
Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
May 22, 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.
 - May 22, 2024, Board of Directors meeting agenda (*Attachment 1*)
 - April 24, 2024, Board of Directors meeting minutes (*Attachment 2*)
5. LRE FY23 Audit Presentation – Derek Miller, RPC (*Attachment 3*)
6. Reports –
 - a. LRE Leadership - Wendi Price, Chief Managed Care Officer (*Attachment 4*)
7. Chairperson’s Report – Mr. Stek
 - a. May 15, 2024, Executive Committee (*Attachment 5*)
8. Action Items –
 - a. LRE Board Resolution – Conflict Free Access and Planning (*Attachment 6*)
Suggested Motion: To approve the attached resolution regarding Conflict Free Access and Planning as presented and to submit the attached resolution to MDHHS.
 - b. U.S. Signal Contract
Suggested Motion: To approve LRE CEO to fully execute U.S. Signal Contract.
9. Financial Report and Funding Distribution – Ms. Chick (*Attachment 7*)
 - a. FY2024, April Funds Distribution (*Attachment 8*)
Suggested Motion: To approve the FY2024, April Funds Distribution as presented.
 - b. Statement of Activities as of 3/31/2024 with Variance Reports (*Attachment 9*)
 - c. Monthly FSR (*Attachment 10*)
10. CEO Report – Ms. Marlatt-Dumas
11. Board Member Comments
12. Public Comment
13. 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

Meeting Minutes
BOARD OF DIRECTORS

Lakeshore Regional Entity

April 24, 2024 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. Stek

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

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Stek

In Attendance: Ron Bacon, Patricia Gardner, Janice Hilleary, Sara Hogan, Richard Kanten, Alice Kelsey, Andrew Sebolt, Stan Stek, Jim Storey, Janet Thomas, Craig Van Beek

Absent: Jon Campbell, Linda Dunmore

Mr. Ron Sanders has resigned from the LRE Board.

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 24-16 Motion: To approve by consent the following items.

- April 24, 2024, Board of Directors meeting agenda
- March 27, 2024, Board of Directors meeting minutes

Moved: Ron Bacon Support: Janice Hilleary

MOTION CARRIED

LEADERSHIP BOARD REPORTS

Leadership report is included in the packet for information.

- Ms. VanDerKooi updates Board members on the LRE strategic plan for 4th quarter 2023 and 1st quarter 2024. She reports that metric tracking numbers will be populated at the end of the fiscal year to identify trends and she will update the Board every 6 months. Ms. VanDerKooi would like confirmation that the formatting of the document meets the needs of the Board, which they affirm it does. If there are any additional feedback Board members can send to Ms. Marlatt-Dumas or Ms. Moran.
- Ms. VanDerKooi reviews the Autism Strategic Plan attached.
- FY21-23 SUD and Prevention Updates area available at the below links.

1. [FY 21-FY23 SUD Prevention Evaluation Report](#)
2. [FY 21-FY23 SUD Treatment Evaluation Report](#)

CHAIRPERSON'S REPORT

The Executive Committee did not have a formal meeting in April due to scheduling conflicts.

ACTION ITEMS

LRE 24-17 Motion: To approve the March 27, 2024, closed session meeting minutes.

Moved: Ron Bacon Support: Patricia Gardner

MOTION CARRIED

LRE 24-18 Motion: To approve amending **Motion LRE 24-08** “*LRE CEO to fully execute a contract extension to the LRE/CMHSP FY20/21 Contract through September 30, 2024*” to read:

To approve LRE CEO to fully execute a contract amendment to the LRE/CMHSP FY20/21 contract with terms and conditions set forth in the original agreement to remain in full force and effect, except as specifically defined below:

1. Section VI, Term. The expiration date of this Agreement is hereby extended to September 30th, 2024.
2. Exhibit C, Member Reporting Responsibilities, is hereby deleted and replaced in its entirety with Exhibit C, Member Reporting Responsibilities, attached hereto.

Exhibit D, Subrecipient Awards, is hereby deleted and replaced in its entirety with Exhibit D Revenue Distribution, attached hereto.

Moved: Ron Bacon Support: Janet Thomas

MOTION CARRIED

LRE 24-19 Motion: To approve the LRE 2024 Corporate Compliance Plan.

