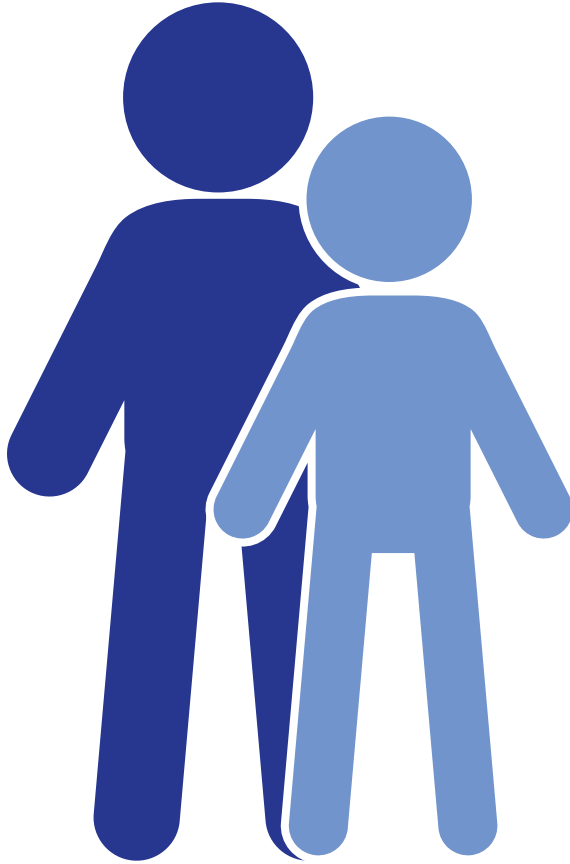
Hours of Service

More than 34,000 hours of service were provided in the following strategies:

	FY21	FY22	FY23
Education	2,969	3,822	2,902
Community-based	5,329	4,306	5,025
Environmental	3,664	705	980
Information Dissemination	561	212	623
Student Assistance/Prevention Assessment	632	664	979
Alternative	383	168	541
TOTAL	13,538	9,877	11,050



SUBSTANCE USE DISORDER PREVENTION



299,822
Persons Served

16.3M
Estimated Reach

34,463
Hours Of Service

Youth Tobacco Access

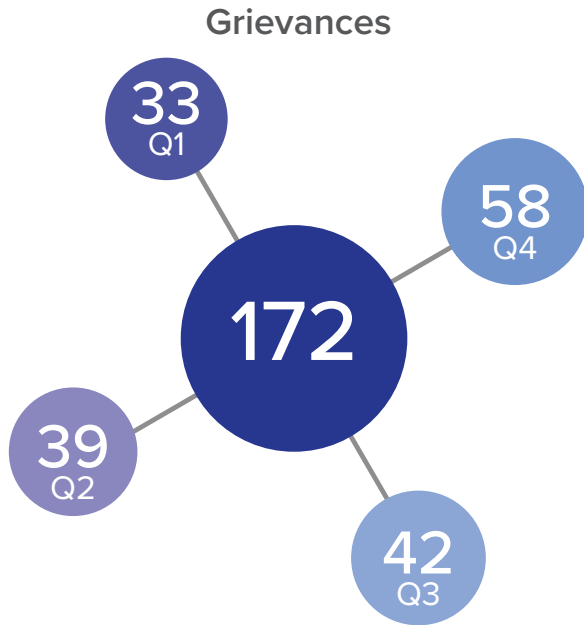
The Federal Synar Amendment requires states to enact and enforce laws prohibiting the sale of tobacco products to individuals under the age of 18. In December of 2019 federal law was enacted to restrict tobacco sales to anyone under the age of 21. Each state must conduct annual unannounced inspections for a random sample of tobacco retailers and achieve a success rate of at least 80%. If they do not, the state risks loss of up to 40% of the Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. Checks conducted as part of this sample are called Synar compliance checks.

Synar Compliance Check Results

	FY21	FY22	FY23
# Checks completed	45	63	49
# Retailers that refused sale	38	58	41
Compliance Rate	84.4%	92.1%	83.7%

Customer Services

- ✓ LRE staff began quarterly audits of grievances, appeals and notice of adverse benefit determination denials.
- ✓ LRE offered Notice of Adverse Benefit Determination and Person-Centered Writing trainings, over 750 CMSHP staff have attended these trainings.
- ✓ LRE Consumer Advisory Panel has increased membership by including over six new community members to their group.

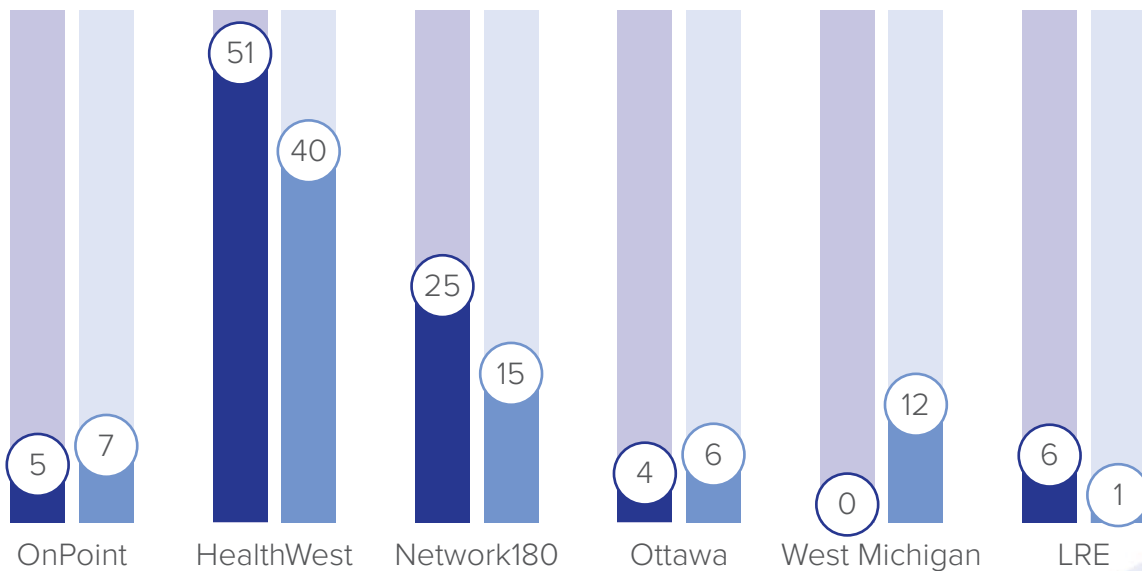


Quick Facts:

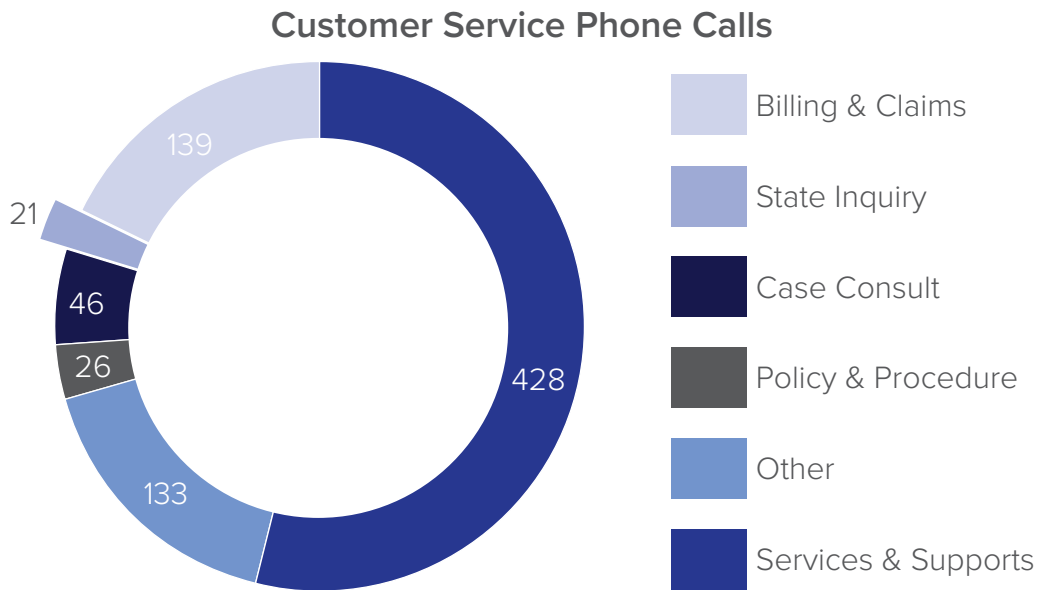
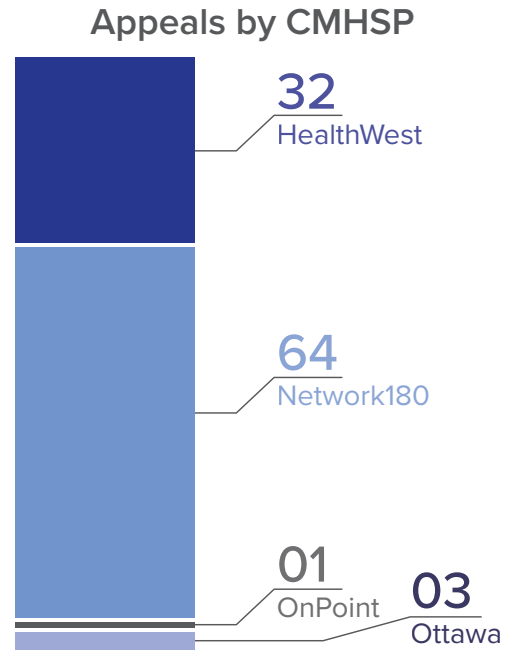
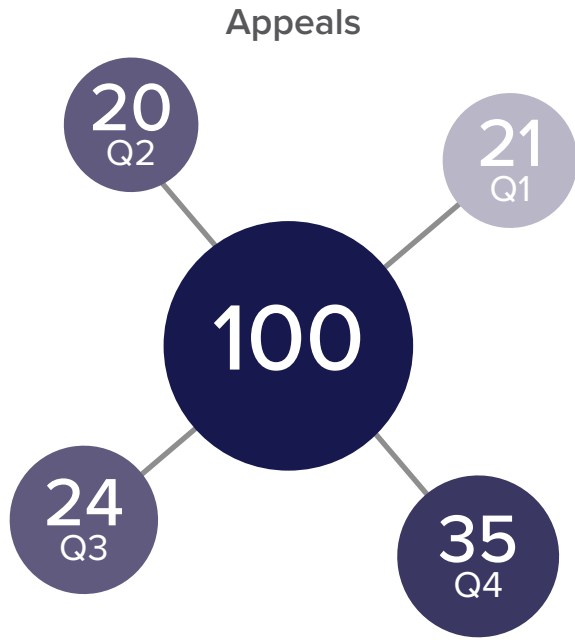
- ✓ 172 Grievances were reported for Region 3 in FY23; an increase of 77 from FY22.
- ✓ Most grievances concerned Quality of Care followed by Access and Availability.
- ✓ 81 grievances were unsubstantiated, 91 were substantiated - there was enough information to determine that the grievance was legitimate and in favor of the complainant.

Count of Closed Cases by Grievance Determination

DETERMINATION: ■ Substantiated ■ Unsubstantiated



CUSTOMER SERVICES



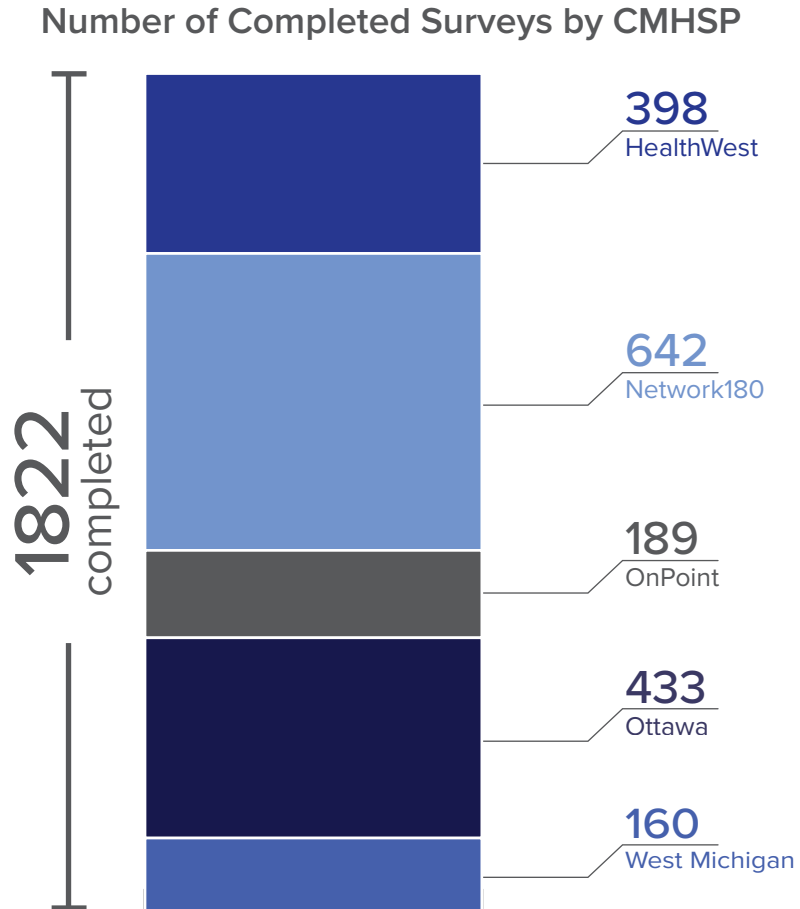
In FY23, the LRE received and recorded 793 calls to the Customer Service phone line.



CUSTOMER SERVICES

Customer Satisfaction Survey

Customer Services, in collaboration with member CMHSPs, created and implemented a customer satisfaction survey and corresponding procedure to ensure consistency in the region.



Autism

The LRE is responsible for administering medically necessary Behavioral Health Treatment (BHT) for individuals with an Autism Spectrum Disorder (ASD) ages 0-21. Behavioral Health Treatment is a comprehensive treatment including, Screening, Diagnosis, Applied Behavior Analysis (ABA), Parent Training, and Social Skills group.

The goal of delivering ABA is to help the identified consumer and their family achieve goals that will make meaningful change in their lives, by following the seven dimensions of behavior analysis identified by Baer, Wolf, and Risley (1968) in their seminal article Some Current Dimensions of Applied Behavior Analysis.

In 2023 the LRE has been focused on improving the consistency and access to ABA services. To that end, the LRE brought together a number of stakeholders to identify and provide recommendations to improve ABA service across the region. We facilitated a quarterly Autism Provider work group to improve regional consistency. We disseminated the regional guidelines and provided regional trainings on ABA service guidelines. Additionally, we developed improved data processes to better understand how ABA services are being utilized within the region.



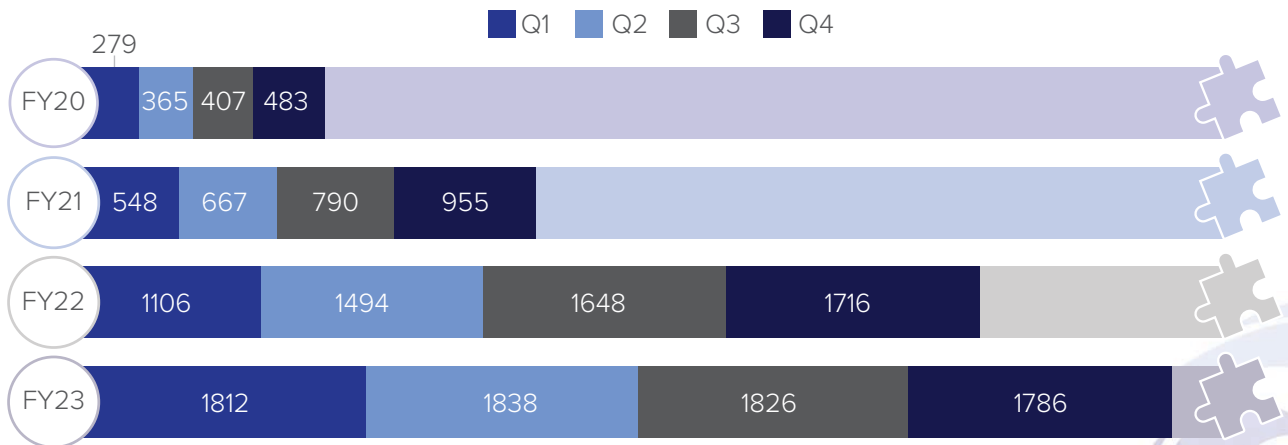
Capacity in the region continues to grow to keep up with demand. The LRE is working with the CMHSP partners and provider network to ensure appropriate services are provided.

DIRECT SERVICE HOURS

40.98 TOTAL MONTHLY AVERAGE

With input from regional CMH service providers, we developed and implemented a comprehensive data tracking system. During the months leading up to April 2023 we worked with IT and autism staff to create the data points we would need to continue to monitor services and enrollment. This ABA file submission form went live 4/1/23 and provides a view of all ABA services across the region. This will help the LRE to provide oversight and support regionally. By the end of FY23, all five CMH boards have consistently submitted their ABA data to the LRE monthly.

Number Of Open/Pending Cases Based On Eligibility



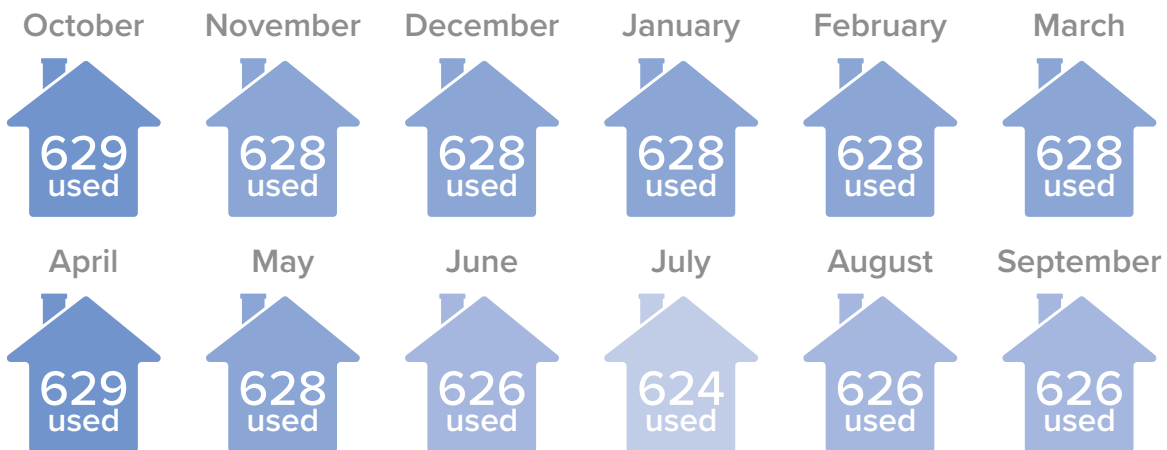
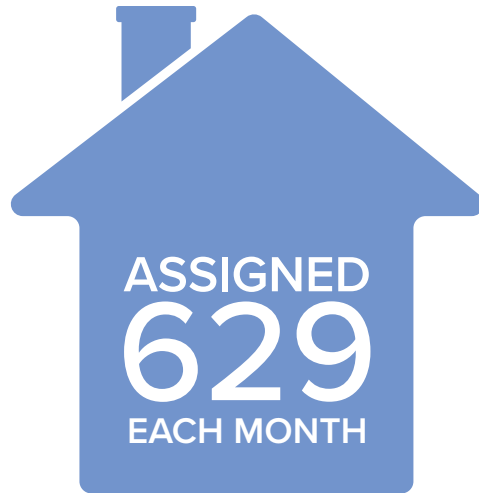
Habilitation Supports Waiver

Under the 1915 (c) of the Social Security Act, states may request a waiver of certain federal requirements in order to provide specified home and community based services to designated enrolled participants who would otherwise require institutional services reimbursed through Medicaid.

Requirements for the waiver:

- ✓ A client must have a developmental disability and must be living in a group or family home, private residence, or other community setting.
- ✓ They must have active Medicaid and need to meet the ICF/IID level of care.
- ✓ They must have a need for active treatment and receive at least one (1) HSW service per month.
- ✓ Consumers may not be enrolled simultaneously in any other 1915(c) waiver.

We served 664 clients across the region in FY23.



Children With Serious Emotional Disturbance Waiver

The Serious Emotional Disturbance Waiver (SEDW) continued to see an upward trend in enrollments for the region. The waiver is being well utilized and serving more children and families than we have ever had in the past. We saw an overall 23% increase in enrollments in FY23. The LRE also hosted MDHHS for an SEDW 101 Training in December 2022, and reinstated the SEDW Regional Workgroup, which began meeting again in September 2023.

SEDW Children Served

CMSHP	Start of FY23	End of FY23
OnPoint	3	6
HealthWest	17	16
Network180	34	46
Ottawa	18	19
West MI	4	4
TOTAL:	65	75

1915(i)SPA

In FY23 the LRE and the 1915(i)SPA Regional Workgroup worked to enroll all eligible iSPA cases into the WSA by 10/1/23. The CMHSPs did a tremendous amount of work identifying and entering cases that needed to be enrolled. The LRE also developed a 1915(i)SPA Policy and Procedure that were approved and put into effect at the end of FY23.