Moved: Ron Bacon Support: Janice Hilleary

MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

CFO Report is included in the Board packet for information.

- LRE expedited the FY23 cost settlement funds to N180 to mitigate cash flow issues due to a 5-week month. LRE requested an explanation of why the cash flow issue was not identified earlier and to provide a cash flow analysis.

FY2024 March Funds Distribution

LRE 24-20 Motion: To approve the FY2024, March Funds Distribution as presented.

Moved: Ron Bacon

Support: Janet Thomas

MOTION CARRIED

Statement of Activities as of 2/29/2024 with Variance Report-

Included in the Board packet for information.

- Currently we are \$14.7 million under budget. Areas that have impacted this: DHS incentive not received (quarterly basis), PBIP/CCBHC Quality incentive have not yet been received, Hospital rate adjustor (HRA) was delayed by MDHHS but we did receive and was sent out to the hospitals.
- Over budget on traditional capitated and under budget on CCBHC due to lower-than-expected CCBHC daily visits. The region expects some of this to course correct when the new CCBHCs begin to ramp up more.

Monthly FSR-

Included in the Board packet for information.

- An updated version will be sent out to Board members.
- Ms. Chick notes the projected deficit of \$13.2 million.

CEO REPORT

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

- LRE is interviewing for the Autism Manager position.
- The additional 10 HAB waiver slots were filled.
- Autism - LRE and N180 have received a CAP regarding Autism from MDHHS. LRE/N180 will begin meeting with MDHHS weekly. The timeline from the State is to have the waitlist eliminated by 10/1/24. If this is not achieved there will be severe repercussions. The document will be sent out to Board members.
- PIHP/CMH Contract continues to be worked on.
- N180 has contracted DCOs and we should begin seeing their trends go up.
- LRE is waiting for further details from N180 regarding their recovery plan.
- Ms. Marlatt-Dumas and Ms. VanDerKooi have been meeting with regional legislators, which has been going well.
- There will be a 10:00 AM coffee hour to discuss the Board Works videos beginning in May.
 - 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

- May 15, 2024 – Executive Committee, 1:00PM
- May 22, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

OTHER

ADJOURN

Mr. Stek adjourned the April 24, 2024, LRE Board of Directors meeting at 2:05 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

Chief Managed Care Officer - Report to the LRE Board of Directors

May 22, 2024¹

PREPARATIONS FOR MDHHS EXTERNAL QUALITY REVIEW: MDHHS contracts with the Health Services Advisory Group (HSAG) to conduct External Quality Reviews (EQRs) for the following areas:

EQR Component	Tools/Proofs Due Date(s)	Virtual Audit Date
NEW Encounter Data Validation	June 6, 2024 & July 3, 2024	<i>Desk Audit Only</i>
NEW Network Adequacy Validation	June 14, 2024	June 22, 2024 – August 2, 2024
Performance Measurement Validation	June 14, 2024	June 22, 2024 – August 2, 2024
Performance Improvement Projects	July 15, 2024	<i>Desk Audit Only</i>
Compliance Review	June 5, 2024 & July 12, 2024	August 19, 2024 – September 16, 2024

On April 25, 2024, HSAG began distributing tools and conducting trainings for the FY24 EQR season, which runs from May through September 2024. LRE staff is fully engaged and preparing for a successful FY24 EQR season.

CMHSP SITE REVIEWS (SR): LRE has completed SRs for Ottawa, West Michigan, and N180. LRE is finalizing N180 scoring. OnPoint is preparing for its SR, which is scheduled for June 2024. LRE will commence OnPoint's and HealthWest's SRs in June 2024 and July 2024, respectively. Overall scores for Ottawa and West Michigan appear to be comparable to FY22 and FY23. LRE applauds West Michigan's efforts regarding its FY24 Corrective Action Plan (CAP), which enabled LRE auditors to approve all of West Michigan's CAP items in the first round.

LRE's CMHSP Site Review workflow improvements have reduced audit cycle times from 19.5 weeks to 9.1 weeks, including any CAP development by the CMHSPs, which is a 114% reduction in cycle time. LRE also reduced the average time for CMHSPs to enter Corrective Action Plans (CAP) Responses into LIDS from 40 hours to zero hours by leveraging technology and pivoting from LIDS to PowerBI Dashboards.

SUBSTANCE USE DISORDER (SUD) TREATMENT SITE REVIEWS (SR): LRE has completed audits for nine (9) out of 14 SUD Treatment Providers totally 105 individual audits across all audit types.² In FY24, SUD Treatment Providers appear to be improving in Desk and Program Specific audits and opportunities for improvement exist in Clinical, Credentialing, and Training audits, which hover around 90%. In addition to issuing corrective action plans, LRE Quality continues to collaborate with the SUD ROAT to improve compliance.

FACILITY REVIEWS & HCBS ASSESSMENTS WITH HCBS PROVISIONALS: LRE has completed 304 Facility Review across Specialized Residential, Autism, Non-Residential, and SUD providers. LRE found that the compliance rates for Autism, Non-Residential, and SUD providers increased over the last three years; however Specialized Residential compliance rates have declined from 98.9% to 96.3%, which is driven by non-compliance with the Home and Community Based Services (HCBS) Final Rule. Specifically, Specialized Residential Providers' non-compliance centers around the lack of documentation supporting practices deemed restrictive by the HCBS Final Rule and use of locks preventing access to common spaces (cabinets, refrigerators, common areas) or lack of locks on private spaces (bathrooms, bedrooms).

¹ All data reported as of May 15, 2024.

² Audit Types include: Desk, Program Specific, Clinical, Credentialing, and Training.

LRE transformed its FR workflow, which allows auditors to focus on auditing as opposed to the administrative tasks associated with scheduling FRs, distributing correspondences, and reconciling corrective action plan (CAP) proofs. In April, following the hiring of two new LRE staff, LRE established FR metrics that include: 1) each auditor completes six (6) audits per full work week and 2) each auditor finalizes each FR within 12 days or less. For FY24 thus far, LRE has increased the average monthly number of completed FRs from 20 to 51 and reduced the number of days to finalize a FR from 15 days to 8 days. LRE has also conducted a refresh on all Sample Policies under the Provider Library on the LRE website.

COMPLIANCE WITH THE HCBS FINAL RULE: On March 17, 2023, CMS mandated full and on-going compliance with the HCBS Final Rule for all applicable settings. LRE continues to educate its Member CMHSP staff and Network Providers. As MDHHS prepares for CMS HCBS audits scheduled for July 2024, MDHHS has issued HCBS guidance emphasizing that 1) all modifications or restrictions must be documented in a consumer's Individual Plan of Services (IPOS) using the HCBS Final Rule language for each modification or restriction, 2) a current IPOS must be found in the setting where the consumer receives services, and 3) providers must document that staff rendering services are trained on the IPOS prior to rendering any services to the consumer. LRE's Facility Review and HCBS Assessment audit tool includes these three elements and is collecting data by setting when a provider is out of compliance so that LRE staff can collaborate with the provider and, when necessary, the Member CMHSP to ensure the provider comes into compliance as quickly as possible.

MICHIGAN MISSION BASED PERFORMANCE INDICATORS: For FY24, MDHHS established compliance thresholds for Indicators 2a, 2e, and 3. For FY24 Quarter 1, LRE met the compliance thresholds for Indicators: 1 – Adult & Children; 4a – Children; 4b; 10 – Adult, but failed to meet the compliance thresholds for Indicators: 2 – All Populations; 3 – All Populations; 4a – Children; 10 – Children. Since FY20 Quarter3, LRE has declined from 85.6% to 51.7% and 81% to 58.7% for Indicators 2a and 3, respectively, which were driven by Client No Shows, Staffing Issues/Resource Shortage, and Documentation/System Issue. LRE issued Corrective Action Plans (CAPs) to all CMHSP that failed to meet the compliance threshold for any individual Indicator.

CRITICAL INCIDENTS & RISK EVENTS: LRE critical incidents and risk events remain stable through February 2024.

SENTINEL EVENTS & UNEXPECTED DEATHS: LRE sentinel events and unexpected death remains stable through February 2024, except for suicides. As of May 15, 2024, LRE has experienced 6 suicides, which is the highest fiscal year (FY) to date.