Total Enrolled by End of FY23



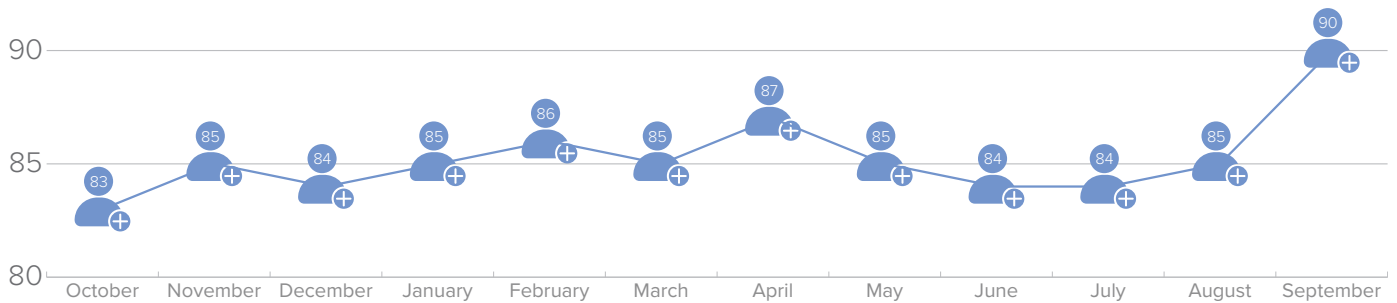
Children's Waiver Program

The LRE again saw an increase in children enrolled in the Children's Waiver Program (CWP) for FY23. Although this increase was not as significant as we saw in FY22, FY23 does mark the most children the LRE has served on the CWP to date. The Children's Waiver served a total of 105 children during FY23.

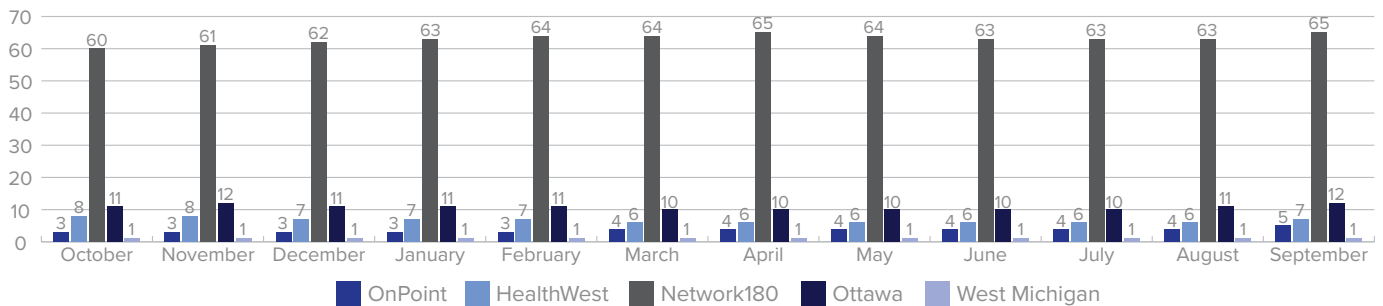
Services Provided to CWP Enrollees in FY23

- ✓ Targeted Case Management
- ✓ Community Living Supports
- ✓ Respite
- ✓ Music Therapy
- ✓ Art Therapy
- ✓ Recreational Therapy
- ✓ Environmental Accessibility Adaptations
- ✓ Family Training
- ✓ Non-Family Training
- ✓ Specialized Medical Equipment and Supplies
- ✓ Applied Behavior Analysis
- ✓ Occupational Therapy

Total Enrolled By Month



Total Enrolled By Month By CMHSP



Veteran Navigator

The purpose of the Veteran Navigator (VN) position is to coordinate resources of support for Veterans within Region 3. The VN does this through connecting with individual veterans, creating partnerships with organizations who provide resources to veterans, participating and leading coalitions to better serve Veterans, and acting as an expert for organizations within the region that are working to improve service delivery to Veterans.

Advocacy Highlights

- ✓ Following spinal surgery, a veteran required mobility assistance and received a chair lift from the VN, which was installed for their use. The chair lift was reported to have provided significant comfort and alleviated pain during recovery.
- ✓ The VN helped a veteran living in a poor-conditioned vehicle with no connections with the VA. The organization facilitated repairs to the car through a non-profit, introduced the veteran to a Veteran Service Officer (VSO) for a disability compensation application, and connected them with housing resources to address homelessness.

Support Highlights

- ✓ Collaborated with 72 veterans to facilitate their income, benefits, and healthcare assistance applications through the VA and various Veteran Service Organizations (VSOs).
- ✓ Assisted 6 homeless veterans by linking them with suitable programs that offer pathways from temporary to permanent housing solutions.
- ✓ Guided 71 veterans to local mental health and substance abuse treatment centers to receive necessary care within their communities.
- ✓ Engaged with 19 veterans to connect them with peer support and mental health resources, successfully preventing suicide in all cases for the fiscal year 2023.

The VN connected 102 regional veterans with individualized services in FY23.

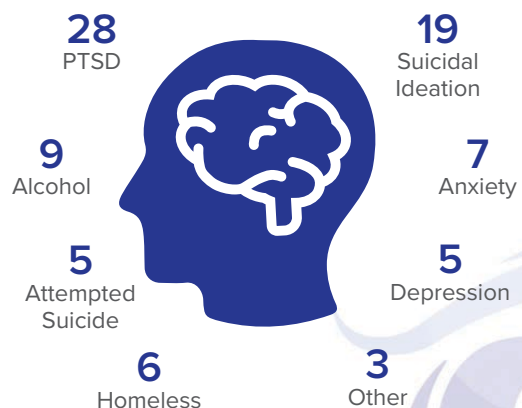
Referral Network

- ✓ In Fiscal Year 2023, the VN focused on building referral connections within Region 3 and creating new partnerships with 21 community organizations.

VN Resources Provided



Veteran Mental Health Challenges



Expenditures

	Medicaid MH and SUD	% of Total	Healthy Michigan MH and SUD	% of Total
OnPoint	\$ 28,613,392	2%	\$ 4,187,808	8%
HealthWest	\$ 54,212,549	16%	\$ 8,589,049	16%
Network180	\$ 169,785,764	51%	\$ 24,773,599	47%
Ottawa	\$ 47,289,254	14%	\$ 6,640,579	13%
West Michigan	\$ 16,961,224	5%	\$ 1,589,939	3%
Taxes and HRA	\$ 10,582,698	3%	\$ 6,149,670	12%
LRE	\$ 5,738,605	2%	\$ 712,528	1%
TOTAL	\$ 333,183,486	—	\$ 52,643,172	—

Revenue

	Medicaid MH and SUD	% of Total	Healthy Michigan MH and SUD	% of Total
OnPoint	\$ 28,613,392	9%	\$ 4,187,808	7%
HealthWest	\$ 54,212,549	17%	\$ 8,589,049	15%
Network180	\$ 169,785,764	52%	\$ 24,773,599	42%
Ottawa	\$ 47,289,254	14%	\$ 6,640,579	11%
West Michigan	\$ 16,961,224	5%	\$ 1,589,939	3%
Taxes and HRA	\$ 10,582,698	5%	\$ 6,149,670	11%
LRE	\$ 169,305	0%	\$ 6,281,828	11%
TOTAL	\$ 327,614,186	—	\$ 58,212,472	—

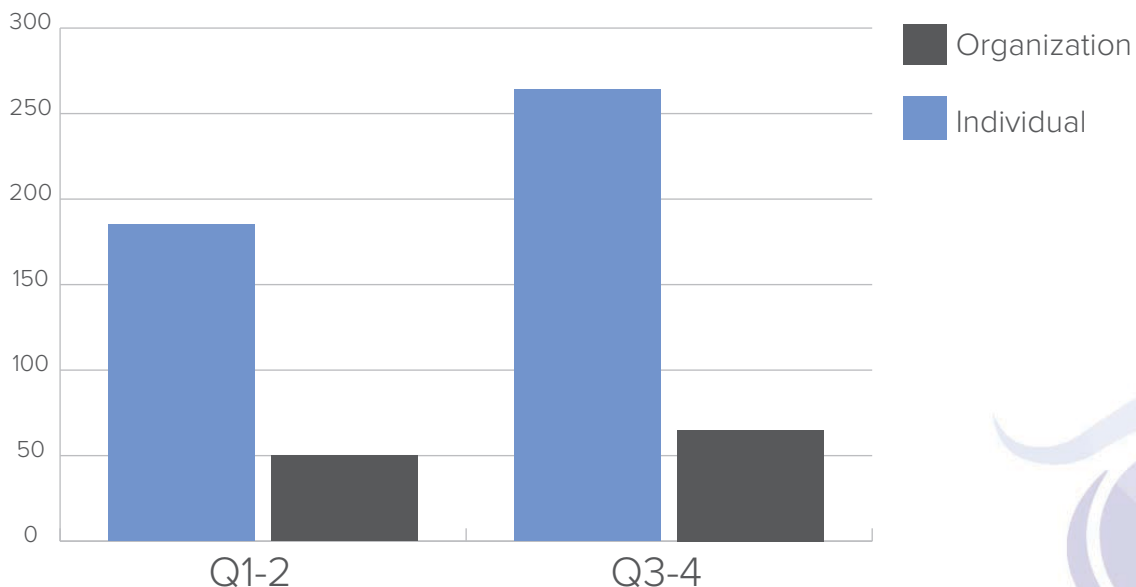


Credentialing

Credentialing for the LRE focuses on ensuring highly qualified providers are serving our consumers and families to support them in achieving their wellness goals. The primary activity for the LRE is ensuring all provider organizations in the service delivery network are appropriately credentialed to perform their contracted services. In addition, the LRE provides oversight and coordination for individual practitioner credentialing completed by our CMHSP partners.

Twice per fiscal year, the LRE submits a summary of regional credentialing activities to MDHHS.

Credentialing Stats



Utilization Management

Inter-Rater Reliability

FY23 was the first year the LRE published the Inter-Rater Reliability (IRR) exam to CMHSP staff. The Utilization Management Coordinator at the LRE, Tom Rocheleau, collaborated with CMHSP staff to provide tutorials of the exam and to make it more user friendly. The exam is published on March 1st and must be completed by March 31. Across the region, we had 38 staff take the IRR exam with a pass rate of over 90%.

Integrated Health (Joint Coordination) & Shared Metrics

Since 2016 the LRE has been working with six regional Medicaid Health Plans (MHP) to provide mandated care coordination efforts for Medicaid enrollees across Region 3. On a monthly basis, the LRE meets with the MHPs to discuss whether an enrollee's quality of life would be improved by creating an Integrated Care Plan. With an Integrated Care Plan, the CMHSPs and the MHPs work together to address the physical and behavioral health care needs for an enrollee. The CMHSP and MHP services can be used in tandem by an enrollee and can help provide a more effective level of care for enrollees with complex needs.

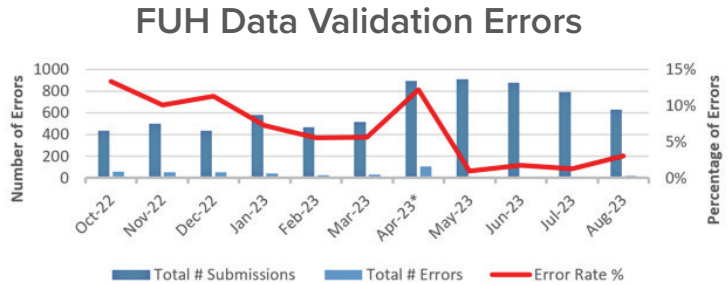
Clinical Management

The LRE region provides over 35 Evidence-Based Practices (EBP) which includes but is not limited to: Trauma Focused- Cognitive Behavioral Therapy (TF-CBT), Parent Management Training -Oregon Model (PMTO), Parenting Through Change (PTC), and QPR (Question, Persuade, Refer). The EBPs are delivered by a reported 80-100 trained staff per CMH via Peers, Wraparound, Crisis, Access, Clinicians, and support coordinators.



Health Data Exchange - Care Coordination (FUH)

A regional work group was formed in December 2022 to improve the quality, timeliness and effectiveness of the Follow Up after Hospitalization (FUH) data submitted regularly to the MDHHS CC360 system (MDHHS then shares this data with Medicaid Health Plans to help coordinate timely follow-up appointments after hospital discharge). The previous process required 15 PIHP staff hours per week and resulted in one file submission per week. After troubleshooting and addressing barriers in clinical and IT systems, the new process resulted in an 80% reduction in PIHP staff hours and a 56% decrease in data errors in CMHSP file submissions to the PIHP. It also provides for two file submissions per week instead of one so that data delivered to our Medicaid Health Plan partners is more timely and, therefore, more actionable.



Improvement in BHTEDS (Client Demographic) Completeness Over Time

Efforts at accelerating BHTEDS (client demographic) submissions to MDHHS resulted in LRE seeing steady improvements in completeness over time and staying above the MDHHS required 95% completeness threshold throughout most of FY23.

BHTEDS Completeness 3/2022-12/2023 (per MDHHS calculations)



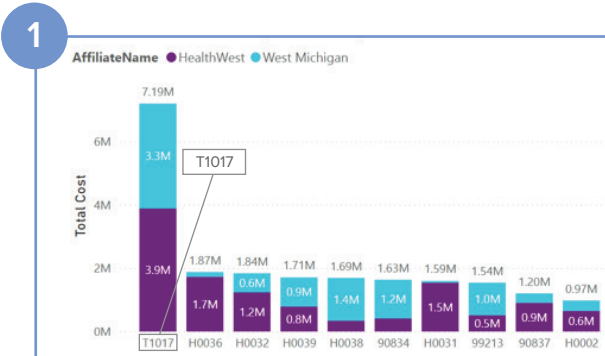
Data Analytics / Dashboards

Certified Community Behavioral Health Clinics (CCBHC)

With LRE becoming an “all CCBHC” region, we’ve invested in additional features and flexibilities on our CCBHC dashboard to help meet the complex information needs of various business units including finance, clinical, and quality teams at both the PIHP and CMHSP level.

CCBHC Costs & Units By CPT Code

This data shows procedure codes with the highest costs/number of people served.

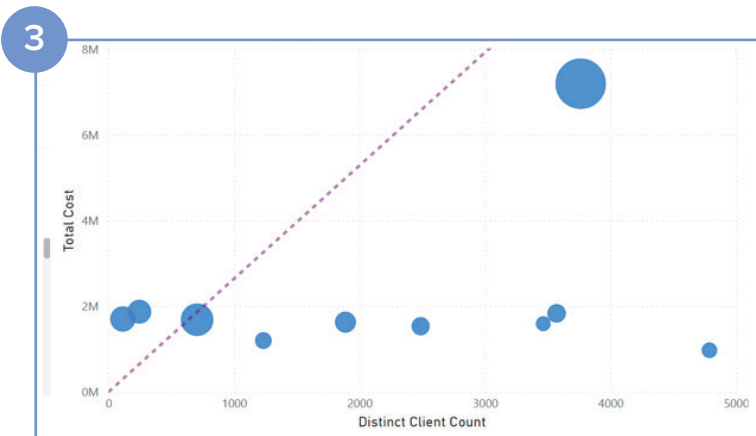
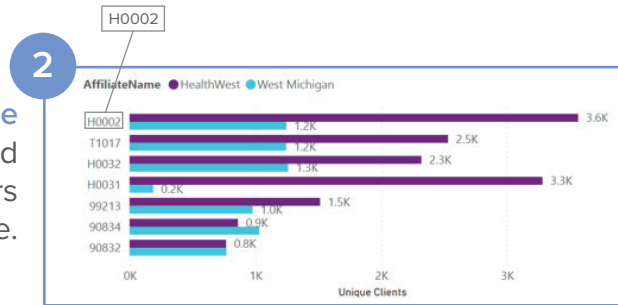


Total Cost of Services–Top 10 Codes by Cost

The procedure codes that had the highest amount billed and the relative billing for HealthWest and West Michigan.

Unique Clients Served by CPT Code

The procedure codes that had the highest number of consumers receiving that particular service.



Cost per Client–Top 10 Codes by Cost

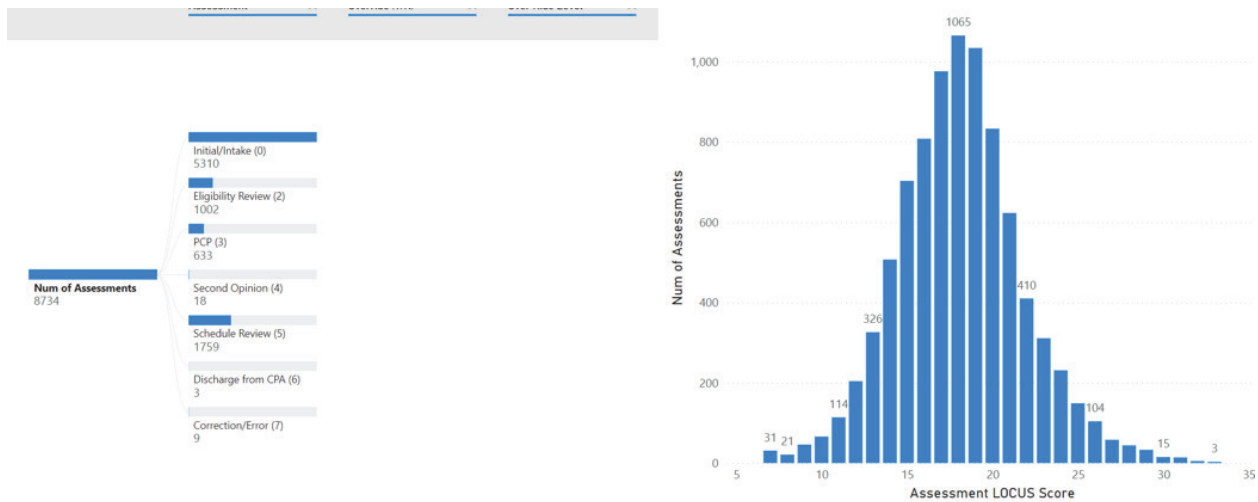
Bubbles that are higher indicate that service has a higher cost per client.

LOCUS

The LOCUS (Level Of Care Utilization System) is a standardized level of care placement tool used state-wide for all adults who are coming into care with a mental illness concern.

LRE has been studying its regional LOCUS data along several key dimensions to gain an understanding of how frequently the LOCUS is administered, how often the calculated score is overridden by a higher or lower score based on clinical judgment, to monitor consistency and fidelity to the tool, and to evaluate its potential uses for further data analytics to inform and guide future regional Utilization Management projects.

LOCUS Results/Individual Outlier





Customer Services

For assistance please call 1-800-897-3301 (TTY-711)

Business Office

5000 Hakes Drive, Ste. 250
Norton Shores, MI 49441

www.lsre.org





Cannabis Retail Sales: Enhancing Local Oversight

A resource for Michigan municipalities to strengthen local oversight for the protection of youth.

2024

Prepared by



This report references local ordinances effective as of March 2024. An updated version will be published annually to reflect any changes.

Enhancing Local Oversight for Cannabis Retail Sales

Purpose:

This document aims to provide municipalities (defined as “cities or towns that have the status of local government”) that have legalized cannabis retail sales with effective strategies to improve local oversight, for the protection of youth. The strategies presented here are based on successful practices from other states, as well as research conducted on the retail sale of other legal substances.

Introduction and Background:

Under Michigan's cannabis legalization laws that went into effect on December 6, 2018, the state has set minimum standards for public health and safety.¹ While local municipalities must comply with state law, they may also choose to establish more stringent regulations and licensing requirements for facilities that operate within their jurisdiction.

The Lakeshore Regional Entity worked with KWB Strategies to develop this document. The purpose of this guide is to serve as a resource for municipalities seeking to support responsible cannabis retailing, marketing, and oversight. Additionally, this document provides examples of ordinances from surrounding communities to share best practices between communities. The approach is inspired by the Public Health Institute's report, "Getting It Right From the Start: The State Of Cannabis Policy In California's Cities And Counties 2021."

Local municipalities have the power to strengthen public health and youth protection requirements for cannabis businesses beyond the minimum state standards. While making cannabis legally accessible is important, it's essential to manage the sale of cannabis from a public health standpoint, as it's an addictive substance similar to alcohol, to minimize potential harm.

Outlined in the following pages is a summary of local policies that may be implemented, along with a rationale for each, and brief overview of relevant Michigan regulations. Policies for the following categories are provided:

Retail Limits and Requirements: Strategic limits on cannabis retailers can decrease youth use and exposure to cannabis.

Local Oversight: To allow local municipalities to monitor compliance and raise valuable revenue to support monitoring.

Marketing: Limit exposure to marketing to decrease youth use and provide accurate warnings to inform consumers.

Smoke-Free Air: Smoke-free air policies to improve air quality and reduce secondhand smoke exposure.

Legal Disclaimer: The information provided in this document does not, and is not intended to, constitute legal advice; all information provided is for general informational purposes only. Information provided may not constitute the most up-to-date legal or other information. Links to third-party websites provided are only for the convenience of the reader; and the LRE does not recommend or endorse the contents of third-party sites. Prior to implementing any policy, we advise seeking the guidance of legal counsel.

¹ Marijuana in Michigan: What you need to know, Michigan Marijuana Regulatory Agency. Retrieved via [Michigan.gov](https://www.michigan.gov), 2024 February 20.

Terminology:

Throughout this document, the reader will see the terms cannabis, marihuana, and marijuana. The [Cannabis Regulatory Agency](#) notes the variance in terms this way:

Cannabis: is an industry term for the “marijuana” plant.

Marihuana: is the term that the state of Michigan uses within legislation and administrative rules.

Marijuana: is the non-formal spelling throughout the state of Michigan and is associated with historically punitive policies.