MEDICAID VERIFICATION (“MEV”): For FY24 Quarter 1, LRE has completed MEV for FY24 Q1 2,365 claim lines totaling \$918,312.49 with no recoupment. LRE is finalizing the MEV for FY24 Quarter 2 and preliminary results appear to show little to no recoupment. LRE plans to modify its FY24 Quarter 3 MEV due to the time commitment required for the HSAG EDV project, which is due July 3, 2024.

EXECUTIVE COMMITTEE SUMMARY

What Wednesday, May 15, 2024, 1:00 PM

Present: Ron Bacon, Richard Kanten, Stan Stek, Jim Storey, Janet Thomas
LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi, Stacia Chick

WELCOME and INTRODUCTIONS

- i. Review of May 15, 2024, Meeting Agenda
- ii. Review of March 20, 2023, Meeting Minutes

The May 15, 2024, agenda and the March 20, 2024, meeting minutes are accepted as presented.

MDHHS UPDATES

Recent conversations have centered around the Autism Corrective Plan expectations and the projected expenditures over capitation and strategies to assist the CMHs and the PIHP obligation to protect the region. Have also discussed the Autism CAP and the expectations of LRE and N180.

LRE/N180 CORRECTIVE ACTION PLAN UPDATE

The Autism CAP letter from MDHHS will be sent to the Board of Directors prior to the board meeting. The letter was issued jointly to LRE and N180 on April 23, 2024. There are 2 phases to the CAP.

1. Phase 1 states that N180 will reduce the Autism waitlist by 10% by 5/31, 30% by 6/30, 50% by 7/31, 40% by 8/31, 90% by 9/30, and 100% by 10/31, issuance of NABDs, and weekly updates.
2. Phase 2 explains the next steps if the requirements and timelines in phase 1 are not met. Including possibly revoking the delegation agreement in whole or in part with N180 for these services and their CMH certification.

Network180 has been trying to give LRE the information needed as requested by MDHHS although not all deadlines have been met. A meeting between LRE/N180 is in the process of being scheduled.

Mr. Stek comments that during the N180 Board meeting there was discussion around the issue and how does the state provide financial assurance that cost of compliance to the CAP is not born by N180 but by LRE.

- This was discussed during the meeting with MDHHS, and the response was that these services are included in the capitated payments.

Ms. Marlatt-Dumas comments that the greater issue is the additional expenditures over revenue that have been reported by N180 other than Autism. The LRE is unsure of the exact amount but may be between \$15-\$25 million. Therefore N180, in one year, will use the majority if not the entire balance of the ISF. The LRE has an obligation to the region to investigate when one CMH is projecting this large amount of expenditures over revenue.

Mr. Stek comments that when the system has been paid for enrollees served and additional individuals come into service, the cost of those individuals falls to the region (LRE) to cover those costs because this is a regional issue. As a region can we absorb the cost, should we and do we press the state for additional funding? Mr. Stek notes that the last time the region had an issue like this and the LRE had inadequate funds N180 had to bear the economic brunt. This has to be evaluated and next steps need to be discussed.

Mr. Bacon inquires about the willingness of the state to disburse additional funds as they are aware of the shortfall.

- MDHHS has stated that the region is receiving actuarial sound rates so there should be no reason that we are unable to provide services. There may be a period of time that LRE will have to use savings to cover these costs but then it would be reflected in the rate setting process.
 - This goes back to the bigger issue of inaccurate data submissions such as BHTEDs and encounters. There have been 2 actuarial firms stating that these are the 2 biggest contributors that are negatively impacting this region's rates. Currently LRE is unsure of the impact, but Wakely is investigating further.
 - If the LRE had to disburse additional funding for Autism for a short amount of time until the rates increased, we could absorb that. But in addition to Autism N180 is reporting a large projected deficit in other programs as well. The total projected deficit could be up to \$25 million although LRE has not been given final amounts.
- MDHHS has also stated that this may be an issue with utilization management (UM).
 - Mary countered that per MDHHS this is an entitlement benefit until the individuals are 21 and will continue to have needs. This is an evidence-based practice model that includes teaching families the skillset needed to raise an autistic child. But if the family is not participating in the skills training and are removed from services it may lead to a hearing that the region may or may not win. A strategic plan and standards will have to be put in place.
 - After discussing, Kristen was willing to speak with the Children's Bureau to have them assist with developing criteria in case of hearings.

Mr. Stek comments that the actuarial soundness of rates is not an issue but is that absorbing the significant influx of additional services will have additional costs not built into the current rates. Although this may be caught up in future years the current additional costs have to be addressed.

- The LRE and Network180 have to collaborate on how better to conduct UM within the Autism program and established discharge guidelines with the MDHHS' input. These individuals will still utilize other services and will have ABA for a limited time to teach the skillset to families.

Ms. Chick updates that during last month's Board meeting a surplus had been reported in Autism. After further review, one of the regions CMHs is showing a significantly lower amount of Autism expenditures than reported in the previous year. The CMH is investigating and if the amount of expenditures increases proportionately to previous years the region will end up with a projected \$900 thousand deficit.

Mr. Stek asks if the other CMHs Autism services are increasing?

- There are minimal waitlists at all CMHs except for Ottawa CMH. The increase in Ottawa county is very recent and is why they have not been issued a CAP while N180 waitlist numbers have continued since 2021 and have been on a CAP since then. Ms. Marlatt-Dumas notes that there may be a discrepancy regarding the N180 waitlist that may decrease the amount and will be discussed during the meeting with N180.

Mr. Kanten inquires if the region has the capacity to handle the waitlist if the funds are available.

- Mr. Stek answers that yes, it is the cost that is the issue and reserves will have to be utilized if the state is unwilling to disburse additional funding.
- It is a contract requirement that if the region uses reserve funding a plan has to be submitted on how we are going to replenish the ISF.

Action:

Mr. Stek requests keeping this on the agenda and that LRE/N180 come up jointly with a projected cost to eliminate the waitlist as required in the corrective action plan. If this cannot be accomplished together then Mr. Stek would like separate projections from each organization by the next Executive Committee meeting.

OTTAWA COUNTY INTERIM CEO

The new interim CEO for Ottawa County CMH is Michael Brashears with a start date of 5/21.

BOARD MEETING AGENDA ITEMS

- FY23 Audit Presentation by Derek Miller.
- Action Items:
 - i. CEO Contract – Mr. Stek will review, send to EC and Ms. Marlatt-Dumas for review. Unsure if it will be in time for the May Board meeting.
 - ii. Conflict Free Access and Planning Resolution
 - Ops Council supports and will bring similar resolutions to their Boards.

BOARD WORK SESSION AGENDA

- Financial Discussion – Stacia Chick
 - The work session will address the projected deficit, impact of using the regional reserves, strategy for replenishing the regional reserves, and CMHs addressing expenditures. Mr. Stek would also like to include now or at a future work session:
 - Identify the spectrum of strategies for replenishing the reserves reasonably.
 - Delineate CCBHC funding system and how it overlaps the traditional capitated rate system.
- Autism CAP will be added to the CEO Report.
 - Mr. Stek suggests using a future work session to walk through the CAP.
- Mr. Bacon suggests inviting MDHHS to attend a Board meeting. Mr. Stek comments that if MDHHS attends a board meeting he would suggest having the session be an educational presentation for the Board members to interact with MDHHS staff.

- Ms. Marlatt-Dumas has discussed having Kristen Jordan attend.
- Would also like to have Bob Sheehan attend and explain capitation/sub capitation and how it works. He would like to meet with Ops before he attends a Board meeting.
- Ms. Chick comments that the region also will have to address and update the regional risk plan.

OTHER

UPCOMING MEETINGS

- May 22, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- June 13, 2024 – Community Advisory Panel, 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

ADJOURN

**RESOLUTION OF THE LAKESHORE REGIONAL ENTITY BOARD OF DIRECTORS OPPOSING
MDHHS DECISIONS TO IMPLEMENT CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN**

WHEREAS the Lakeshore Regional Entity (LRE) is a regional entity created in 2014 by the five Community Mental Health Services Programs (CMHSPs), HealthWest (Muskegon County), Network180 (Kenty County), OnPoint (Allegan County), Community Mental Health of Ottawa County, and West Michigan CMHSP (Lake, Mason Oceana Counties), and functions as a Pre-Paid Inpatient Health Plan (PIHP) for seven Lakeshore Michigan counties under a master Medicaid specialty supports and services contract with the Michigan Department of Health and Human Services (MDHHS). The LRE Board of Directors is comprised of three appointees from each of the CMHSP Participants in the LRE region, including primary and/or secondary consumers of public behavioral health services.