References:

The following documents were reviewed regarding relevant Michigan regulations. Each document is identified by an acronym, which will be used in the tables that follow. Additionally, a link to each document is provided for easy reference.

CRAMG: [Cannabis Regulatory Agency, Municipal Guide](#), CRA (Revised March-2022)
Applies to Medical Marihuana and Adult-Use establishments

MRTMA: [MICHIGAN REGULATION AND TAXATION OF MARIHUANA ACT](#), Initiated Law 1 of 2018, Law that established recreational marihuana use for persons age 21+. Section 6 provides info about municipality authority over adult-use marihuana establishments. Primarily addresses Adult- Use Facilities. When a ‘marihuana establishment’ is referenced, it applies to medical and adult use facilities. However, this act cannot limit any privileges, rights, immunities, or defenses of a person as related to medical marihuana legislation.

MMFLA: [MEDICAL MARIHUANA FACILITIES LICENSING ACT 281 of 2016](#), Law establishing medical marihuana in Michigan. Content applies only to Medical Marihuana.

ARMMP: [Administrative Rules for the Michigan Medical Marihuana Program](#), Department Of Licensing And Regulatory Affairs, Bureau Of Marijuana Regulatory rules related to Medical Marihuana.

MIPEMP: [Marihuana-Infused Products and Edible Marihuana Products](#), Dept of Licensing and Regulatory Affairs, Marijuana Regulatory Agency. Provides requirements and restrictions related to edibles and infused products. Applies to both Medical and Adult Use establishments and products.

MRAR: [Rule 420.507 Marketing and advertising restrictions](#), Cannabis Regulatory Agency, Emergency Rules for marihuana facilities related to signs and advertising.

Retail Limits and Requirements: Strategic limits on cannabis retailers can decrease youth use and exposure to cannabis.

Policy:		Rationale	State Law Summary
1.	<p>Caps on Retailers</p> <p>Limiting the number of licensed retailers to a specified number of inhabitants. It is recommended that retailers not exceed 1:15,000 inhabitants.</p>	<p>Density of alcohol retailers has consistently found a relationship between outlet density and related harms.^{2,3} Higher dispensary density is associated with higher cannabis vaping and edible use by youth aged 14-18. A systematic review of cannabis studies found that along with increased retail access of cannabis, there was an increase in cannabis related health care visits for accidental ingestion or adverse events.⁴</p>	<p>Does not provide any limit to the numbers of retailers.</p> <p>A municipality may completely prohibit or limit the number of marihuana establishments within its boundaries. (CRAMG Sec. 6.1)</p>
2.	<p>Distance from Schools</p> <p>Maintain the state required distance of greater than 1,000 feet between K-12 schools and retailers.</p>	<p>Based on the literature on tobacco and alcohol, proximity of cannabis stores to schools may increase the risks of cannabis use among adolescents who are at a particularly high risk of developing cannabis use disorders and other negative health consequences.⁵</p>	<p>State will not approve a marihuana establishment license for retailers within “1,000 feet of a pre-existing public or private school providing education in kindergarten or any of grades 1-12, unless a municipality adopts an ordinance that reduces this distance requirement” (MRTMA Sec. 9.3c)</p>
3.	<p>Retailer Buffers</p> <p>Mandate a required distance between retail stores. 1,000 feet is recommended.</p>	<p>Avoiding overconcentration and oversaturation of cannabis retailers, particularly in health-disadvantaged neighborhoods is important. Tobacco literature indicates that historically tobacco retailers tended to cluster in neighborhoods with a higher percentage of low-income residents or residents of color.⁶ To avoid repeating this pattern of clustering in disadvantaged neighborhoods, a required distance of 1,000 feet between retailers is recommended.</p>	<p>No limits specified.</p> <p>A municipality may adopt other ordinances that regulate the time, place, and manner of operation of marihuana establishments (MRTMA Sec. 6.2.d and CRAMG Sec. 205.1)</p>
4.	<p>Other Location Restrictions:</p> <p>Mandate additional restrictions on</p>	<p>Many communities have identified other sensitive use site locations where youth congregate, that should be free of cannabis retailers, such as teen centers. Restrictions for</p>	<p>State will not approve a marihuana establishment license for retailers within an area zoned exclusively for</p>

²Yuyan Shi 1, Kristin Meseck 2, Marta M Jankowska 2, *American Journal of Preventive Medicine*, Volume 37, Issue 6, December 2009, Pages 556-569, retrieved via: <https://www.sciencedirect.com/science/article/abs/pii/S0749379709006047>, 2022 September 3

³ Getting it Right From the Start, The State Of Cannabis Policy In California’s Cities And Counties 2021 Scorecard Methodology, Advancing Public Health and Equity in Cannabis Policy, Public Health Institute. Retrieved via: <https://gettingitrightfromthestart.org/>, 2022 September 3

⁴ The association between physical availability of cannabis retail outlets and frequent cannabis use and related health harms: a systematic review. Retrieved via: <https://doi.org/10.1016/j.lana.2024.100708> on April 8, 2024.

⁵ Shi Y, Meseck K, Jankowska MM. Availability of Medical and Recreational Marijuana Stores and Neighborhood Characteristics in Colorado. *J Addict*. 2016;2016:7193740. doi: 10.1155/2016/7193740. Epub 2016 Apr 24. PMID: 27213075; PMCID: PMC4860233.

⁶ Change Lab Solutions. Tobacco Retailer Density: Place-Based Strategies to Advance Health and Equity. Retrieved via <https://www.changelabsolutions.org/product/tobacco-retailer-density>, 2022, September 3

Policy:	Rationale	State Law Summary
	proximity of retailer locations to youth serving or other settings such as parks, playgrounds, universities, colleges, or residential zones.	proximity to colleges and universities may be appropriate given that approximately half of the college population are likely under age 21. The increase in cannabis use among college age youth in recent years is additional evidence that these young adults may be at increased risk. ⁷ Other locations where municipalities throughout the county have implemented proximity restrictions include libraries, public parks and playgrounds, and substance use disorder treatment centers.
5.	<p>Health Warnings Posted in Stores OR Handed Out to Customers:</p> <p>Mandate that retail stores either post health warnings visible to consumers or hand out health warning information sheets at point of sale. Mandating deliverers hand out health warning information sheets is also an option for delivery models.</p>	<p>Public perception of the risks of cannabis consumption has been declining among youth while potency, and therefore risk of dependency, has been increasing.⁸ In addition, consumption during pregnancy, has increased⁹ and in a recent study in Colorado with a simulated pregnant woman calling dispensaries, nearly two-thirds of dispensary budtenders recommended cannabis to treat morning sickness.¹⁰ Therefore it is important that retailers be required to provide accurate information to the public on health risks they may face. A simple and low-cost way to do this is through prominent point-of sale information to consumers, including for cannabis delivery.</p> <p>It is recommended that information provided address the risks of use during pregnancy and breastfeeding, before driving a motor vehicle, to youth and adolescent brain development, exacerbating or initiating new mental illness, and on respiratory health.</p>
Examples:	<ul style="list-style-type: none"> • City of Westland prohibits dispensary locations within 1,000 feet of a school, 250 feet from a residentially zoned plot of land, and 5,000 feet from another dispensary. Additionally, there is a cap of 8 business locations within Westland which can be found in Section 27-36. • City of Berkley limits the number of dispensaries to 5 in XV Section 30-807. Additionally, a portion of the application is the dispensary’s plan to educate consumers about drug safety and treatment resources Section 30-805-b(13). • The City of Utica limits the number of businesses by type in Article XI Section 14-612. 	

⁷ National Institute of Health, Marijuana use at historic high among college-aged adults in 2020, September 8, 2021. Retrieved via <https://www.nih.gov/news-events/news-releases/marijuana-use-historic-high-among-college-aged-adults-2020#:~:text=Marijuana%20use%3A%20Annual%20marijuana%20use,2015%2C%20representing%20a%20significant%20increase>, 2022 September 2022.

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA). Know the Risks of Marijuana, retrieved via <https://www.samhsa.gov/marijuana>, September 3, 2022.

⁹ NIDA. 2018, January 29. Marijuana drug use increasing during pregnancy. Retrieved from <https://nida.nih.gov/news-events/science-highlight/marijuana-drug-use-increasing-during-pregnancy> on 2022, September 3

¹⁰ Dickson B, Mansfield C, Guaihi M, Allshouse AA, Borgelt LM, Sheeder J, Silver RM, Metz TD. Recommendations From Cannabis Dispensaries About First-Trimester Cannabis Use. *Obstet Gynecol.* 2018 Jun;131(6):1031-1038. doi: 10.1097/AOG.0000000000002619. PMID: 29742676; PMCID: PMC5970054.

Local Oversight: To allow local municipalities to monitor compliance and raise valuable revenue to support monitoring.

Policy		Rationale	State Law
6.	<p>Municipality License:</p> <p>Require local permits in addition to the state license.</p>	Requiring local municipality licenses for each cannabis retail establishment would enable municipalities to effectively establish communication and local oversight.	<p>Local licensing in excess of state licensure is allowable (Sec 6.3 MRTMA)</p> <p>If a municipality limits the # of marihuana establishments, preventing the State from issuing a license, the municipality shall decide by a competitive process (MRTMA 9.4)</p>
7.	<p>Annual Municipality License Fee:</p> <p>Requiring an annual fee with the revenue from fees dedicated to monitoring compliance and retailer education.</p>	Requiring an annual municipality license fee allows municipalities to fund the necessary administrative costs to ensure retailers are following local ordinances, provide retailers with support to follow the ordinance and restrict access to youth, as well as funding enforcement related to compliance with sales to someone under age 21 or related community safety issues, and retailer education.	A municipality may charge an annual fee of not more than \$5,000 to defray application, administrative, and enforcement costs associated with the operation of the marihuana establishment in the municipality. (Sec 6.4 MRTMA)
8.	<p>Civil Infraction for Violation:</p> <p>Designate violations of the municipality’s ordinance as a civil infraction with financial penalties identified.</p>	For municipalities to effectively enforce compliance with their ordinance it is important that an accountability structure is included in the local ordinance. In addition, the consequences of non-compliance must allow for the municipality to enforce consequences as appropriate.	Municipalities are allowed to designate a violation of their local ordinance as a civil infraction with a penalty of up to \$500 (MRTMA Sec 6.2.d)
9.	<p>Social Equity Program:</p> <p>Reduce/defer the costs of cannabis business licenses for equity applicants.</p>	<p>The financial benefits of cannabis legalization should be realized by those communities most negatively impacted by prior cannabis policy. Equity applicants should be given priority in licensing to ensure that available licenses are not monopolized by well-resourced cannabis operators, over those who were previously jailed for the same economic activity.</p> <p>Equity provisions that lower costs for applicants can provide applicants from communities that have been most disadvantaged by the war on drugs with the time to obtain investors and locate properties without being pushed aside by outside money and corporate investors.³⁰</p>	<p>Local municipalities may implement a local license requirement in addition to state licensing (MRTMA Sec 9.3)</p> <p>Note: The state’s social equity program offers the following cost reductions: 25% for 5-year residents in disproportionately impacted communities, 25% for prior misdemeanor convictions, and 40% for prior felony conviction.¹¹</p>

¹¹ Cannabis Regulatory Agency, Social Equity Program, retrieved via: <https://www.michigan.gov/mra/sections/social-equity-program>, 2022 September 3

Policy	Rationale	State Law
<p>10.</p>	<p>Operational Standards:</p> <p>Create operational standards for dispensaries within the code to create accountability for a facility's operation.</p>	<p>Operational standards for cannabis facilities are set at the state of Michigan. However, municipalities can input additional detail about operational best practices within their own code. This allows for standardization of operation across facilities within a municipality.</p> <p>Municipalities can add operational standards of best practices for security, assessment expectations, etc.</p>
<p>Examples:</p>	<ul style="list-style-type: none"> • Westland, Michigan’s municipality application and licensing code can be found at Code of Ordinances city of Westland Chapter 27-9. Application instructions and process can be found here. Violation penalties can be found in section 27-8. • Berkley, Michigan’s municipal codes on marihuana business license application can be found in Article XV section 30-805. An example of minimal operational standards can be found in Section 30-811. The penalties for violating the ordinance can be found in section 30-814 and include fines that escalate on repeat offense, suspension of license with a subsequent hearing. Operational standards can be found in section 30-811 + section 30-812. 	

MARKETING: Limit exposure to marketing to decrease youth use and provide accurate warnings to inform consumers.

Policy		Rationale	State Law
11.	Billboards: Restrict or prohibit the use of billboards to advertise cannabis.	It is well documented that youth exposure to advertising increases youth interest in, use of, and positive beliefs regarding use. ^{12,13} Exposure to billboards is associated with more frequent use and more cannabis use disorder. ¹⁴ Whereas broadcast, print and digital advertising can limit advertising placement in media where underage youth are likely to be exposed, this is not possible with outdoor advertising.	Municipalities may adopt ordinances that establish reasonable restrictions on public signs related to marijuana establishments. (MRTMA Sec 6.2.d (b))
12.	Business Signage Restrictions: Restrict on-site business advertising.	Research has shown that exposure to cannabis advertising is associated with youth cannabis use. ¹⁵ Limiting youth exposure to cannabis business advertisements can minimize the normalization of the product and use and prevent businesses from marketing and encouraging the use of new product types.	Municipalities may adopt ordinances that establish reasonable restrictions on public signs related to marijuana establishments. (MRTMA Sec 6.2.d (b))
13.	Marketing Attractive to Youth: Detailed restrictions on advertising attractive to youth.	Studies have shown that brands which use youth-based elements in their advertising campaigns are more likely to be used by youths than adults. ¹⁶ This suggests that the cannabis industry would also attract young users if they adopt similar advertising tactics.	Municipalities may adopt ordinances that establish reasonable restrictions on public signs related to marijuana establishments. (MRTMA Sec 6.2.d (b)) State regulatory agency shall promulgate rules that include reasonable restrictions on advertising. (MRTMA, Sec. 8. (1))
Examples:	<ul style="list-style-type: none"> • City of Westland code of ordinances section 27-6 prohibits signage that includes use of the words associated with marijuana, associated symbols, and wording that would appeal to individuals under the age of 21. • The City of Berkeley prohibits advertising that is “designed to appeal to minors” in section 30-811(24). 		

¹² Duke JC, Allen JA, Eggers ME, Nonnemaker J, Farrelly MC. Exploring Differences in Youth Perceptions of the Effectiveness of Electronic Cigarette Television Advertisements. *Nicotine Tob Res.* 2016 May;18(5):1382-1386. doi: 10.1093/ntr/ntv264. Epub 2015 Dec 26. PMID: 26706908.

¹³ Wang, L., Chen, J., Ho, S.Y. *et al.* Exposure to e-cigarette advertising, attitudes, and use susceptibility in adolescents who had never used e-cigarettes or cigarettes. *BMC Public Health* **20**, 1349 (2020). <https://doi.org/10.1186/s12889-020-09422-w>

¹⁴ Trangenstein PJ, Whitehill JM, Jenkins MC, Jernigan DH, Moreno MA. Cannabis Marketing and Problematic Cannabis Use Among Adolescents. *J Stud Alcohol Drugs.* 2021 Mar;82(2):288-296. doi: 10.15288/jsad.2021.82.288. PMID: 33823976; PMCID: PMC8864622.

¹⁵ Trangenstein PJ, Whitehill JM, Jenkins MC, Jernigan DH, Moreno MA. Active cannabis marketing and adolescent past-year cannabis use. *Drug Alcohol Depend.* 2019 Nov 1;204:107548. doi: 10.1016/j.drugalcdep.2019.107548. Epub 2019 Sep 4. PMID: 31550611; PMCID: PMC6878135.

¹⁶ Padon AA, Rimal RN, Siegel M, DeJong W, Naimi TS, Jernigan DH. Alcohol brand use of youth-appealing advertising and consumption by youth and adults. *J Public Health Res.* 2018 Apr 20;7(1):1269. doi: 10.4081/jphr.2018.1269. PMID: 29780765; PMCID: PMC5941256.

SMOKE-FREE AIR: Smoke-free air policies can improve air quality protect kids, and reduce secondhand smoke exposure.

Policy		Rationale	State Law
14.	<p>Temporary Events: Prohibit temporary cannabis events such as at county fairs or concerts in parks.</p>	<p>Temporary cannabis events, such as at a local fair or festival, may normalize cannabis use and may undermine smoke-free air laws. By opening fairs, parks or concerts to the presence of cannabis events, children and adolescents are inevitably exposed, even when areas are age limited. Through temporary cannabis events, the cannabis industry can target new users to try the products and encouraging current users to continue regular use.</p>	<p>For Adult Use establishments a local municipality may choose to adopt an ordinance that authorizes the sale of marihuana for consumption in designated areas that are not accessible to persons under 21 years of age, or at special events in limited areas and for a limited time. (MRTMA, Sec. 4. 1.)</p>
15.	<p>On-Site Consumption: Prohibit on-site cannabis consumption, whether by smoking, vaping, or use of edibles.</p>	<p>For many years, the tobacco industry promoted smoking among young adults by hosting events in social gatherings like bars and clubs. These events normalized smoking, leading to increased tobacco consumption.¹⁷ Fortunately, Smoke-Free Air laws have been successful in reducing tobacco exposure and consumption. Allowing on-site smoking or vaping of cannabis products undoes this progress and also puts workers at risk of harmful second-hand smoke. Recent research shows that vaping exacerbates asthma like regular smoke, and a lounge that permitted only vaping and dabbing found average particulate matter was 16 times the EPA recommended limit. It's crucial to consider these factors when deciding on on-site smoking or vaping policies.¹⁸</p>	
Examples:	<ul style="list-style-type: none"> • Westland Michigan Code of Ordinances Chapter 27-7 Prohibited licenses and acts prohibits designated marihuana consumption establishments and temporary marihuana events. • Berkley prohibits on premise consumption of marihuana outside of testing standards outlined by LARA in Section 30-811(3). 		

¹⁷ Gilpin, EA, White VM, Pierce, JP. How effective are tobacco industry bar and club marketing efforts in reaching young adults. Tobacco Control 2005;14:186–192. doi: 10.1136/tc.2004.009712

¹⁸ <https://no-smoke.org/wp-content/uploads/pdf/2018-Indoor-Air-Cannabis01-Schick.pdf>

LRE Region 3 Local Municipal Codes: Marihuana Facility Regulations

Local ordinances for marihuana are typically found on local municipality websites. For all counties within the LRE region, local ordinances were reviewed for communities with the largest population sizes (relative to county size) according to census data.

Results are stratified based on the municipality's current approach: local ordinance has prohibited marihuana establishments completely, local ordinance allows for facilities with some regulation, or there are no ordinances found. This could mean that the municipality has not enacted an ordinance or that their ordinances are not available online.

For a detailed breakdown of local ordinances with links to sources, please view the Marihuana Municipal Code Spreadsheet.

LRE Counties	Marihuana Establishments Prohibited	Some Regulation	No Ordinances Found
Allegan County	Gun Plain Charter Township, Holland City, Hopkins, Laketown Township, Otsego City, Plainwell, Salem, Saugatuck, Valley Township, Wayland City	Allegan City, Douglas, South Haven	Allegan Township, Dorr, Fennville, Martin, & Saugatuck Township
Kent County	Wyoming, Kentwood, Walker, Grandville, East Grand Rapids, Alpine, Rockford, Caledonia, Cascade, Plainfield, Gaines, Ada, Courtland	Grand Rapids, Cedar Springs, Cannon, Kent City	Byron Township, Sparta, Algoma, Lowell
Lake County	Pinora, Webber, Elk	Chase Township, Pleasant Plains	Ellsworth, Lake Township
Mason County	Pere Marquette, Hamlin, Amber, Summit		Victory, Sherman, Sheridan, Custer, Branch,
Muskegon	Montague, North Muskegon, Norton Shores, Whitehall, Blue Lake, Egelston, Fruitport, Laketon, Ravenna, Sullivan, White River	Casnovia, Muskegon, Muskegon Heights, Dalton, Muskegon Charter Township, Whitehall	Cedar Creek, Roosevelt Park, Holton, Montague Township, Moorland
Oceana County	Golden Township, Shelby	Weare	Ferry Township, Grant Township, Hart Township, Newfield, Pentwater, Benona, Elbridge Township
Ottawa County	Spring Lake Township, Zeeland Township, Tallmadge, Holland Township, Holland City, Grand Haven Township, Georgetown, Allendale, Jamestown	Grand Haven City	Park Township


Local Municipal Codes: Marihuana Facility Regulations


The following table is a detailed breakdown of local ordinances with links to sources. It was typical to see a municipal license and annual fee of \$5,000. No municipalities were found to be using Health Warnings or Billboard regulations. Ordinances that reduce restrictions to protect youth are noted in red text.