WHEREAS on June 28, 2023, the LRE Board passed a resolution opposing all four models proposed by MDHHS, and the recent decisions announced by MDHHS in March and April 2024 are not substantially different from those models opposed by the LRE Board at that time.

WHEREAS MDHHS has announced its decision to require CMHSPs to separate service assessment and planning from service delivery, requiring beneficiaries to receive the assessment and planning services from one entity and ongoing direct services from another, separate entity by October 1, 2024.

WHEREAS after careful review and in addition to the conclusions presented in the June 28, 2023 Resolution, the conclusions of the LRE Board are that the current decision:

- Is in conflict with the statutory responsibilities of CMHSPs under Michigan law;
- Erroneously implies profit driven or undue enrichment motives on the part of governmental entities (CMHSPs and PIHPs) instead of recognizing what is actually a formal transfer of governmental responsibility from the State to the Counties for the delivery of public behavioral health services;
- Ignores the capitation-based financing of the Michigan public behavioral health system, which is constant and does not vary by volume of individuals served negating any conflicts of interest in service planning and service delivery;
- Ignores Michigan's current shared risk (with MDHHS) financing system which already mitigates against conflict and self-interest.
- Is in conflict with the Certified Community Behavioral Health Clinic (CCBHC) model currently being implemented and expanded in Michigan;

- Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards are preferable to systemic/structural upheaval inherent in MDHHS announced decisions.

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, in the strongest possible terms, and for the reasons noted herein, the LRE Board of Directors opposes the MDHHS announced structural strategies for compliance with the federal Conflict Free Access and Planning Rules.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT, the Lakeshore Regional Entity Board of Directors requests MDHHS reconsideration of its current decisions and to honor CMS waiver approval of procedural mitigation of conflict, and to pursue CMS approval of strengthened procedural safeguards against conflict of interest in Michigan.

ON BEHALF OF THE LAKESHORE REGIONAL ENTITY BOARD OF DIRECTORS BY ITS OFFICERS

Stanley Stek, Chairperson

(Network180)

James Storey, Vice Chairperson

(OnPoint)

Ron Bacon, Secretary

(West Michigan Community Mental Health)

Lakeshore Regional Entity Board Financial Officer Report for May 2024 5/22/2024

- **Disbursements Report** – A motion is requested to approve the April 2024 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through March is included as an attachment. This is a preliminary report. Figures may change based on the final FY2023 financial statements due to accruals, other year-end entries, the external audit, and the CMHSP final FSRs.
- **LRE Combined Monthly FSR** – The March LRE Combined Monthly FSR Report is included as an attachment for this month’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual **surplus** through March of \$4 million, a projected annual **deficit** of \$17.1 million, and a budgeted **deficit** of \$2.3 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 \$4.6 million and CMH of Ottawa County with a deficit of \$195 thousand. HealthWest and OnPoint have projected surpluses. Network180 has a projected **deficit** of \$16.5 million, CMH of Ottawa County \$2.1 million, and West Michigan \$481 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 \$2.6 million, which is the responsibility of the CCBHCs and not the PIHP. A projected **deficit** of \$2.5 million and a budgeted **surplus** of \$5.5 million is shown. For the April FSR, Finance ROAT determined that we would be moving 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 not reviewed by Finance ROAT on May 13, 2024 because only one CMHSP submitted the report on time to LRE this month. The final report was reviewed by Operations Advisory Council (OAC) on May 15, 2024.

The projected deficit continues to increase month over month for the region, which is alarming. The May 2024 Board Work Session will focus on continuing last month’s work session discussion, revenue and expense trends, and risk management. It is imperative that we address the financial stability of the region and work to develop a plan to ensure the region is able to meet all of its contractual obligations.