Municipalities with Some Regulation

Municipality	Cap on # of Retailers	Location Limits	Health Warnings	License Required by Municipality	Annual Fee for Local License	Civil Infractions for Violation of Local Ordinance	Social Equity Program	Standards for the operation of dispensaries	Billboard Restrictions	Sign Limitations	Restrictions on advertising to youth	Events (allow or not allow)	On-site Use Prohibited
Alleghan County													
Alleghan City		X		X	X	X						X no events	X
Douglas				X	X	X		X					
South Haven					X	X							X
Kent County													
Grand Rapids		X		X	X	X		X					X
Cedar Springs	X	X		X		X		X					
Cannon	X	X		X	X								
Kent City		X			X			X					X
Lake County													
Chase Township	X			X	X								
Pleasant Plains	X			X	X	X							X

Mason County	No municipalities with some regulations surrounding marihuana ordinances.
---------------------	---

Muskegon County													
Municipality	Cap on # of Retailers	Location Limits	Health Warnings	License Required by Municipality	Annual Fee for Local License	Civil Infractions for Violation of Local Ordinance	Social Equity Program	Standards for the operation of dispensaries	Billboard Restrictions	Sign Limitations	Restrictions on advertising to youth	Events (allow or not allow)	On-site Use Prohibited
Casnovia	X			X	X	X		X					
Muskegon *		X		X			X 	X		X		X allows events	
Muskegon Heights	X	X		X	X			X		X	X	X allows events	X
Dalton	X	X		X	X	X						X no events	X
Muskegon Charter Township				X		X							X
Whitehall		X		X	X	X							
Oceana County													
Weare	X			X	X	X		X			X		X
Ottawa County													
Grand Haven City		X		X									

 The City of Muskegon has a social equity program that allows for a reduced cost of education, marihuana facility training, or business startup funds for individuals who have been charged with a misdemeanor offense for marihuana. More information can be found [here](#).

EXECUTIVE COMMITTEE SUMMARY

What Tuesday, June 18, 2024, 9:00 AM

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

Absent: Ron Bacon

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

WELCOME and INTRODUCTIONS

- i. Review of June 18, 2024, Meeting Agenda
- ii. Review of May 15, 2023, Meeting Minutes

The June 18, 2024, agenda and the May 15, 2024, meeting minutes are accepted as presented.

MEETING UPDATES

- i. MDHHS
Continue to meet with MDHHS about the ABA CAP. LRE has asked for clarification from the state about what constitutes the timeline that would require reporting an individual on the waitlist. The Autism waitlist at N180 may be reduced after the state clarifies.
- ii. PIHP CEO
 - Crisis services continue to move forward. The N180 CSU soft open seems to be going well.
 - There will be 10 additional CCBHCs including Cherry Health. There are some concerns and questions LRE would like to discuss with the state about Cherry Health becoming a CCBHC.
- iii. CMHA Conference
Ms. Marlatt-Dumas met with the supervisor of the Autism program at MDHHS and discussed the issues in the Autism system. The representative said she is open to having more conversations to discuss solutions and spoke with Kristen Jordan about meeting.

LRE/N180 CORRECTIVE ACTION PLAN UPDATE

N180 met their next standard (30% waitlist reduction) before the due date. N180 is progressing and LRE has expressed to MDHHS that the waitlist will never be at zero and is dependent on how MDHHS determines the waitlist timeline. Another consideration to remember is that as N180 moves individuals off the benefit others are immediately replacing them.

NETWORK180 PROJECTED DEFICIT

LRE is running a dashboard to determine the average number of hours per case and number of people on the waitlist to use as a thumbnail. LRE is waiting for additional information from N180 before the analysis can be completed. LRE is also waiting for information regarding administrative efficiencies that N180 had included in their reduction plan.

The EC would like LRE and N180 to discuss the situation and the impact on the region. LRE believes this would be a good idea but cannot recommend a meeting including the Executive Committee until the information for analysis is received.

Mr. Stek will send out an email restating the Executive Committee ask for information regarding the N180 deficit analysis.

FY24 RATES UPDATE

There is concern about the rate increase that should have been \$116 million coming into the system and as of last week, reporting shows only about \$40 million that has come into the system. The PIHP CEOs are working on analyzing this information to give to CMHAM for further discussion with the state. This may also impact the N180 deficit.

WAKELY UPDATE

Wakely will present at Ops today and during the June Board Work Session regarding the impact of BHTEDs reporting.

OHH/BHH UPDATE

LRE will be giving a presentation of the projected additional revenue that will come with the region moving toward becoming OHH/BHH.

BOARD MEETING AGENDA ITEMS

- FY23 Audit Presentation by Derek Miller.
- Marijuana document presentation.
- Action Items:
 - i. CEO Contract
A meeting will be scheduled between Mr. Stek and Ms. Marlatt Dumas to review the CEO contract prior to the meeting.
 - ii. Resolution of Support Opposing Washtenaw Lawsuit
If the CLS workers were paid the proposed \$31 per hour it would have a substantial negative impact on the system. The CMH and PIHPs were removed from the table when negotiations were taking place. The Executive Committee agrees to support and bring to the Board a recommendation for approval.
 - iii. Board Policy 10.2 – Committee Structure
Executive Committee recommends the full board approving the policy. There have been no changes.

BOARD WORK SESSION AGENDA

- i. Wakely Presentation (1 hour)
- ii. OHH/BHH Presentation (30 minutes)

OTHER

UPCOMING MEETINGS

- June 26, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

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

ADJOURN

POLICY TITLE: COMMITTEES STRUCTURE	POLICY # 10.2	
Topic Area: Board of Directors	Issued By and Approved By: Board of Directors	REVIEW DATES
Applies to: Board of Directors		11/18/21
Review Cycle: Annually		
Developed and Maintained by: CEO		
Supersedes: N/A		
	Effective Date: 9/17/16	Revised Date: 11/18/21

I. PURPOSE

To define the roles and functions of the Entity Board of Directors and Committees.

II. POLICY

A Committee is established as a Lakeshore Regional Entity (the "Entity") Board of Directors Committee only if its existence and charge is directed by the Entity Board of Directors, regardless of whether the Entity Board of Director's members sit on the committee. Unless otherwise stated, a committee ceases to exist as soon as its work is complete.

Committee Structure

- A. The Entity Board of Directors will create Committees, as needed to address specific areas of concern.
- B. A written charge for each Committee will be developed. The charge will include a written statement of the scope, purpose, and obligation of the Committee as well as details regarding committee makeup, member terms, and defined time frames for completion of the Committee's charge.

Committee Principles

Committees shall:

1. Assist the Entity Board of Directors by preparing policy alternatives and implications for the Entity Board of Directors deliberation. In keeping with the broader focus, the Entity Board of Directors committees will normally not have direct dealings with current staff operations.
2. Not speak or act for the Entity Board of Directors except when formally given such authority for specific and time-limited purposes.
3. Not exercise authority over the Entity staff.
4. Be developed sparingly and ordinarily in an ad hoc capacity.
5. The Member CEOs will assign staff resources necessary for committee support

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to any group that is formed by the Entity Board of Directors action, whether or not it is called a committee and regardless of whether the group includes the Entity Board of Directors members. It does not apply to committees formed under the authority of the Entity CEO.

IV. MONITORING AND REVIEW

This policy is reviewed by the CEO on an annual basis.

V. DEFINITIONS

N/A

VI. RELATED POLICIES AND PROCEDURES

- A. Board of Directors By-laws
- B. Operating Agreement

VII. REFERENCE/LEGAL AUTHORITY

N/A

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
11/18/21	Merged 10.2 and 10.3, formatted. Renamed policy	CEO
6/20/24	Reviewed, No Changes	CEO

Declaration Regarding Impact of Waskul Settlement

1. My name is Mary Marlatt-Dumas, and I am the Executive Director of Lakeshore Regional Entity (LRE).

2. For years, LRE, individually and through the Community Mental Health Association of Michigan, has lobbied the Michigan Department of Health and Human Services (“MDHHS”), our state legislators, and others to fix Michigan’s chronic underfunding of the public behavioral health system.

3. Lakeshore Regional Entity fully supports additional funding going into the public behavioral health system as that funding is critically needed. Indeed, Michigan has been facing a direct care worker (“DCW”) crisis for years, and the low wages DCWs receive are a primary challenge for recruiting and retaining direct care workers.

4. In the public behavioral health context, DCW wages are a product of the funding that the State of Michigan and MDHHS provide for a specified Medicaid service.

5. Direct care workers are the “front line” worker for a variety of public behavioral health services. For Community Living Supports (“CLS”) services, DCWs work for individuals who self-direct their CLS services as well as agency providers.

6. Agency providers of CLS services are the backbone of the public behavioral health system for CLS services. Lakeshore Regional Entity has an obligation to ensure an adequate and sufficient network of agency providers for CLS services.

7. When a local CMH receives a crisis call from the community, hospital, law enforcement, or others, and an emergency community placement is needed for that individual’s condition, the local CMH and its agency providers are the organizations who step up to serve that individual and ensure they receive the best treatment in the least restrictive environment.

8. And when individuals are eligible for CLS services but do not have the ability to navigate the complex Medicaid system or serve as their own employer of record—and do not have the family or other support to serve in that role—the local CMH’s agency providers are the ones who ensure that those individuals receive CLS services and remain in the community.

9. Given the tight labor market for DCWs, any distortion of that market in favor of a particular service or provider will have system wide implications and cause problems. This is why the Community Mental Health Association of Michigan has lobbied for all direct care worker wages to be increased, because the fundamental and most important principle of delivering a behavioral health service is to help the most people possible and do no harm in the process.

10. At LRE, we care about every single recipient of services. And we hold the above principle to our core, for we do not want any individual or group of people to be harmed by a well-intentioned but ill-advised change to the public behavioral health system.

11. I am familiar with the proposed settlement of the *Waskul* case. While LRE applauds MDHHS’s willingness to provide additional funding for CLS services through the *Waskul* settlement, the *Waskul* settlement itself represents terrible public policy that will have catastrophic consequences for the public behavioral health system.

12. Presently, MDHHS’s funding permits a CLS hourly rate of approximately \$20.50. The *Waskul* settlement seeks to increase that CLS hourly rate to \$31 per hour, but only for the individuals who self-direct their CLS service.

13. By limiting the additional funding to those individuals on the Habilitation Supports Waiver who self-direct their CLS service, MDHHS is skewing the labor market away from agency providers—the backbone of the system—and towards self-directed services.

14. Based on feedback from agency providers, we anticipate the *Waskul* settlement to cause agency providers to lose not only their direct care workers but also their lower level management personnel. This is because MDHHS is funding the CLS service at \$31 per hour for recipients who are able to self-direct their CLS service while providing 40% less funding to agency providers who deliver the exact same CLS service to individuals on the Habilitation Supports Waiver who choose a different service modality.

15. From a system wide perspective, the *Waskul* settlement will harm more individuals than it helps. And the individuals harmed are more likely to be minorities, older, from a less affluent family, and people who do not have family or other support systems to help them—i.e., the most vulnerable in our patient population.

16. In short, MDHHS is favoring the “haves” over the “have-nots.” And at LRE, we think that is wrong.

17. Through the *Waskul* settlement, MDHHS’s proposed changes to the public behavioral health system present a substantial risk of a collapse of the agency provider network. The policies in the *Waskul* settlement also materially alter the risk the PIHPs assume by contracting with MDHHS.

Best Regards,

Mary Marlatt-Dumas, CEO
Lakeshore Regional Entity

Lakeshore Regional Entity Board Financial Officer Report for June 2024 6/26/2024

- **Disbursements Report** – A motion is requested to approve the May 2024 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through April is included as an attachment.
- **LRE Combined Monthly FSR** – The April LRE Combined Monthly FSR Report is included as an attachment for this month’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual **surplus** through April of \$2 million, a projected annual **deficit** of \$14.5 million, and a budgeted **deficit** of \$1.2 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month’s report. All CMHSPs have an actual surplus except Network180 who has a **deficit** of \$7 million and West Michigan CMH with a **deficit** of \$252 thousand. HealthWest and OnPoint have projected **surpluses**. Network180 has a projected **deficit** of \$15 million, CMH of Ottawa County \$1.4 million, and West Michigan \$218 thousand. All CMHSPs have a budgeted surplus, except Network180 with a budgeted **deficit** of \$7 million and CMH of Ottawa County with a budgeted deficit of \$29 thousand.

CCBHC activity is included in this month’s report showing an actual **deficit** of \$1.4 million, which is the responsibility of the CCBHCs and not the PIHP. A projected **deficit** of \$6.2 million and a budgeted **surplus** of \$4.4 million is shown. On the April FSR, Finance ROAT moved to an accrual basis for CCBHC Daily Visits and therefore the expenses reported should more accurately align with the revenues reported.

A draft of the report was reviewed by Finance ROAT on June 17, 2024 and was reviewed by Operations Advisory Council (OAC) on June 18, 2024.

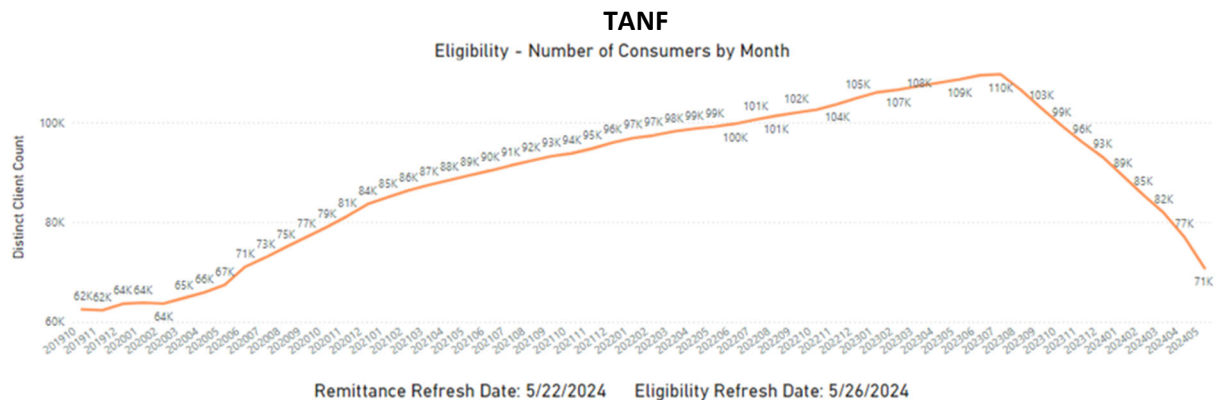
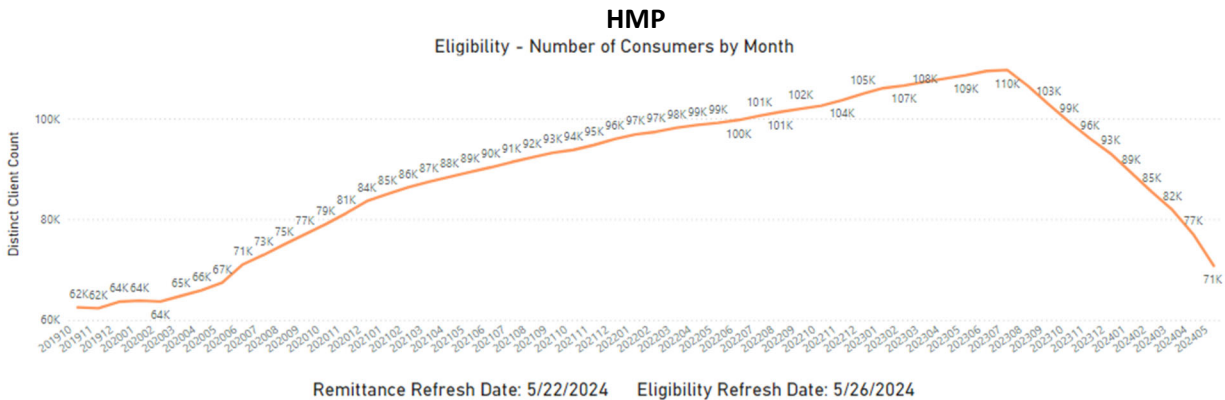
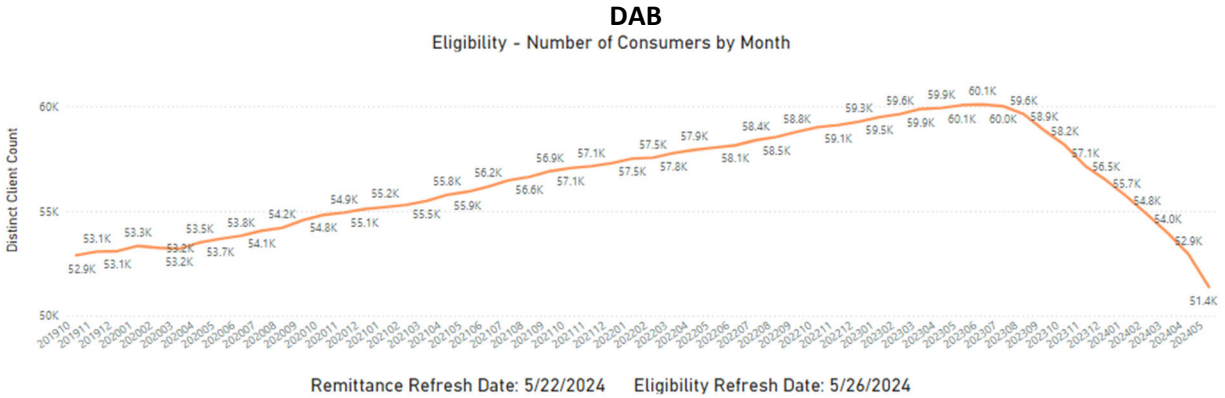
- **Cash Flow Issues** – No cash flow issues reported this month.

- FY 2024 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are below. May FY2024 revenue projections include the actual April - September rate adjustments included in the state's finalized rate certification. May revenue projection decreased \$1,841,332 from the April projection to \$430.5 million. Overall projected revenue has decreased \$10.1 million from the initial budgeted amount, due to changes in the CCBHCs' daily visit projections and greater than expected disenrollments due to the end of the Public Health Emergency. Please reference the last column of the Executive Summary pictured below for a more concise breakdown by CMHSP and funding bucket.

FY 2024 Revenue Projection					CMHSPs Breakdown (Net of CCBHC)				
Total LRE					MCD - MH				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	
MCD - MH	\$ 207,190,112	\$ 204,020,979	\$ (3,169,132)	-1.53%	OnPoint	\$ 17,284,157	\$ 16,572,293	\$ (711,864)	
MCD - SUD	\$ 8,537,141	\$ 8,205,654	\$ (331,487)	-3.88%	Healthwest	\$ 40,828,236	\$ 39,750,193	\$ (1,078,043)	
HMP - MH	\$ 17,316,375	\$ 18,187,385	\$ 871,010	5.03%	Network180	\$ 106,864,576	\$ 107,264,599	\$ 400,023	
HMP - SUD	\$ 10,968,901	\$ 11,598,646	\$ 629,745	5.74%	Ottawa	\$ 28,947,323	\$ 27,788,966	\$ (1,158,357)	
Autism	\$ 43,425,979	\$ 44,842,593	\$ 1,416,614	3.26%	West Michigan	\$ 13,265,820	\$ 12,644,928	\$ (620,892)	
Waiver	\$ 54,702,000	\$ 51,744,959	\$ (2,957,041)	-5.41%	Total MCD - MH	\$ 207,190,112	\$ 204,020,979	\$ (3,169,132)	
CCBHC MCD Base Cap	\$ 28,080,950	\$ 23,389,790	\$ (4,691,160)	-16.71%					
CCBHC HMP Base Cap	\$ 8,816,400	\$ 6,046,769	\$ (2,769,631)	-31.41%					
CCBHC MCD Supplemental	\$ 33,570,184	\$ 34,550,918	\$ 980,734	2.92%					
CCBHC HMP Supplemental	\$ 9,710,407	\$ 9,822,186	\$ 111,778	1.15%					
LRE Admin	\$ 13,922,556	\$ 13,922,556	\$ -	0.00%					
ISF	\$ -	\$ -	\$ -	-					
IPA	\$ 4,392,823	\$ 4,191,089	\$ (201,734)	-4.59%					
Total Region	\$ 440,633,827	\$ 430,523,473	\$ (10,110,354)	-2.29%					
Total CMHSPs					MCD - SUD				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	
OnPoint	\$ 39,564,765	\$ 38,720,507	\$ (844,258)	-2.13%	OnPoint	\$ 710,483	\$ 667,297	\$ (43,187)	
Healthwest	\$ 88,836,402	\$ 89,455,076	\$ 618,674	0.70%	Healthwest	\$ 1,744,259	\$ 1,665,047	\$ (79,211)	
Network180	\$ 202,488,593	\$ 195,277,089	\$ (7,211,504)	-3.56%	Network180	\$ 4,367,218	\$ 4,273,721	\$ (93,498)	
Ottawa	\$ 58,464,588	\$ 56,971,458	\$ (1,493,130)	-2.55%	Ottawa	\$ 1,139,694	\$ 1,061,532	\$ (78,162)	
West Michigan	\$ 32,964,100	\$ 31,985,749	\$ (978,351)	-2.97%	West Michigan	\$ 575,487	\$ 538,058	\$ (37,429)	
Total CMHSPs	\$ 422,318,448	\$ 412,409,878	\$ (9,908,570)	-2.35%	Total MCD - SUD	\$ 8,537,141	\$ 8,205,654	\$ (331,487)	
Average PMPM					HMP - MH				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	
OnPoint	\$ 129.34	\$ 133.44	\$ 4.10		OnPoint	\$ 1,562,109	\$ 1,335,470	\$ (226,639)	
Healthwest	\$ 126.38	\$ 134.21	\$ 7.83		Healthwest	\$ 3,506,666	\$ 3,256,786	\$ (249,880)	
Network180	\$ 108.60	\$ 109.30	\$ 0.70		Network180	\$ 8,581,263	\$ 10,029,390	\$ 1,448,127	
Ottawa	\$ 107.13	\$ 109.66	\$ 2.52		Ottawa	\$ 2,937,540	\$ 2,861,403	\$ (76,137)	
West Michigan	\$ 131.36	\$ 133.77	\$ 2.41		West Michigan	\$ 728,797	\$ 704,336	\$ (24,461)	
Total CMHSPs	\$ 115.07	\$ 117.77	\$ 2.70		Total HMP - MH	\$ 17,316,375	\$ 18,187,385	\$ 871,010	
Member Month Projection					HMP - SUD				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	
OnPoint	905,898	290,166	(15,731)		OnPoint	\$ 992,950	\$ 860,846	\$ (132,104)	
Healthwest	702,952	666,549	(36,403)		Healthwest	\$ 2,304,644	\$ 2,149,857	\$ (154,787)	
Network180	1,864,549	1,786,553	(77,996)		Network180	\$ 5,420,235	\$ 6,372,865	\$ 952,630	
Ottawa	545,720	519,546	(26,174)		Ottawa	\$ 1,776,945	\$ 1,742,142	\$ (34,803)	
West Michigan	250,952	239,114	(11,838)		West Michigan	\$ 474,127	\$ 472,935	\$ (1,192)	
Total Member Months	3,670,069	3,501,927	(168,142)		Total HMP - SUD	\$ 10,968,901	\$ 11,598,646	\$ 629,745	
Member Month Projection					Autism				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	
OnPoint	905,898	290,166	(15,731)		OnPoint	\$ 3,869,583	\$ 3,962,228	\$ 92,646	
Healthwest	702,952	666,549	(36,403)		Healthwest	\$ 8,901,598	\$ 9,133,341	\$ 231,743	
Network180	1,864,549	1,786,553	(77,996)		Network180	\$ 21,692,163	\$ 22,555,139	\$ 862,977	
Ottawa	545,720	519,546	(26,174)		Ottawa	\$ 6,399,627	\$ 6,543,783	\$ 142,156	
West Michigan	250,952	239,114	(11,838)		West Michigan	\$ 2,563,008	\$ 2,650,101	\$ 87,093	
Total Member Months	3,670,069	3,501,927	(168,142)		Total Autism	\$ 43,425,979	\$ 44,842,593	\$ 1,416,614	
Member Month Projection					Waiver				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	
OnPoint	905,898	290,166	(15,731)		OnPoint	\$ 6,882,345	\$ 6,124,645	\$ (757,700)	
Healthwest	702,952	666,549	(36,403)		Healthwest	\$ 13,617,785	\$ 12,263,880	\$ (1,353,905)	
Network180	1,864,549	1,786,553	(77,996)		Network180	\$ 21,763,578	\$ 21,587,459	\$ (176,119)	
Ottawa	545,720	519,546	(26,174)		Ottawa	\$ 8,734,882	\$ 8,447,054	\$ (287,828)	
West Michigan	250,952	239,114	(11,838)		West Michigan	\$ 3,705,410	\$ 3,321,941	\$ (383,469)	
Total Member Months	3,670,069	3,501,927	(168,142)		Total Waiver	\$ 54,702,000	\$ 51,744,959	\$ (2,957,041)	

CMHSPs Breakdown - CCBHC			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Intitial to Current Change
MCD - CCBHC Base Capitation			
OnPoint	\$ 1,847,952	\$ 1,881,018	\$ 33,065
Healthwest	\$ 7,178,609	\$ 6,336,673	\$ (841,936)
Network180	\$ 12,411,447	\$ 8,529,158	\$ (3,882,289)
Ottawa	\$ 2,763,358	\$ 2,763,358	\$ -
West Michigan	\$ 3,879,583	\$ 3,879,583	\$ -
Total	\$ 28,080,950	\$ 23,389,790	\$ (4,691,160)
HMP - CCBHC Base Capitation			
OnPoint	\$ 297,906	\$ 532,594	\$ 234,688
Healthwest	\$ 1,631,905	\$ 1,608,943	\$ (22,962)
Network180	\$ 4,808,317	\$ 1,826,960	\$ (2,981,357)
Ottawa	\$ 662,433	\$ 662,433	\$ -
West Michigan	\$ 1,415,840	\$ 1,415,840	\$ -
Total	\$ 8,816,400	\$ 6,046,769	\$ (2,769,631)
MCD - CCBHC Supplemental Revenue			
OnPoint	\$ 5,073,882	\$ 5,071,207	\$ (2,675)
Healthwest	\$ 7,321,626	\$ 10,199,499	\$ 2,877,873
Network180	\$ 12,586,316	\$ 10,691,851	\$ (1,894,464)
Ottawa	\$ 3,930,417	\$ 3,930,417	\$ -
West Michigan	\$ 4,657,943	\$ 4,657,943	\$ -
Total	\$ 33,570,184	\$ 34,550,918	\$ 980,734
HMP - CCBHC Supplemental Revenue			
OnPoint	\$ 1,043,399	\$ 1,712,909	\$ 669,511
Healthwest	\$ 1,801,075	\$ 3,090,877	\$ 1,289,802
Network180	\$ 3,993,480	\$ 2,145,946	\$ (1,847,534)
Ottawa	\$ 1,172,369	\$ 1,172,369	\$ -
West Michigan	\$ 1,700,084	\$ 1,700,084	\$ -
Total	\$ 9,710,407	\$ 9,822,186	\$ 111,778

- Financial Data/Charts** – The charts below show regional eligibility trends by population. The number of Medicaid eligible individuals in our region determines the amount of revenue the LRE receives each month. Data is shown for October 2019 – May 2024. The LRE also receives payments for other individuals who are not listed on these charts but are eligible for behavioral health services (i.e. individuals enrolled and eligible for the Habilitation Supports Waiver (HSW) program). Due to the end of the PHE, Medicaid eligibility redeterminations resumed in July 2023. The state’s actuary expects most disenrollments to occur August 2023 – July 2024. Specifically for the PHE the results are as follows (Client Count February 2020 / Client Count May 2024): DAB (53,242/51,375), HMP (63,655/70,749), TANF (145,880/147,877).



- Funding Issues** – CMHAM presented the following updated data at the June 20, 2024 CMHAM Contract and Financial Issues (CFI) meeting, the State’s actuary, Milliman, has relatively close projections for the population in total. However, it appears that the rates are insufficient because there are more children and less adults than what Milliman projected. It appears that of the \$116 million rate increase effective April 1, 2024 rate, that only \$40 million is projected to actually go out to the system. The PIHPs are currently collecting financial data to provide to CMHAM to be shared with MDHHS.

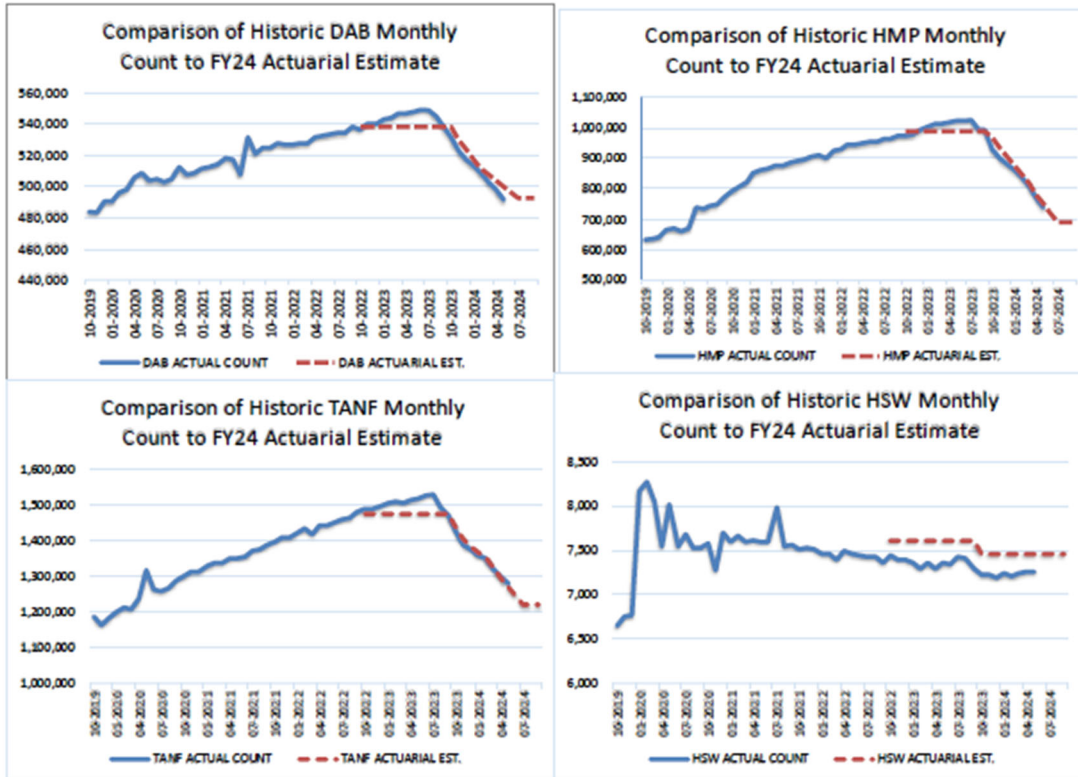
Community Mental Health Association of Michigan - Comparison of Actuarial Projected Funding versus Actual Funding Advances FY24

As of: **6/6/24**

Funding per Date Comparison *	YTD of Projected Funding in Certification	Actual Advanced on A YTD Basis	Number of Months of Advances	Year to Date Over+ & (Under-)	Percentage Advanced
DAB Capitation Behavioral Health	\$ 1,406,780,000	\$ 1,391,157,268	8	(\$15,622,732)	98.9%
DAB Capitation Substance Use Disorder	\$ 27,550,000	\$ 27,257,629	8	(\$292,371)	98.9%
TANF Capitation Behavioral Health	\$ 254,520,000	\$ 252,935,951	8	(\$1,584,049)	99.4%
TANF Capitation Substance Use Disorder	\$ 32,000,000	\$ 31,452,474	8	(\$547,526)	98.3%
HSW,CWP, & SED Payments	\$ 433,360,000	\$ 428,563,294	8	(\$4,796,706)	98.9%
HMP Capitation Behavioral Health	\$ 202,310,000	\$ 199,798,795	8	(\$2,511,205)	98.8%
HMP Capitation Substance Use Disorder	\$ 93,230,000	\$ 92,133,748	8	(\$1,096,252)	98.8%
Autism all Populations	\$ 204,590,000	\$ 204,702,872	8	\$112,872	100.1%
Total:	\$ 2,654,340,000	\$ 2,628,002,032	8	(\$26,337,968)	99.0%

Capitation Populations	*Projected Per Certification Document	Actual Paid Census	Difference	As a Percentage
DAB Average Population per month	308,700	315,997	7,297	101.4%
TANF Average Population per month	1,312,300	1,351,233	38,933	103.0%
HMP Average Population per month	804,900	864,141	59,241	107.4%
HSW Average paid per month	7,457	7,216	(241)	96.8%

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



Public Health Emergency Comparison	DAB	HMP	TANF	All Populations
Aprox. Monthly PHE Start Count	486,718	642,395	1,182,755	2,311,868
July 2024 Actuarial Projected Count	492,400	690,100	1,220,500	2,403,000
Difference	5,682	47,705	37,745	91,132
% Higher than PHE Start:	1%	7%	3%	4%

-

Community Mental Health Association of Michigan Comparison of Actuarial Projected Funding and Funding Received

Funding Category	October of 23 through March of 24 Revised Funding Comparison			
	Revised Actuarial Projected Funding	Actual Funding Reported	Difference	% Difference is to Projected
DAB Capitation Behavioral Health	\$ 1,040,800,000	\$ 1,040,781,694	(\$18,306)	0.0%
DAB Capitation Substance Use Disorder	\$ 20,500,000	\$ 20,476,189	(\$23,811)	-0.1%
TANF Capitation Behavioral Health	\$ 189,000,000	\$ 189,038,335	\$38,335	0.0%
TANF Capitation Substance Use Disorder	\$ 24,000,000	\$ 24,032,138	\$32,138	0.1%
HSW,CWP, & SED Payments	\$ 319,300,000	\$ 319,122,821	(\$177,179)	-0.1%
HMP Capitation Behavioral Health	\$ 151,700,000	\$ 151,690,523	(\$9,477)	0.0%
HMP Capitation Substance Use Disorder	\$ 69,900,000	\$ 69,861,724	(\$38,276)	-0.1%
Autism all Populations	\$ 150,700,000	\$ 150,746,569	\$46,569	0.0%
Total:	\$ 1,965,900,000	\$ 1,965,749,994	(\$150,006)	0.0%

Comparison of Projected Funding versus Actual Funding for April and May of 2024				
Funding Category	30-Apr-24			
	Actuarial Projected Funding	Actual Funding Reported	Difference	% Difference is to Projected
DAB Capitation Behavioral Health	\$ 183,630,000	\$ 176,556,134	(\$7,073,866)	-3.9%
DAB Capitation Substance Use Disorder	\$ 3,540,000	\$ 3,415,108	(\$124,892)	-3.5%
TANF Capitation Behavioral Health	\$ 33,080,000	\$ 32,214,027	(\$865,973)	-2.6%
TANF Capitation Substance Use Disorder	\$ 4,040,000	\$ 3,745,070	(\$294,930)	-7.3%
HSW,CWP, & SED Payments	\$ 57,030,000	\$ 54,814,615	(\$2,215,385)	-3.9%
HMP Capitation Behavioral Health	\$ 25,810,000	\$ 24,563,864	(\$1,246,136)	-4.8%
HMP Capitation Substance Use Disorder	\$ 11,900,000	\$ 11,374,170	(\$525,830)	-4.4%
Autism all Populations	\$ 27,110,000	\$ 27,101,059	(\$8,941)	0.0%
Total:	\$ 346,140,000	\$ 333,784,045	(\$12,355,955)	-3.6%

Medicaid Populations	Actuarial Projected *	Actual Reported	Difference	% Difference is to Projected
DAB Population Count	503,500	498,361	(5,139)	-1.0%
TANF Population Count	1,296,500	1,299,173	2,673	0.2%
HMP Population Count	780,500	773,052	(7,448)	-1.0%
HSW Paid Person Count	7,457	7,249	(208)	-2.8%

Funding Category	31-May-24			
	Actuarial Projected Funding	Actual Funding Reported	Difference	% Difference is to Projected
DAB Capitation Behavioral Health	\$ 182,350,000	\$ 173,819,440	(\$8,530,560)	-4.7%
DAB Capitation Substance Use Disorder	\$ 3,510,000	\$ 3,366,333	(\$143,667)	-4.1%
TANF Capitation Behavioral Health	\$ 32,440,000	\$ 31,683,590	(\$756,410)	-2.3%
TANF Capitation Substance Use Disorder	\$ 3,960,000	\$ 3,675,266	(\$284,734)	-7.2%
HSW,CWP, & SED Payments	\$ 57,030,000	\$ 54,625,857	(\$2,404,143)	-4.2%
HMP Capitation Behavioral Health	\$ 24,800,000	\$ 23,544,409	(\$1,255,591)	-5.1%
HMP Capitation Substance Use Disorder	\$ 11,430,000	\$ 10,897,855	(\$532,145)	-4.7%
Autism all Populations	\$ 26,780,000	\$ 26,855,244	\$75,244	0.3%
Total:	\$ 342,300,000	\$ 328,467,993	(\$13,832,007)	-4.0%

Medicaid Populations	Actuarial Projected *	Actual Reported	Difference	% Difference is to Projected
DAB Population Count	499,900	490,794	(9,106)	-1.8%
TANF Population Count	1,271,500	1,276,993	5,493	0.4%
HMP Population Count	750,800	739,031	(11,769)	-1.6%
HSW Paid Person Count	7,457	7,249	(208)	-2.8%

* Does not include adjustment factor from certification document

Comparison of Actuarial Determined population numbers (Blue) versus Actual Paid Counts to PIHPs (Green)
The Adj. Factor column (yellow) has the amount projected to be applied to the Actuary count to equal the amount paid to PIHPs

Month	Year	Actuary DATA for DABs	DAB Adj. Factor 0.9862	DAB Actual Paid to PIHPs	Actuary DATA for TANF	TANF Adj. Factor 0.9841	TANF Actual Paid to PIHPs	Actuary DATA for HMP	HMP Adj. Factor 0.9742	HMP Actual Paid to PIHPs
February	2020	500,300	493,396	483,745	1,216,700	1,197,354	1,197,613	669,000	651,740	663,532
July	2023	552,300	544,678	548,267	1,533,800	1,509,413	1,528,387	1,055,200	1,027,976	1,016,801
October	2023	537,800	530,378	531,386	1,439,200	1,416,317	1,425,280	966,200	941,272	930,049
November	2023	529,200	521,897	523,183	1,405,400	1,383,054	1,388,656	931,900	907,857	901,621
December	2023	523,400	516,177	517,365	1,382,800	1,360,813	1,376,181	903,000	879,703	880,651
January	2024	517,400	510,260	512,896	1,366,700	1,344,969	1,357,707	874,400	851,840	852,007
February	2024	511,700	504,639	508,857	1,352,200	1,330,700	1,348,872	846,700	824,855	837,736
March	2024	507,800	500,792	502,295	1,325,300	1,304,228	1,322,173	814,800	793,778	805,843
April	2024	503,500	496,552	498,361	1,296,500	1,275,886	1,299,173	780,500	760,363	773,052
May	2024	499,900	493,001	490,794	1,271,500	1,251,283	1,276,993	750,800	731,429	739,031
June	2024	496,200		485,164	1,246,200		1,251,348	720,700		713,450
July	2024	492,400		479,534	1,220,500		1,225,703	690,100		687,869
August	2024	492,400		479,534	1,220,500		1,225,703	690,100		687,869
September	2024	492,400		479,534	1,220,500		1,225,703	690,100		687,869

Community Mental Health Association of Michigan
 Projected population trends based on reported funding populations contain in funds advanced to PIHPs data
 At the 10th month from end of the Public Health Emergency

TANF	PHE Start 01-2020	Peak Month 07-2023	08-2023	09-2023	10-2023	11-2023	12-2023	01-2024	02-2024	03-2024	04-2024	05-2024	Average Reduction per Month from Peak	Applying Ave. Reduction to Estimate July of 2024	Estimated Change from PHE Start	Percentage Est. Decline from PHE Start
Region 1	31,190	38,871	37,825	37,144	35,783	34,695	34,710	34,065	33,957	33,044	32,584	31,633	(724)	30,185	(1,005)	113%
Region 2	57,428	72,222	69,820	68,687	66,801	65,030	64,351	63,363	62,649	61,498	60,123	59,084	(1,314)	56,456	(972)	107%
Region 3	143,794	187,418	182,219	179,226	172,558	168,658	166,742	163,851	162,921	159,541	156,086	152,113	(3,531)	145,052	1,258	97%
Region 4	106,524	137,117	134,187	131,689	127,025	123,410	122,672	121,006	120,403	117,758	114,585	112,371	(2,475)	107,422	898	97%
Region 5	191,629	243,286	237,229	234,279	226,167	221,554	219,663	216,567	215,086	211,159	207,115	204,564	(3,872)	196,820	5,191	90%
Region 6	59,400	76,678	74,973	73,551	71,685	69,962	69,077	67,834	67,227	66,152	64,006	62,982	(1,370)	60,243	843	95%
Region 7	331,362	411,449	403,123	398,866	388,418	376,874	373,552	370,270	367,987	361,058	357,568	352,036	(5,941)	340,153	8,791	89%
Region 8	81,806	109,351	106,576	105,110	101,522	99,025	98,027	96,401	95,117	92,640	91,740	89,799	(1,955)	85,889	4,083	85%
Region 9	94,630	128,044	125,023	123,375	120,000	116,560	116,017	114,327	113,846	111,273	109,973	107,791	(2,025)	103,740	9,110	73%
Region 10	99,850	123,951	121,469	119,061	115,321	112,888	111,370	110,023	109,679	108,050	105,393	104,620	(1,933)	100,754	904	96%
TANF Totals:	1,197,613	1,528,387	1,492,444	1,470,988	1,425,280	1,388,656	1,376,181	1,357,707	1,348,872	1,322,173	1,299,173	1,276,993	(25,139)	1,223,175	25,562	92%

DAB	10/2019 *	15,700	15,570	15,418	15,339	15,076	14,884	14,649	14,617	14,476	14,213	13,994	(171)	13,653	(239)	113%
Region 1	13,892	15,700	15,570	15,418	15,339	15,076	14,884	14,649	14,617	14,476	14,213	13,994	(171)	13,653	(239)	113%
Region 2	25,555	29,655	29,376	28,920	28,444	27,979	27,603	27,265	27,018	26,647	26,445	25,957	(370)	25,217	(338)	108%
Region 3	51,468	59,569	58,970	58,204	57,146	56,415	55,791	55,196	54,482	53,701	53,062	52,169	(740)	50,689	(779)	110%
Region 4	42,096	48,524	48,143	47,346	46,554	45,961	45,439	44,945	44,432	44,084	43,395	42,697	(583)	41,532	(564)	109%
Region 5	81,344	92,613	91,772	90,996	89,498	88,406	87,351	86,514	85,776	84,829	84,170	83,179	(943)	81,292	(52)	100%
Region 6	22,921	26,659	26,524	26,014	25,874	25,495	25,212	24,896	24,846	24,321	24,241	23,929	(273)	23,383	462	88%
Region 7	131,077	143,812	143,068	141,631	140,392	137,709	136,153	135,395	134,396	132,648	131,753	129,852	(1,966)	127,060	(4,017)	132%
Region 8	38,867	44,373	44,151	43,703	43,140	42,519	41,978	41,636	41,349	40,790	40,736	39,966	(441)	39,085	218	96%
Region 9	38,042	44,349	44,241	43,819	43,381	42,834	42,479	42,294	42,206	41,614	41,364	40,934	(442)	40,251	2,209	65%
Region 10	38,483	43,013	42,695	42,268	41,618	40,789	40,475	40,106	39,635	39,185	38,982	38,117	(390)	37,138	(1,345)	130%
DAB Totals:	483,745	548,267	544,510	538,319	531,386	523,183	517,365	512,896	508,857	502,295	498,361	490,794	(5,630)	480,707	(3,038)	105%

HMP	01-2020	28,620	27,674	27,118	25,935	25,162	24,239	23,509	23,395	22,115	21,500	20,419	(820)	18,779	(1,339)	116%
Region 1	20,118	28,620	27,674	27,118	25,935	25,162	24,239	23,509	23,395	22,115	21,500	20,419	(820)	18,779	(1,339)	116%
Region 2	37,016	52,814	51,034	50,013	47,550	45,924	44,863	43,132	42,332	40,276	38,417	36,884	(1,593)	33,698	(3,318)	121%
Region 3	63,323	106,252	102,368	100,588	94,806	92,538	90,377	86,698	84,672	81,108	76,516	72,868	(3,338)	66,191	2,868	93%
Region 4	52,179	83,219	80,682	79,645	73,863	72,854	70,873	68,617	67,514	64,925	61,505	58,796	(2,442)	53,911	1,732	94%
Region 5	107,508	152,700	152,700	148,561	144,422	142,259	138,735	134,168	131,830	127,070	121,793	117,156	(3,554)	110,047	2,539	94%
Region 6	36,273	56,697	54,786	53,755	51,641	49,875	48,603	46,677	46,197	43,943	41,667	40,248	(1,645)	36,958	685	97%
Region 7	180,935	272,790	265,592	260,319	251,141	240,874	235,600	228,817	225,651	218,445	211,024	201,122	(7,167)	186,788	5,853	94%
Region 8	50,821	87,378	84,822	82,968	79,558	76,410	74,667	72,496	70,325	67,045	64,599	61,147	(2,623)	55,901	5,080	86%
Region 9	57,665	92,797	90,153	88,358	85,370	82,109	80,889	78,242	77,233	74,741	72,325	68,665	(2,413)	63,839	6,174	82%
Region 10	57,694	83,534	81,658	79,595	75,763	73,616	71,805	69,651	68,587	66,175	63,706	61,726	(2,181)	57,364	(330)	101%
HMP Totals:	663,532	1,016,801	991,469	970,920	930,049	901,621	880,651	852,007	837,736	805,843	773,052	739,031	(25,581)	709,832	46,300	87%

* start used October 2019 for DABs which was closest month with consistent data
 Numbers in italics are reasonable estimates needed because of retro adjustments in population counts or other count issues

Medicaid Trend Information for Capitation Funding at a PIHP level May 2024

Overall Background:

Payments or funding for PIHPs flow through the capitation process with covered life data generated from MDHHS usually measured at the end of the month or early in the following month for which the payment is made for. This data is occasionally at odds with what becomes the final data used to measure enrollee information. This is most common with the population enrolled in the "Healthy Michigan Plan". While effort is put into getting funding or payments to the PIHPs, there sometimes are gaps in population count reporting or adjustments in funding without retro population count changes being made. The Actuarial firm Milliman does not use the data reported with funding or payment advances in their rate setting work, but instead uses the "final data" with an adjustment factor recognizing that some retroactive qualified monthly Medicaid lives will not be in the data used to provide funding or payments.

Temporary Assistance for Needy Families (TANF):

The information on this population comes from 5 separate reporting categories. The largest is the Michigan Family Independence Program which grew by around 250,000 covered lives during the Public Health Emergency (PHE) to around 1.35 million. Looking at current trends, this population will fall back to the level it was at the start of the PHE. The next largest TANF is the U-19 population which is for Children under 19 years of age whose family income is less than 212% of the federal poverty level. During the PHE, the population qualified under this program grew from 16,000 to 100,000. Since the end of the PHE, the population has gone up a little but has recently began to decline. At least some of the Children who recently qualify are children who no longer are in the family Independence program. The third largest category of qualified lives comes from children who are enrolled in the "MI Child" program which is a Michigan based program initially designed to assist children with dental health coverage that was expanded to cover mental health and other health care services when children have no other health care coverage. The number of cover lives under MI Child is also expanding since the PHE ended growing from a stable 50,000 population base to around 66,000. It is important to note that children member lives under TANF generate less capitation dollars than adult age capitation categories for mental health services and hardly any dollars for substance use disorder services. There are two additional TANF populations, one for people with cystic fibrosis (350 people statewide), and the MOMs program for expecting Mothers which started during the PHE (approx. 1,400 people statewide). The data suggest there was a growth between the start of the PHE and July of 2024 when all covered members were reviewed for coverage.

Disabled Aged and Blind (DAB):

The largest funding area for Mental Health Services comes from the population counts of people whose Medicaid Coverage is qualified through the DAB category. This population was declining prior to the PHE but grew by 60,000 qualified lives by July of 2023. The current trends suggests that there will be fewer member months in July of 2024 than there were at the start of the PHE.

Healthy Michigan Plan (HMP):

The population with the largest growth during the PHE was people whose coverage was through the Healthy Michigan Plan. This program is primarily for adults under 65 whose income and assets meet set thresholds established under Public Act 107 of 2013. The current trend suggests there has been a slight growth in this population since the start of the PHE although month to month changes is not consistent. This population generates the smallest set of funding for Mental Health Services but well over half of the Medicaid available to provide Substance Use Disorder Services.

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

LAKESHORE REGIONAL ENTITY LEGAL EXPENSES REPORT May 31, 2024		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	BYLAWS/OPERATING AGREEMENT TOTAL	12,200.00
11/30/2021	CCHBC SUPPORT	812.50
	CCHBC SUPPORT TOTAL	812.50
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
12/20/2023	GENERAL/OTHER	5,000.00
1/31/2024	GENERAL/OTHER	5,000.00
2/29/2024	GENERAL/OTHER	5,000.00
3/7/2024	GENERAL/OTHER	165.00
3/31/2024	GENERAL/OTHER	5,000.00
4/8/2024	GENERAL/OTHER	5,000.00
	GENERAL/OTHER TOTAL	35,740.00
10/31/2021	HEALTHWEST LITIGATION	5,368.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,388.80
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
4/30/2023	HEALTHWEST LITIGATION	3,728.00
11/30/2023	HEALTHWEST LITIGATION	281.60
1/31/2024	HEALTHWEST LITIGATION	105.60
	HEALTHWEST LITIGATION TOTAL	41,663.14
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MDHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MDHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,068.80)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
4/30/2023	MANAGED CARE/MDHHS CONTRACT	16,563.20
5/31/2023	MANAGED CARE/MDHHS CONTRACT	5,908.00
6/30/2023	MANAGED CARE/MDHHS CONTRACT	12,537.60
7/31/2023	MANAGED CARE/MDHHS CONTRACT	7,768.80
7/31/2023	EARLY PAYMENT DISCOUNT	(3,321.04)
8/31/2023	MANAGED CARE/MDHHS CONTRACT	1,302.40
9/30/2023	MANAGED CARE/MDHHS CONTRACT	2,810.40
10/31/2023	MANAGED CARE/MDHHS CONTRACT	3,547.20
11/30/2023	MANAGED CARE/MDHHS CONTRACT	563.20
12/31/2023	MANAGED CARE/MDHHS CONTRACT	5,000.00
	MANAGED CARE/MDHHS CONTRACT TOTAL	346,559.12
2/28/2023	NETWORK 180 LITIGATION	2,674.00
3/31/2023	NETWORK 180 LITIGATION	29,167.33
4/30/2023	NETWORK 180 LITIGATION	105.60
5/31/2023	NETWORK 180 LITIGATION	2,283.20
6/30/2023	NETWORK 180 LITIGATION	13,840.80
7/31/2023	NETWORK 180 LITIGATION	3,665.60
8/31/2023	NETWORK 180 LITIGATION	1,137.60
	NETWORK 180 LITIGATION TOTAL	52,874.13
	GRAND TOTAL	\$ 489,848.89



BOARD ACTION REQUEST
Subject: May 2024 Disbursements
 Meeting Date: June 26, 2024

RECOMMENDED MOTION:

To approve the May 2024 disbursements of \$44,578,514.12 as presented.

SUMMARY OF REQUEST/INFORMATION:

Disbursements:	
Allegan County CMH	\$3,413,433.31
Healthwest	\$7,856,083.36
Network 180	\$17,366,721.64
Ottawa County CMH	\$4,919,361.63
West Michigan CMH	\$2,858,003.85
SUD Prevention Expenses	\$710,958.24
Local Match Payment	\$251,887.00
Hospital Reimbursement Adjuster (HRA)	\$5,068,678.00
MICHIGAN IPA TAX - QUARTERLY	\$1,201,237.80
SUD Public Act 2 (PA2)	\$122,243.11
Administrative Expenses	\$5,878,584.18
Total:	\$44,578,514.12

83.28% of Disbursements were paid to Members and SUD Prevention Services.

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

STAFF: *Stacia Chick*

DATE: *6/13/2024*



Statement of Activities - Actual vs. Budget

Fiscal Year 2023/2024

As of Date: 4/30/24

Change in Net Assets	Year Ending 9/30/2024	4/30/2024		
	FY24 Budget <i>Amendment 2</i>	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	277,612,682	161,940,731	163,424,222	1,483,491
Autism Revenue	42,278,498	24,662,457	27,145,503	2,483,046
DHS Incentive	471,247	274,894	203,854	(71,040)
Healthy Michigan	29,016,501	16,926,292	20,312,320	3,386,027
Performance Bonus Incentive	2,819,234	1,644,553	-	(1,644,553)
CCBHC Quality Bonus Incentive	1,745,775	1,018,369	-	(1,018,369)
Hospital Rate Adjuster (HRA)	12,576,256	7,336,149	9,802,098	2,465,949
Member Local Contribution to State Medicaid	1,007,548	587,736	587,736	(0)
Medicaid CCBHC Base Capitation	23,389,790	13,644,044	12,943,963	(700,081)
Healthy Michigan CCBHC Base Capitation	6,046,769	3,527,282	3,486,318	(40,964)
Medicaid CCBHC Supplemental Revenue	34,550,918	20,154,702	11,628,046	(8,526,655)
Healthy MI CCBHC Supplemental Revenue	9,822,186	5,729,608	6,317,796	588,188
MDHHS Grants	13,907,354	8,112,623	5,760,609	(2,352,015)
PA 2 Liquor Tax	3,748,366	2,186,547	1,678,865	(507,681)
Non-MDHHS Grants: DFC	141,701	82,659	91,962	9,303
Interest Earnings	640,059	373,368	772,092	398,724
Miscellaneous Revenue	5,500	3,208	3,000	(209)
Total Operating Revenues	459,780,382	268,205,223	264,158,385	(4,046,838)
Expenditures				
Salaries and Fringes	5,012,275	2,923,827	2,434,239	(489,588)
Office and Supplies Expense	273,326	159,440	120,153	(39,287)
Contractual and Consulting Expenses	809,861	472,419	314,822	(157,597)
Managed Care Information System (PCE)	305,200	178,033	172,200	(5,833)
Legal Expense	217,500	126,875	34,663	(92,212)
Utilities/Conferences/Mileage/Misc Exps	7,304,395	4,260,897	148,210	(4,112,687)
Grants - MDHHS & Non-MDHHS	545,800	318,383	186,956	(131,427)
Hospital Rate Adjuster / Taxes	16,783,457	9,790,350	12,204,574	2,414,224
Prevention Expenses - Grant & PA2	3,807,966	2,221,314	1,952,025	(269,288)
Member Payments - Medicaid/HMP	338,564,315	197,495,850	200,483,358	2,987,508
Member Payments - CCBHC Capitation	29,436,558	17,171,326	16,430,283	(741,043)
Member Payments - CCBHC Supplemental	44,373,103	25,884,310	19,525,847	(6,358,464)
Member Payments - PA2 Treatment	1,956,008	1,141,005	402,312	(738,692)
Member Payments - Grants	9,383,070	5,473,458	4,151,747	(1,321,711)
Local Contribution to State Medicaid	1,007,548	587,736	587,736	(0)
Total Expenditures	459,780,382	268,205,223	259,149,124	(9,056,098)
Total Change in Net Assets	(0)	(0)	5,009,260	5,009,260

Statement of Activities Budget to Actual Variance Report

For the Period ending April 30, 2024

As of Date: 4/30/24

Operating Revenues

Medicaid/HSW/SED/CWP	Less capitated Medicaid funding being utilized for CCBHC Medicaid than expected. Revenue expected to decline throughout FY24 due to declining Medicaid enrollments. Will be monitored for budget adjustments.
Autism Revenue	Revenue expected to decline throughout FY24 due to declining Medicaid enrollments and increased utilization. Will be monitored for budget adjustments.
DHS Incentive	This revenue is received quarterly beginning in April.
Healthy Michigan	Less capitated Healthy Michigan funding being utilized for CCBHC Healthy MI than expected. Revenue expected to decline throughout FY24 due to declining Medicaid enrollments. Will be monitored for budget adjustments.
Performance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
CCBHC Quality Bonus	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
Hospital Rate Adjuster	Revenue is received quarterly and is higher than projected due to a significant HRA add-on rate adjustment approved by CMS. Budget will be adjusted on the next amendment.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Base Capitation	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Healthy MI CCBHC Base Capitation	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Medicaid CCBHC Supplemental Revenue	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Healthy MI CCBHC Supplemental Revenue	Higher than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
MDHHS Grants	MDHHS grant reimbursements are typically 45 days in arrears and SUD grant payments are received quarterly.
PA 2 Liquor Tax	PA2 revenues are received quarterly, after the Department of Treasury issues payments to the counties. Initial payments were received in the 2nd quarter.
Non-MDHHS Grants: DFC	Grant funds are requested when provider expenditures are reported. All funds are projected to be spent this fiscal year.
Interest Revenue	Will be monitored for adjustments during the next amendment.
Miscellaneous Revenue	Revenue may be received throughout the year, but the budgeted amount is not guaranteed.

Expenditures

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



Lakeshore Regional Entity Combined Monthly FSR Summary
 FY 2024
 April 2024 Reporting Month
 Reporting Date: 6/17/24

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue	40,277,270	101,974,331	17,158,038	28,616,306	12,410,214	3,476,315	203,912,474
Total Capitated Expense	36,156,211	109,015,227	15,628,103	24,942,026	12,662,400	3,476,315	201,880,282
Actual Surplus (Deficit)	4,121,059	(7,040,896)	1,529,935	3,674,280	(252,186)	-	2,032,192
% Variance	10.23%	-6.90%	8.92%	12.84%	-2.03%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	Expenses for Medicaid, specifically autism continue to come in under our expectations. HealthWest is currently running and reviewing analytic reports, reviewing internally and working on productivity standards.	Network180 is experiencing increase demands in autism and specialized residential services. Additionally, revenue projections fell for the first six months of the year. Even with the increased revenue rates, in order to serve individuals as required.	Surplus is due to higher than projected services being categorized as CCBHC. Further, OnPoint has intentionally held on certain expenditures and adding of new positions due to declining revenue projections. We expect this surplus to continue to reduce in future months, with the steep decline in enrollment.	2024 anticipated 6% retro annual payroll increases pending union negotiations and 4/1/24 internal service rate adjustments.	West Michigan is experiencing increased demand in Community Inpatient services.	Less than threshold for explanation	
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of: April							
Total Projected Medicaid/HMP Revenue	68,575,131	172,788,486	29,788,300	48,695,815	20,576,618	18,130,794	358,555,144
Total Capitated Expense Projections	67,560,463	187,788,948	28,688,703	50,096,555	20,794,114	18,130,794	373,059,577
Projected Surplus (Deficit)	1,014,668	(15,000,462)	1,099,597	(1,400,740)	(217,496)	-	(14,504,433)
% Variance	1.48%	-8.68%	3.69%	-2.88%	-1.06%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	Network180 is experiencing increase demands in autism and specialized residential services. Additionally, revenue projections fell for the first six months of the year. Even with the increased revenue rates, in order to serve individuals as required.	Surplus is due to higher than projected services being categorized as CCBHC.	2024 anticipated 6% retro annual payroll increases pending union negotiations and 4/1/24 internal service rate adjustments.	Medicaid projections have increased due to rebasing of Medicaid capitation rates. Even with the rate rebasing the funding falls short as enrollment continues to trend downward.	Less than threshold for explanation	
PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	11/1/2023	9/22/2023	6/7/2024	5/9/2024	11/3/2023		
Medicaid/HMP Revenue	DRAFT ONLY - NOT ACCEPTED AS FINAL						
Total Budgeted Medicaid/HMP Revenue	69,625,245	166,119,203	29,788,300	50,310,887	20,794,581	13,922,556	350,560,773
Total Budgeted Capitated Expense	64,957,020	173,091,232	28,688,702	50,339,727	20,794,114	13,922,556	351,793,352
Budgeted Surplus (Deficit)	4,668,225	(6,972,029)	1,099,598	(28,840)	467	-	(1,232,579)
% Variance	6.70%	-4.20%	3.69%	-0.06%	0.00%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	HW is working diligently on an updated spending plan. We recognize that our revenue expectations have decreased about a \$1m and expense expectations have increased by \$3m bring us very close to a balanced budget.	Network180 has significant unmet service need in autism and specialized residential services and a very fragile provider network. In order to maintain a provider network to provide required services, rate increases from 3-5% are necessary. Additionally, revenue projections continue to fall monthly as enrollment trends downward.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	
Variance between Projected and Proposed Spending Plan	(3,653,557)	(8,028,433)	(1)	(1,371,899)	(217,963)	-	(13,271,854)
% Variance	-5.25%	-4.83%	0.00%	-2.73%	-1.05%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	HW is working diligently on an updated spending plan. We recognize that our revenue expectations have decreased about a \$1m and expense expectations have increased by \$3m bring us very close to a balanced budget.	Network180 is experiencing increase demands in autism and specialized residential services. In order to serve individuals as required, expenses will exceed distributed revenue.	Less than threshold for explanation	Mid-year spending plan adjustment accounting for pending payroll increases	Medicaid projections have increased due to rebasing of Medicaid capitation rates. Even with the rate rebasing the funding falls short as enrollment continues to trend downward.	Less than threshold for explanation	



Lakeshore Regional Entity Combined Monthly FSR Summary
 FY 2024
 April 2024 Reporting Month
 Reporting Date: 6/17/24

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
ACTUAL:							
Distributed Medicaid/HMP CCBHC Revenue							
Total Distributed Medicaid/HMP CCBHC Revenue	11,089,151	12,399,540	6,259,365	4,414,875	6,736,061	840,485	41,710,170
Total CCBHC Expense	14,465,436	13,766,834	4,525,156	3,604,797	6,736,061	49,138	43,147,421
Actual CCBHC Surplus (Deficit)	(3,376,285)	(1,367,294)	1,734,209	810,079	-	791,347	(1,437,251)
% Variance	-30.45%	-11.03%	27.71%	18.35%	0.00%	94.15%	
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	CCBHC costs are much higher than our PPS. We have submitted a request for an \$80 per T1040 request but understand the state is holding rate increases through FY25. Rehmann is analyzing our fee schedule and we will be updating this within the next two months. HealthWest has created an internal project improvement team of leadership and executive members to thoroughly analyze CCBHC services, productivity, and rates. We will be working on a corrective action plan upon submission of our updated Spending Plan within the next four weeks. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	CCBHC service reporting is slightly behind, surplus should decline going forward. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
PROJECTION:							
Total Projected Medicaid/HMP CCBHC Revenue	21,235,992	23,193,915	9,197,728	8,528,576	11,653,450	1,440,831	75,215,047
Total CCBHC Expense Projections	27,029,700	26,016,953	8,770,290	7,890,392	11,653,450	84,236	81,445,021
Projected CCBHC Surplus (Deficit)	(5,793,708)	(2,823,038)	427,438	638,184	-	1,356,595	(6,229,974)
% Variance	-27.28%	-12.17%	4.65%	7.48%	0.00%	94.15%	
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	See note above. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	CCBHC service reporting is slightly behind, surplus should decline going forward. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
PROPOSED SPENDING PLAN:							
Submitted to the LRE as of:	11/1/2023	9/22/2023	6/7/2024	5/9/2024	11/3/2023		
Total Budgeted Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,962,199	8,523,464	11,653,450	1,440,831	82,312,720
Total Budgeted CCBHC Expense	22,785,723	26,781,753	8,194,559	8,440,000	11,653,450	84,236	77,939,720
Budgeted Surplus (Deficit)	(4,852,508)	7,017,808	767,640	83,464	-	1,356,595	4,373,000
% Variance	-27.08%	20.76%	8.57%	0.98%	0.00%	94.15%	
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	HW is working diligently on an updated spending plan.	In the spending plan, Network180 was anticipating faster DCO growth (before the requirement that 51% of the services have to be done by the CMH directly, effective for 2025).	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.	Less than threshold for explanation	Less than threshold for explanation	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	
Variance between CCBHC Projected and Proposed Spending Plan							
	(941,201)	(9,840,845)	(340,203)	554,720	-	-	(10,602,975)
% Variance	-5.25%	-29.12%	-3.80%	6.51%	0.00%	0.00%	
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	HW is working diligently on an updated spending plan.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year.	Change in projected surplus from spending plan is due to more services being categorized as CCBHC than budgeted.	CCBHC service reporting is slightly behind, surplus should decline going forward. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation	Less than threshold for explanation	

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

Actual	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change
HW	1,026,730	3,107,460	2,080,730	5,579,467	2,472,007	3,199,392	(2,380,075)	3,605,190	405,798	3,645,112	39,922	4,121,059	475,947
N180	165,809	759,302	593,493	289,272	(470,030)	204,160	(85,112)	(1,777,913)	(1,982,073)	(4,556,100)	(2,778,187)	(7,040,896)	(2,484,796)
OnPoint	358,611	925,043	566,432	1,450,703	525,660	2,032,241	581,538	1,333,301	(698,940)	2,074,950	741,649	1,529,935	(545,015)
Ottawa	3,447,859	4,673,590	1,225,731	2,874,179	(1,799,411)	3,822,418	948,239	3,032,139	(790,280)	2,997,878	(34,261)	3,674,280	676,402
WM	146,548	323,797	177,249	196,638	(127,159)	221,256	24,618	263,777	42,521	(194,679)	(458,456)	(252,186)	(57,507)
Total	5,145,557	9,789,192	4,643,635	10,390,259	601,067	9,479,467	(910,792)	6,456,493	(3,022,974)	3,967,160	(2,489,333)	2,032,192	(1,934,969)

Projection	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change
HW	4,668,224	3,624,722	(1,043,502)	2,921,274	(703,448)	2,243,222	(678,052)	1,896,615	(346,607)	487,028	(1,409,587)	1,014,668	527,640
N180	(6,972,029)	(22,055,426)	(15,083,397)	(17,050,789)	5,004,637	(19,607,308)	(2,556,519)	(15,887,604)	3,719,704	(16,512,771)	(625,167)	(15,000,462)	1,512,308
OnPoint	8,048	(477,886)	(485,934)	708,344	1,186,230	(137,133)	(845,477)	1,502,157	1,639,290	1,502,157	-	1,099,597	(402,560)
Ottawa	(595,855)	388,401	984,256	931,628	543,227	(403,186)	(1,334,814)	(281,286)	121,900	(2,110,937)	(1,829,651)	(1,400,740)	710,197
WM	467	(264,270)	(264,737)	(584,357)	(320,087)	(836,946)	(252,589)	(480,749)	356,197	(480,749)	-	(217,496)	263,253
Total	(2,891,145)	(18,784,459)	(15,893,314)	(13,073,900)	5,710,559	(18,741,351)	(5,667,451)	(13,250,867)	5,490,484	(17,115,272)	(3,864,405)	(14,504,433)	2,610,839

Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change
HW	4,668,225	4,668,225	-	4,668,225	-	4,668,225	(0)	4,668,225	-	4,668,225	-	4,668,225	-
N180	(6,972,029)	(6,972,029)	-	(6,972,029)	-	(6,972,029)	0	(6,972,029)	-	(6,972,029)	-	(6,972,029)	-
OnPoint	8,048	8,048	-	8,048	-	8,048	0	8,048	-	8,048	-	1,099,598	1,091,550
Ottawa	79,645	79,645	-	79,645	-	79,645	-	79,645	-	(28,840)	(108,485)	(28,840)	-
WM	467	467	-	467	-	467	-	467	-	467	0	467	-
Total	(2,215,644)	(2,215,644)	-	(2,215,644)	-	(2,215,644)	(0)	(2,215,644)	-	(2,324,129)	(108,485)	(1,232,579)	1,091,550

Base Capitation Only. Does not include CCBHC activity.

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

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	1,661,321	(3,661,639)	432,164	3,045,790	(1,332,845)	144,790
Autism	2,459,738	(3,379,257)	1,097,771	628,490	1,080,659	1,887,401
Total Distributed Medicaid/HMP Revenue	4,121,059	(7,040,896)	1,529,935	3,674,280	(252,186)	2,032,192
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	(2,393,880)	(11,000,837)	(1,424,279)	(1,339,313)	(1,648,244)	(17,806,554)
Autism	3,408,548	(3,999,625)	2,523,876	(61,427)	1,430,748	3,302,120
Total Distributed Medicaid/HMP Revenue	1,014,668	(15,000,462)	1,099,597	(1,400,740)	(217,496)	(14,504,433)

CEO Report
June 26th, 2024

Every day is a good day, but today is a Great Day to be a part of the Lakeshore Regional Entity!

PIHP/REGIONAL Update

1. **LRE Updates**

- The LRE Autism Manager position has been filled by Sara Reterstoff. Ms. Reterstoff has been a BCBA for almost 3 years and has worked in the ABA field for over 9 years. In her free time, she enjoys being with her family and doing projects (Refurbishing furniture, landscaping, acrylic painting). She is hoping to bring some new ideas to her role to increase collaboration across CMH's, increase quality care for ABA clientele, and increase the knowledge of neurodiversity within the community.
- The FY23 Annual Impact report is complete and included in the Board packet. A high-level review will be covered during the Board meeting.
- State Opioid Response (SOR) 3 Grant Audit – LRE received notification from MDHHS after the annual SOR audit was completed stating that LRE is in PERFECT compliance!!! Congratulations LRE Team!

2. **Regional Updates**

- Funding Revenue Streams/HAB Waiver Slot/Behavioral Health Homes/Opioid Health Homes
 - HAB Waiver
Update: MDHHS has requested each PIHP to submit the number of individuals, per region, that qualify and would benefit from an HSW slot. The LRE has requested approximately 200 additional slots. The new allocation methodology for HSW slots is tentatively scheduled for reveal in July 2024 with a go live date of October 1, 2024.
 - Autism
Update:
 - N180 has met the 30-day and 60-day standards established by MDHHS in the corrective action plan (CAP). The goals were 10% (30 days) and 30% (60 days) reduction in the waitlist for ABA (Applied Behavioral Analysis) services.

- LRE is working on a dashboard to assist in determining the cost of eliminating the waitlist as directed in the LRE/N180 Autism CAP. LRE will be finalizing elements of the financial data in the coming couple weeks and will utilize information provided by N180.
- PIHP/CMHSP Contract

Update: The PIHP is continuing to collaborate with CMHs regarding the PIHP/CMH contract development process. There are several policies under final review with completion tentative for the end of this week. The next contract review meetings are scheduled for July 18th and August 1st.

Note: MDHHS has stated in writing that the PIHP/CMH contract should mirror the MDHHS/PIHP boilerplate contract with the necessary organizational revisions and with the understanding that there are numerous areas that are non-negotiable within the MDHHS/PIHP contract which then flows down to the PIHP/CMH contract.
- Opioid Health Home/Behavioral Health Home (OHH/BHH)

Update: Presentation given during Board Work Session gives detailed information and is included in packet.
- Network 180 Funding Request – Recovery Plan

Update:

 - The Operations Advisory Council had a conversation during the June 18th meeting involving all 5 member directors regarding the challenges each is experiencing in the current financial climate.
 - There was a discussion with the LRE Board Chair to schedule a meeting with LRE leadership, N180 leadership and the LRE Executive Committee with a target date of July 8th. The premise of the meeting is to better understand the details of N180's projected deficit for the current fiscal year and to strategize remedying the impacts.
 - LRE is currently waiting for an updated recovery plan from Network180. The updated plan should include detailed information about cost containment by identifying areas of savings. The information submitted to LRE will assist in projecting the current financial status impacting the region.
- State Opioid Response (SOR) 4 Grant – MDHHS has announced a fourth iteration of the SOR grant funding beginning on 10/1/24. This is a 3-year grant in the amount of \$2.1 million allocated to Region 3 (approx. \$1 million less than SOR 3 funding years). MDHHS will give more information about

allowable expenditures for the SOR 4 grant in July. Currently, the state is submitting their application to the federal government for guidance and approval.

Other LRE Business:

Waskul lawsuit

ASKS: The request is to give LRE CEO permission to utilize the template provided by CMHA to construct a Declaration regarding the impact of the Waskul Settlement. The draft template is included in the Board packet. The declaration is to underscore the concern that Michigan's CMHSPs and PIHPs have and is key in efforts to halt this settlement in its current form.

Background provided by CMHA and Washtenaw County CMH:

You may remember that Washtenaw Community Mental Health, the CMH Partnership of Southeast Michigan (the PIHP that includes Washtenaw CMH), and the State of Michigan have been involved in a lawsuit (the Waskul lawsuit) for the past number of years. The plaintiffs contend that the dollars provided to these plaintiffs, as part of a Self Determination/Self-Directed Budget arrangement, are insufficient to recruit and retain Direct Care Workers, providing Community Living Supports (CLS), to support the plaintiffs in their homes and community.

Recently, MDHHS withdrew from joint discussions – discussions which included Washtenaw CMH and the CMH Partnership of SE Michigan – and reached a settlement with the Waskul plaintiffs. The settlement offer proposed by the State of Michigan would significantly increase the hourly rate for these services, a rate that covers the wages, benefits, supervision, travel, and related costs, from the current rate paid by Washtenaw CMH of \$21/hour – to \$32/hour.

The State's proposed increase would be provided **only** for Direct Care Workers serving persons on the habilitation supports waiver (HSW) who also are in Self-Determination/Self-Directed Budget arrangements. These increased dollars would not be available to any other of the state's 50,000 Direct Care Workers in the public mental health system, nor the 60,000 in other systems, primarily aging and long-term care services.

PRAISE FOR THE INTENT OF THE SETTLEMENT: CMHA, its members and allies applaud the intent of the plaintiffs – to significantly raise the rate of pay for Michigan's direct care workers and thus improve access to care for Michiganders. In fact, your organization, CMHA, and many partners have been part of the coalition that has been working on that front for years, with some success - yet with a long way to go to achieve adequate wages for Michigan's direct care workers.

CONCERNS WITH THE SETTLEMENT: However, the Waskul settlement:

- Improves access to Community Living Support (CLS) services for a small fraction of Michiganders (17%) who rely upon CLS services for their independence and quality of life,
- Increases the wages of only a small fraction of the direct care worker workforce (8%) thus skewing an already tight Direct Care Worker labor market, and
- leaves the bulk of persons served and direct care workers no better off.

1. Each PIHP and CMHSP will be receiving formal notice from the Court that the settlement affects their legal rights. This notice is in recognition, by the court and the plaintiffs, that the impact of this settlement is not limited to Washtenaw CMH nor the CMH Partnership of SE Michigan.

2. CMHA is also objecting to the settlement. If CMHSPs and PIHPs want to file individual objections (in addition to CMHA’s objection) can do so. Neil Marchand and his colleagues can help them with the development of such an objection.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Legislative Update:

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

State Legislation:	Federal Legislation
<ul style="list-style-type: none"> • SB 27 – PASSED! • HB 4576 & 4577, 4579 & 4580 – PASSED!, 4707, 4213 - PASSED! • HB 4841 • Keep MI Kids Tobacco Free Alliance Bill Package (SB 649 & 650, SB 651 & 652, SB 648, SB 647, SB 654, SB 653) 	<ul style="list-style-type: none"> • S. 2993, 1323, 2860 • HR 2891 • S. 3579 & HR 6982 (GRIT Act)

The LRE would like to highlight the following miscellaneous updates:

CMHA ACTION ALERT	Please tell your Legislators to Oppose Unnecessary and Complicated Changes to Michigan’s Mental Health System: We are asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to push MDHHS to halt the implementation of its approach to meeting the federal Conflict-Free Access and Planning (CFA&P) requirements related to Medicaid mental health services.	Advocacy • CMHAM - Community Mental Health Association of Michigan
Marijuana Reclassification	Reports state the DEA is planning to reclassify marijuana as a lower-risk drug, moving it from a Schedule 1 to a Schedule 3.	DEA to reclassify marijuana as a lower-risk drug, reports say Ars Technica
Opioid Settlement	Currently 71 of 83 counties in Michigan have taken the Opioid Settlement dollars. 51% of the counties have not yet spent any of the money, and are still completing needs assessments and other processes to determine how best to use the funds. Counties have been actively submitting	Opioid Settlement Resource Center - The Michigan Association of Counties (micounties.org)

	<p>Technical Assistance request to the Michigan Association of Counties for how to use and account for these funds. MAC will be holding webinars with peer-to-peer learning opportunities, has created toolkits for counties to use, and will be implementing a statewide survey and report for this program.</p>	
--	---	--

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

UP AND COMING

July LRE BOD meeting

- **Board Resolution** – A resolution will be brought to the July Board meeting supporting a change to Internal Service Fund (ISF) language in the MDHHS/PIHP contract. The resolution would support changing the language that caps the ISF at 7.5%, to language that aligns more with funding the ISF to what is actuarial determined to be the correct amount by region.
- **Election of Board Officers** – Timeline:
 - i. **July** - the LRE BOD appoints the Governance Committee (1 Board member representing each county).
 - ii. **August** - the Governance Committee meets, develops a slate of officers and contacts members to discern interest. During the August BOD meeting the recommended slate of officers will be presented, as well as any other nominations taken from the floor.
 - iii. **September** - election of the new slate of officers and development/appointment of Executive Committee (dependent on new slate of officers).
 - iv. **October** - the newly elected officers will begin their term and the newly appointed Executive Committee will meet at the regularly scheduled meeting.

Walk A Mile Save the Date

The 2024 Walk a Mile will be held in Lansing, Mi on September 12, 2024.

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



Lakeshore Regional Entity’s Legislative Update – 06/17/2024



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

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

Highlight = new updates

Highlight = old bill, no longer active

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

STATE LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	SB 27	Legislation that would require insurers to provide coverage for mental health and substance abuse disorder services on the same level as that of coverage for physical illness. Federal law requires mental health coverage to be equal to physical illness. The bill would require insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions. *Supported by CMHAM	Sarah Anthony	1/18/23 – Introduced to the Senate; Referred to Committee on Health Policy 10/12/23 – Reported favorably with substitute; Referred to committee oof the whole with substitute 10/18/23 – Passed the Senate, Referred to House Committee on Insurance and Financial Services 5/1/24 – Passed the House, returned to the Senate 5/14/24 – Presented to Governor 5/22/24 – Signed by the Governor, Assigned PA 0041’24
***	HB 4576 & 4577	Reintroduced versions of Sen. Shirkey’s legislation (SB 597 & 598) from 2022. Legislation to create an integrated plan to merge the administration and provision of Medicaid physical health care services and behavioral health specialty services. *Opposed by CMHAM	Curtis VanderWall	5/16/23 – Introduced, read, and referred to Committee on Health Policy
	HB 4320 & 4387	<i>Provides for penalties for coercing a vulnerable adult into providing sexually explicit visual material; and provides sentencing guidelines for crime of coercing vulnerable adult into providing sexually explicit visual material</i>	Sharon MacDonell	3/22/23 – Introduced; referred to Committee on Families, Children and Seniors 6/27/23 – Referred to a second reading 10/5/23 – Read a second time; substitute adopted; placed on third reading

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
				10/17/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety 11/7/23 – Reported favorably without amendment; Referred to Committee of the Whole 12/31/23 – Signed by the Governor, assigned PA 275'23 & 276'23
	HB 4081	Establishes a minimum number of school counselors to be employed by a school district, intermediate school district or public school academy	Felicia Brabec	2/14/23 – Introduced; referred to Committee on Health Policy
	HB 4523	Modifies eligibility for mental health court for those with violent offenses	Kara Hope	5/4/23 – Introduced; referred to Committee on Judiciary 6/7/23 - reported with recommendation with substitute (H-1), referred to a second reading 10/31/23 – read a third time, passed given immediate effect 11/1/23 - Referred to Committee on Civil Rights, Judiciary, and Public Safety 2/22/24 – Passed the House, Returned to the Senate 5/15/24 – Presented to the Governor 5/22/24 – Approved by the Governor, Assigned PA 44/24 with immediate effect.
	HB 4579, 4580, & 4131	Requires reimbursement rate for telehealth visits to be the same as office visits *Supported by CMHAM	Natalie Price, Felicia Brabec	5/16/23 – Introduced; referred to Committee on Health Policy 10/31/23 – Referred to a second reading 11/14/23 – Referred to Committee on Health Policy 3/14/24 – Referred to Committee of the Whole 4/17/24 – Placed on order of third reading with substitute 5/23/24 – Presented to the Governor 6/6/24 – Approved by the Governor, Assigned PA 51'24 with immediate effect.
	HB 4649	Require height-adjustable, adult-sized changing tables in public restrooms	Lori Stone	5/23/23 – Introduced; referred to Committee on Regulatory Reform
	HB	Bills related to access to assisted outpatient treatment, outpatient treatment for misdemeanor	Brian BeGole, Donni	6/14/23 – Introduced; referred to Committee on

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	4745-4749	offenders, hospital evaluations, mediation, and competency exams	Steele, Tom Kuhn, Mark Tisdell	Health Policy
	HB 4171	Modifies the priority of a professional guardian.	Curtis VanderWall	3/2/23 – Introduced; Read; referred to Committee on Judiciary
***	HB 4909-12 & 5047	HB 4909-12 would institute long-awaited reforms to Michigan’s guardianship statutes, and HB 5047 would create the Office of State Guardian. Supported by the Department of Attorney General, Disability Rights Michigan, the Michigan Elder Justice Initiative, AARP, Alzheimer’s Association, and The Michigan Long Term Care Ombudsman Program.	Kelly Breen	7/18/23 – Introduced; Referred to Committee on Judiciary 10/11/23 – Reported with recommendation with substitute (H-1); Referred to a second reading 10/24/23 – Read a third time 10/25/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety
	HB 5184 & 5185	Legislation would remove the social work test as a criterion for social work licensure and replace it with the strengthening of the supervised clinical experience requirements already required for licensure. *Supported by CMHAM	Felicia Brabec	10/19/23 – Introduced, Read a first time, Referred to Committee on Health Policy 11/9/23 – CMHAM (Bob Sheehan) provided testimony in favor of the bills.
	HB 5276-5280	A bill to create the office of mental health and suicide prevention in the Michigan veterans affairs agency and provide for its powers and duties; and to provide for the powers and duties of certain state governmental officers and entities.	Jennifer Conlin	10/26/23 – Introduced, read a first time, referred to Committee on Military, Veterans, and Homeland Security. 6/11/24 – Referred to a second reading
	SB 227	Would amend the childcare licensing Act to allow for emergency physical management/therapeutic de-escalation (certain levels of restraint & seclusion) in certain children’s residential settings.	Dan Lauwers Kevin Hertel Stephanie Chang	3/22/23 – Introduced 10/12/23-11/8/23 – Read several times, voted on, vote reconsidered, enrollment vacated 1/10/24 – Returned to Senate 1/11/24 – Returned to the House 1/18/24 – defeated Roll Call 5/9/24 – Vote reconsidered, passed, returned to Senate 5/14/24 = Ordered enrolled 5/29/24 – Presented to Governor 6/11/24 – Approved by Governor, Assigned PA 0050’24 with immediate effect
	HB 4693	Would allow for remote participation for a CMH & PIHP meeting	John Fitzgerald	5/30/23 – Introduced, read, referred to Committee on Local Government and Municipal Finance

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	HB 5343-5347	The “Advancing MI Health” Package seeks to increase access to care by cutting red tape encountered by many mental and behavioral health practitioners in applying to join insurance network panels. Additionally, the package assists the State of Michigan in monitoring health insurers’ compliance with federal laws mandating coverage parity for mental and behavioral health services.	Noah Arbit Felicia Brabec Betsy Coffia Denise Mentzer	11/14/23 – Introduced, read, referred to Committee on Health Policy.
	HB 5371 & 5372	The department must develop a prospective payment system under the medical assistance program for funding certified community behavioral health clinics. The payment system must fully comply with all federal payment methodologies. The department must submit to the federal Centers for Medicare Medicaid Services any approval request necessary for a Medicaid 1115 waiver.	Felicia Brabec Phil Green	11/14/23 – Introduced, read, referred to Committee on Health Policy.
	SB 625& 626	These bills would address Limited Licensed Psychologists and the ability or inability to diagnose Autism.	Michael Webber Sam Singh	11/1/23 - Introduced, referred to Committee on Health Policy.
	SB 806	A bill to amend the current law to require a psychological evaluation on a minor in a hospital emergency room due to a mental health episode within three hours of being notified.	Roger Hauck	4/9/24 – Introduced, Referred to Committee on Health Policy
	HB 4841	A bill to amend the Adult Foster Care Facility Licensing Act to provide new requirements and procedures for adult foster care facilities and for the Department of Licensing and Regulatory Affairs (LARA) in regulating those facilities. Including requiring homes to have an LPN and Social Worker on staff, new trainings, medications administration restrictions, and civil and financial penalties for licensing violations. *CMHAM concerned about adding to administrative burdens and increasing costs with already existing workforce challenges	Stephanie Young	6/22/23 – Introduced, read a first time, referred to Committee on Families, Children, and Seniors.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	SB 649 & 650 SB 651 & 652 SB 648 SB 647 SB 654 SB 653	Protect MI Kids Bill Package: Keep MI Kids Tobacco Free Alliance is working on a legislative package that will address the areas of Tobacco Retail Licensure, Taxation on Vaping Products & Parity, Ending the Sale of Flavored Tobacco, and Preemption Removal (Restoration of local authority to regulate tobacco control at the municipal level)	Keep MI Kids Tobacco Free Alliance Sam Singh John Cherry Stephanie Chang Paul Wojno Sue Shink Mary Cavanaugh	Preemption one pager (d31hzhk6di2h5.cloudfront.net) 10/17/23 – Anticipating Senator Singh will be introducing the bill package this week. 11/9/23 – Introduced, Referred to Committee on Regulatory Affairs
	HB 4049	A bill to require CRA to consider all applications by spouses of government officials for licensed marijuana establishments, and to not deny them based on their spouse’s government affiliation.	Pat Outman	1/31/23 - Introduced and referred to Committee on Regulatory Reform
	HB 4061	Kratom Consumer Protection Act: A bill to regulate the distribution, sale, and manufacture of kratom products	Lori Stone	2/1/23 - Introduced and referred to Committee on Regulatory Reform
	<i>SB 133</i>	<i>A bill to provide for the review and prevention of deaths from drug overdose; allow for creation of overdose fatality review teams and power and duties of those teams; and for other purposes</i>	<i>Sean McCann</i>	<i>3/2/23-Introduced and referred to Committee on Health Policy 10/5/23 – Reported and referred by committee of the whole favorably with substitute; passed roll call 10/10/23 – Referred to Committee on Health Policy 11/2/23 – Referred to second reading 11/8/23 - read a second time, placed on immediate passage, passed; given immediate effect, returned to Senate 11/9/23 - ORDERED ENROLLED 12/6/23 - PRESENTED TO GOVERNOR 12/13/23 – Approved by Governor 12/29/23 – Assigned PA 0313’23</i>
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform
	<i>SB 180/179</i>	<i>Allow the Cannabis Regulatory Agency (CRA) to enter into an agreement with an</i>	<i>Roger Hauck</i>	<i>6/14/23-Passed Senate and received in House</i>

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(S)	STATUS/ACTION DATE
		<i>Indian tribe pertaining to marijuana related business if the agreement and the Indian tribe met certain conditions. It prohibits the CRA from employing any individual with pecuniary interests in tribal marijuana; and specifies that sales of marijuana by a tribal marijuana business on Indian lands would be exempt from the State's 10% excise tax on marijuana. Require the Department of Treasury to deposit money into the Marihuana Regulation Fund that was collected under an Indian Tribe Agreement.</i>		<i>Committee on Regulatory Reform 10/5/23 – Reported with recommendation without amendment; referred to second reading; place on third reading; passed by ¾ vote; returned to Senate 10/10/23 – Ordered enrolled 10/24/23 – Signed by Governor and given immediate effect, assigned PA 0166'23</i>
	<i>SB 141/HB 4201</i>	<i>The bill would amend the Michigan Liquor Control Code to eliminate a January 1, 2026, sunset on provisions that allow a qualified licensee to fill and sell qualified containers with alcoholic liquor for the purpose of off-the-premises consumption and to deliver alcoholic liquor to a consumer in the State if the qualified licensee meets certain conditions.</i>	<i>Mallory McMorrow & Kristian Grant</i>	<i>6/13/23 - Passed Senate, referred for second reading in House Committee on Regulatory Reform. 5/3/23 - Passed House, referred to Senate Committee on Regulatory Affairs 7/19/23-Assigned PA 0095'23 with immediate effect</i>
	HB 4833	The bill would amend the public health code to eliminate the requirement for acute care and behavioral health hospitals to carry a SUD Service Program license. The issue was identified through a LARA workgroup revealing duplicate licensure in some circumstances. The endeavor is to clean up the duplication and reduce burden on LARA as well as our members.	Ranjeev Puri	6/22/23 - referred to Committee on Health Policy
	HB 4913	A bill to criminalize all possession or distribution of Xylazine under the Controlled Substances Act.	Kelly Breen	7/18/23-Introduced and referred to Committee on Judiciary
	<i>SB 247</i>	<i>The bill would allow the holder of a special license issued by the MLCC to sell and serve alcoholic liquor on the premises of a licensed public area of a facility used for intercollegiate athletic events on dates and times other than the dates and times provided to the MLCC. A licensee that had been issued a catering permit could deliver and serve alcoholic liquor at a private event on the premises on dates and times other than the dates and times provided to the MLCC.</i>	<i>Sean McCann</i>	<i>7/19/23-Assigned PA 0096'23 with immediate effect</i>
	HB 4734/4735 /4736	A bill package to require all school districts to have an opioid antagonist in each school building, and at least one trained staff in each building; require local health departments to provide antagonist and training to schools & staff.	David Prestin John Fitzgerald Matt Koleszar	6/13/23-Introduced and referred to Committee on Education
	HB 4322	The bill would allow individuals who are 19 years of age or older to be employed at or volunteer for marijuana establishments, with the direct supervision of a person 21+.	Kevin Coleman	6/28/23-Read a third time in House, substitute adopted, and postponed temporarily
	HB 4600	The bill would prohibit the CRA from denying an application based on spouses of applicants holding positions in certain governmental bodies	Mike McFall	5/18/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 4601	The bill to include within a Cannabis Processor License the ability to extract THC concentrates and package for sale on the premises; allow for transfer of products amongst other licensed establishments both on the same location and to other locations; prohibit the denial of a license based upon the background check of an applicant's spouse.	Mike McFall	reading 5/23/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
***	HB 4707	The bill would amend the Insurance Code to require health insurers in Michigan to provide coverage for medically necessary treatment of a mental health or substance abuse disorder. The bill would set requirements for coverage of out-of-network services and emergency services, as well as requirements related to prior authorization, utilization review, and the determination of level of care for insured individuals. The bill states that it would not apply to any entity or contracting provider that performs utilization review or utilization management functions on an insurer's behalf. ***Supported by CMHAM.	Felicia Brabec	6/7/23 – Introduced, read, and referred to Committee on Insurance and Financial Services 6/21/23 – Reported with recommendation without amendment, referred to a second reading 10/24/23 – Read a second time, placed on third reading 10/25/23 – Removed from the House Agenda CMHAM REQUEST FOR ACTION: We are asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to support HB 4707 and encourage their leadership to bring the bill up for a vote in the fall legislative session. HB 4707 will go a long way in improving people's lives across the state.
	HB 4213	The bill would require telemedicine coverage for SUD and behavioral health services *Supported by CMHAM	Christine Morse	3/8/23 – Introduced; Referred to Committee on Health Policy 10/31/23 – Referred to second reading 11/9/23 - read a second time, placed on immediate passage, passed; given immediate effect 11/14/23 – Referred to Committee on Health Policy 4/17/24 – Placed on order of third reading 5/23/24 – Presented to the Governor 6/6/24 – Approved by the Governor, assigned PA 54'24
	HB 4690	Secular Recovery Bill: This bill would amend the Code of Criminal Procedure to require a court that orders a defendant to attend a court-ordered substance use disorder recovery program as	Betsy Coffia	5/30/23 – Introduced, Read, and referred to the Committee on Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		part of a sentence or deferred proceeding to ask on the record whether the defendant has an objection to a religious element of that program. If the defendant objects to a religious element, the court would have to identify a secular treatment program that the defendant confirms on the record eliminates their religious objection. The court would have to allow the defendant to participate in a secular treatment program online if one is not available locally		
	S 542	A bill to allow government agencies who are providing opioid antagonists free of charge the choice of formulation, dosage, and route of administration for opioid antagonists	Kevin Hertel	10/3/23-Introduced and referred to Committee on Health Policy
	HB 5078	A bill to allow a dispensing prescriber or pharmacist may dispense an opioid antagonist to any of the following: (a) An individual patient at risk of experiencing an opioid-related overdose. (b) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.	Carrie Rheingans	10/4/23-Introduced and referred to Committee on Health Policy 3/6/24 – Referred to a second reading 4/18/24 – Read a second time, placed on a third reading 4/24/24 – Read a third time, passed 4/30/24 – Referred to Committee on Health Policy
	HB 5063 & 5064	A bill to protect the use of Medical Marijuana-A qualifying patient who has been issued and possesses a registry card must not be denied any right or privilege and it allows students to be treated with medical marijuana and CBD products during school; a public school or nonpublic school shall do all of the following: (a) Authorize a qualified guardian of a qualified pupil to administer a marihuana-infused product or CBD product to the qualified pupil on the school premises, on a school bus, or at a school-sponsored activity in a location off of the school premises at which the use of a marihuana-infused product or CBD product is not prohibited. (b) Authorize a designated staff member to administer a marihuana-infused product or CBD product to a qualified pupil as described in subsection (2). (c) Authorize a qualified pupil to use or self-administer a marihuana-infused product or CBD product under the direct supervision of a designated staff member as described in subsection	Dylan Wegela Jimmie Wilson Jr.	9/28/23-Introduced and referred to Committee on Regulatory Reform
	S 466	<i>The bill would amend Part 126 (Smoking in Public Places) of the Public Health Code to allow a cigar bar that met specified conditions and whose smoking ban exemption had lapsed to requalify for the exemption if the owner or operator of the bar filed an affidavit certifying those conditions.</i>	Kristen McDonald Rivet	9/6/23 – Introduced, Referred to Committee on Regulatory Affairs 10/10/23 – Referred to Committee on the Whole 10/24/23 – Referred to Committee on Regulatory Reform 11/9/23 – rule suspended, motion to discharge committee approval, read a second time, read a third time, passed; given immediate effect, returned to Senate, given immediate effect, ordered enrolled

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				12/6/23 – presented to the Governor 12/13/23 – Approved by Governor 12/29/23 – Assigned PA 0318'23 with immediate effect
	HB 5198	An act to prohibit the selling, giving, or furnishing of tobacco products, vapor products, and alternative nicotine products to minors; to prohibit the purchase, possession, or use of tobacco products, vapor products, and alternative nicotine products by minors; Disallow all references to cake, candy, cupcake, pastry, pie, or any variation thereof in any advertising. Disallow reference to any food product marketed to children-cereal, ice cream, juice, Disallow references to any character/personality/celebrity, video game, mythical creature or school supply. To regulate the retail sale of tobacco products, vapor products, alternative nicotine products, and liquid nicotine containers; To prohibit certain practices that relate to the distribution and sale of certain vapor products; To authorize the seizure, forfeiture, and destruction of certain vapor products; To prescribe penalties and civil sanctions; and to prescribe the powers and duties of certain state and local agencies and departments-Compliance checks	Alabas Farhat	10/24/23- Introduced and referred to Committee on Regulatory Reform
	S 57 & 58	Makes nitrous canisters “drug paraphernalia” Bills to ban the sale of nitrous canisters if there is reason to believe they will be used to introduce an illicit substance into the body. Provides for legal penalties for anyone who sells canisters the same as penalties for selling drug paraphernalia	Stephanie Chang Joseph Bellino	11/18/23 - Passed Senate 2/21/24 - Received, read 2x in House 3/12/24 – Approved by Governor and assigned with immediate effect PA 0018'24
	HB 5554 & 5555	Bills would weaken Michigan’s smoke-free air protections by allowing hookah lounges to acquire liquor, food and/or restaurant licenses.	Mike Harris Alabas Farhat	3/12/24 – Introduced, read a first time, referred to Committee on Regulatory Reform
	HB 5529	Amend the Michigan Regulation and Taxation of Marihuana Act to allow the Cannabis Regulatory Agency (CRA) to do both of the following: <ul style="list-style-type: none"> • Establish and operate a marijuana reference laboratory. • Collect, transport and possess marijuana for the purpose of testing and conducting research in support of CRA investigations and the development and optimization of testing methods performed through the CRA reference laboratory. 	Tyrone Carter	3/12/24 - Committee on Regulatory Reform & referred for second reading

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S 807	Bill to allow individuals who are 19 years of age or older to be employed by or volunteer for marihuana establishments.	Sean McCann	4/9/24 – Introduced, referred to committee on Regulatory Affairs
	HB 5178 & 5179	A bill to amend the Public Health Code to explicitly allow a person to establish a needle and hypodermic syringe access program ¹ if they are authorized to do so by the Department of Health and Human Services (DHHS), a local health officer, a local health department, or another governmental entity	Carrie Rheingans	10/18/23 – Introduced, read a first time, referred to Committee on Health Policy

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

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

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H.Res. 39	A res. Requesting that all illicit fentanyl and illicit fentanyl-related substances should be permanently placed in Schedule I; and for other purposes.	Neal Dunn	1/17/23-Introduced and referred to Committee on Energy and Commerce & Committee on the Judiciary 1/27/23 - Referred to the House Subcommittee on Health.
	N/A – Proposed Rule	There is a proposed rule by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would permanently allow providers to prescribe buprenorphine specifically for opioid use disorder treatment without an in-person visit in an opioid treatment program, but this is still in the proposal phase with comments due on Feb. 14, 2023.	SAMHSA	12/16/22 – Proposed 2/14/23 – Public Comment Due Federal Register :: Medications for the Treatment of Opioid Use Disorder
	HR 901	To require the Food and Drug Administration to prioritize enforcement of disposable electronic nicotine delivery system products.	Sheila Cherfilus-McCormick	2/09/2023 - Referred to the House Committee on Energy and Commerce. 2/17/23 - Referred to the House Subcommittee on Health.
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary. 5/17/2023 - Placed on Union Calendar #47 5/25/2023 – House adopted the amendment 5/30/2023 – Received in Senate and referred to the committee on the Judiciary.
	HR 1291	Stopping Overdoses of Fentanyl Analogues Act: To amend the Controlled Substances Act to list fentanyl-related substances as schedule I controlled substances.	Scott Fitzgerald	03/01/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 3/10/23 - Referred to the Subcommittee on Health.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 1839	Combating Illicit Xylazine Act (S.993): To prohibit certain uses of xylazine.	Jimmy Panetta/ Catherine Cortez Masto 7	03/28/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary (S)-3/28/23-Read twice and referred to the Committee on the Judiciary 4/7/23 – Referred to the Subcommittee on Health
	S.983	Overcoming Prevalent Inadequacies in Overdose Information Data Sets Act or “OPIOIDS” Act: The Attorney General may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness.	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary
	S 606	To require the Food and Drug Administration to revoke the approval of one opioid pain medication for each new opioid pain medication approved.	Joe Manchin	03/01/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 2867 & S 1235	Bruce’s Law: Re-introduced as new bills (formerly HR 9221 in 2022). To establish an awareness campaign related to the lethality of fentanyl and fentanyl-contaminated drugs, to establish a Federal Interagency Work Group on Fentanyl Contamination of Drugs, and to provide community-based coalition enhancement grants to mitigate the effects of drug use.	David Trone & Lisa Murkowski	04/20/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 04/25/2023 - Referred to the House Committee on Energy and Commerce 04/28/2023 – Referred to the Subcommittee on Health
***	HR 2891 & S 1323	SAFE Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes. ***The LRE opposes this bill, as it indirectly supports the federal legalization of marijuana.	David Joyce & Jeff Merkley	5/3/23 - Referred to Subcommittee on Economic Opportunity 5/11/23 - Referred to Committee on Banking, Housing, and Urban Affairs

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 6028	States Reform Act of 2023: A bill to remove Cannabis from the list of Scheduled Substances, defer to states on prohibition, and decriminalize cannabis offenses.	Nancy Mace	10/25/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Natural Resources, Agriculture, Transportation and Infrastructure, Armed Services, Ways and Means, Small Business, Veterans' Affairs, Oversight and Accountability, Education and the Workforce, aviation, coast guard and maritime transportation, Highways and transit, railroads, pipelines, and hazardous materials, and Foreign Affairs 01/18/2024 - Referred to the Subcommittee on Nutrition, Foreign Agriculture, and Horticulture
	HR 5601	MORE Act: A bill that removes marijuana from the list of scheduled substances under the Controlled Substances Act and eliminates criminal penalties for an individual who manufactures, distributes, or possesses marijuana. Also 1. requires the Bureau of Labor Statistics to regularly publish demographic data on cannabis business owners and employees, 2. establishes a trust fund to support various programs and services for individuals and businesses in communities impacted by the war on drugs, 3. imposes an excise tax on cannabis products produced in or imported into the United States and an occupational tax on cannabis production facilities and export warehouses, 4. makes Small Business Administration loans and services available to entities that are cannabis-related legitimate businesses or service providers, 5. prohibits the denial of federal public benefits to a person on the basis of certain cannabis-related conduct or convictions, 6. prohibits the denial of benefits and protections under immigration laws on the basis of an event (e.g., conduct or conviction) relating to possession or use of cannabis that is no longer prohibited under the bill, 7. establishes a process to expunge convictions and conduct sentencing review hearings related to federal cannabis offenses, and 8. directs the Government Accountability Office to study the societal impact of cannabis legalization.	Jerrold Nadler	09/21/2023 - Referred to the Subcommittee on Highways and Transit
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Dan Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary

S. 3579 & H.R. 6982	The GRIT Act would set aside a portion of the federal sports excise tax revenue to fund programs for gambling addiction prevention, treatment, and research. The GRIT Act provides direct and vital support to state health agencies and nonprofits addressing problem gambling. It also creates investment in best practices and comprehensive research at the national level.	Richard Blumenthal (S) Andrea Salinas (HR)	Senate: 01/11/2024 – Introduced, Read twice and referred to the Committee on Health, Education, Labor, and Pensions House: 01/11/2024 – Introduced, Referred to the House Committee on Energy and Commerce
H.R. 7283	Examining Opioid Treatment Infrastructure Act of 2024: To direct the Comptroller General of the United States to evaluate and report on the inpatient and outpatient treatment capacity, availability, and needs of the United States; including the barriers (including technological barriers) at the Federal, State, and local levels to real-time reporting of de-identified information on drug overdoses and ways to overcome such barriers.	Bill Foster	02/07/2024 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on Natural Resources
S 3701	FACTS Act: To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Margaret Wood Hassan	1/31/2024 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
S Con Res 27 & H Con Res 87	Randy's Resolution: Recognizing the need for research, education, and policy development regarding high-potency marijuana. Whereas increased potency levels correspond with greater health risks, with research showing that daily use of THC with a potency greater than 15 percent results in a 5 times increased risk of psychosis; Whereas only 3 States have enacted potency caps on marijuana flower or concentrates; Whereas the use of high-potency marijuana has been linked to potential adverse health effects, including mental health disorders and cognitive impairment; Whereas education and awareness programs are essential to inform the public about the potential risks associated with the use of high-potency marijuana.	Pete Sessions (HR) Pete Ricketts (S)	1/31/2024 - Referred to the House Committee on Energy and Commerce. 2/01/2024 - Referred to the Committee on Health, Education, Labor, and Pensions.
S. 3653	Resources to Prevent Youth Vaping Act: This bill directs the Food and Drug Administration (FDA) to collect user fees on products that it deems by regulation to be tobacco products, including electronic nicotine delivery systems, and addresses related issues. Currently, the FDA is authorized to collect user fees only on specific classes of tobacco products. The bill also requires each tobacco manufacturer and importer to periodically submit certain information related to the tobacco products that it sells or distributes in the United States.	Jean Shaheen	1/24/2024 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
HR 7715	VAPE Imports Act: To authorize additional funding for Food and Drug Administration monitoring and prevention of illicit nicotine products at ports of entry, and for other purposes.	Ruben Gallego	03/19/2024 – Introduced, Referred to the House Committee on Energy and Commerce. 03/22/2024 - Referred to the Subcommittee on Health
HR 7827	To amend the Federal Food, Drug, and Cosmetic Act to encourage the development of vaccines to prevent, treat, or mitigate opioid, cocaine, methamphetamine, or alcohol use disorder, to establish an x-prize for the development of such a vaccine, and for other purposes.	David Schweikert	3/26/24 – Introduced, and Referred to the House Committee on Energy and Commerce 3/29/24 – Referred to the subcommittee on Health

LEGISLATIVE CONCERNS

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

MISCELLANEOUS UPDATES

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

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment	Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated		A disappointing report card for primary care - POLITICO (relevant information is about halfway down the page)
	Post-Pandemic Telehealth Policy	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group		Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)
	Biden-Harris Administration Announce New Proposed Parity Rules	The Biden Administration's new proposal would significantly strengthen the nation's parity enforcement and ensure that people with mental health and substance use conditions do not face arbitrary barriers to receiving care. The proposed rule is aimed at improving health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires health plans to provide mental health and substance use coverage at parity with medical/surgical coverage. A public comment period on the proposed rule will follow.		7/25/2023: Departments of Labor, Health and Human Services, Treasury announce proposed rules to strengthen Mental Health Parity and Addiction Equity Act HHS.gov
	US Congress Mental Health Caucus	Congress has newly established a Mental Health Caucus in both the House and the Senate. 107 Representatives and 33 Senators are involved. Some key focus points are Childrens' Mental Health, 988 Support, expanding CCBHCs, and the Safer Communities Act (H.R.7272).		Mental Health Caucus (house.gov) H.R.7272 - 118th Congress (2023-2024): Shining a Spotlight on Safer Communities Act Congress.gov Library of Congress
	Marijuana Reclassification	Reports state the DEA is planning to reclassify marijuana as a lower-risk drug, moving it from a Schedule 1 to a Schedule 3. This sets to benefit scientific research on the effects of marijuana by eliminating the restrictions that exist for Schedule 1 drugs.		DEA to reclassify marijuana as a lower-risk drug, reports say Ars Technica
	CMHA ACTION ALERT	Please tell your Legislators to Oppose Unnecessary and Complicated Changes to Michigan's Mental Health System: We are asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to push MDHHS to halt the implementation of its approach to meeting the federal Conflict-Free Access and Planning (CFA&P) requirements related to Medicaid mental health services. Additionally, we would like them to encourage MDHHS to seek an alternative approach with CMS (Centers for Medicare & Medicaid Services) to comply with federal regulations before making a final decision and push to include the boilerplate language in the FY25 (as well as FY24 supplemental budget) MDHHS budget.		Advocacy • CMHAM - Community Mental Health Association of Michigan

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	Opioid Settlement	Currently 71 of 83 counties in Michigan have taken the Opioid Settlement dollars. 51% of the counties have not yet spent any of the money, and are still completing needs assessments and other processes to determine how best to use the funds. Counties have been actively submitting Technical Assistance request to the Michigan Association of Counties for how to use and account for these funds. MAC will be holding webinars with peer-to-peer learning opportunities, has created toolkits for counties to use, and will be implementing a statewide survey and report for this program.		Opioid Settlement Resource Center - The Michigan Association of Counties (micounties.org)

Elected Officials

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

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