- **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. April FY2024 revenue projections were updated to reflect the actual April - September rate adjustments included in the state’s finalized rate certification. The March projection included estimated rates based on initial information shared by MDHHS. The rate adjustment, effective April – September is intended to reflect the state’s revised actuarial assumptions for enrollment, utilization trends, changes in acuity of people served and DCW overtime funding for October – September. The April revenue projection decreased \$457,409 from the revised March projection to \$432.4 million. Overall projected revenue has decreased \$8.3 million from the initial budgeted amount, due to changes in the CCBHCs’ daily visit projections and greater than expected enrollment declines.

FY 2024 Revenue Projection				
Total LRE				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change
MCD - MH	\$ 207,190,112	\$ 205,293,494	\$ (1,896,618)	-0.92%
MCD - SUD	\$ 8,537,141	\$ 8,264,203	\$ (272,938)	-3.20%
HMP - MH	\$ 17,316,375	\$ 18,357,987	\$ 1,041,611	6.02%
HMP - SUD	\$ 10,968,901	\$ 11,709,778	\$ 740,877	6.75%
Autism	\$ 43,425,979	\$ 44,896,375	\$ 1,470,396	3.39%
Waiver	\$ 54,702,000	\$ 51,902,514	\$ (2,799,486)	-5.12%
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 Supplementa	\$ 33,570,184	\$ 34,550,918	\$ 980,734	2.92%
CCBHC HMP Supplementa	\$ 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	\$ 4,208,238	\$ (184,585)	-4.20%
Total Region	\$ 440,633,827	\$ 432,364,805	\$ (8,269,022)	-1.88%

CMHSPs Breakdown (Net of CCBHC)				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change
MCD - MH				
OnPoint	\$ 17,284,157	\$ 16,710,084	\$ (574,073)	
Healthwest	\$ 40,828,236	\$ 40,015,202	\$ (813,034)	
Network180	\$ 106,864,576	\$ 107,914,072	\$ 1,049,496	
Ottawa	\$ 28,947,323	\$ 27,898,417	\$ (1,048,906)	
West Michigan	\$ 13,265,820	\$ 12,755,720	\$ (510,100)	
Total MCD - MH	\$ 207,190,112	\$ 205,293,494	\$ (1,896,618)	
MCD - SUD				
OnPoint	\$ 710,483	\$ 676,378	\$ (34,105)	
Healthwest	\$ 1,744,259	\$ 1,679,030	\$ (65,229)	
Network180	\$ 4,367,218	\$ 4,297,761	\$ (69,457)	
Ottawa	\$ 1,139,694	\$ 1,068,495	\$ (71,199)	
West Michigan	\$ 575,487	\$ 542,540	\$ (32,947)	
Total MCD - SUD	\$ 8,537,141	\$ 8,264,203	\$ (272,938)	
HMP - MH				
OnPoint	\$ 1,562,109	\$ 1,340,959	\$ (221,150)	
Healthwest	\$ 3,506,666	\$ 3,325,447	\$ (181,219)	
Network180	\$ 8,581,263	\$ 10,097,124	\$ 1,515,861	
Ottawa	\$ 2,937,540	\$ 2,879,978	\$ (57,562)	
West Michigan	\$ 728,797	\$ 714,479	\$ (14,319)	
Total HMP - MH	\$ 17,316,375	\$ 18,357,987	\$ 1,041,611	
HMP - SUD				
OnPoint	\$ 992,950	\$ 863,676	\$ (129,274)	
Healthwest	\$ 2,304,644	\$ 2,193,542	\$ (111,102)	
Network180	\$ 5,420,235	\$ 6,416,111	\$ 995,876	
Ottawa	\$ 1,776,945	\$ 1,757,347	\$ (19,598)	
West Michigan	\$ 474,127	\$ 479,102	\$ 4,975	
Total HMP - SUD	\$ 10,968,901	\$ 11,709,778	\$ 740,877	
Autism				
OnPoint	\$ 3,869,583	\$ 3,963,285	\$ 93,702	
Healthwest	\$ 8,901,598	\$ 9,176,439	\$ 274,841	
Network180	\$ 21,692,163	\$ 22,549,296	\$ 857,133	
Ottawa	\$ 6,399,627	\$ 6,538,573	\$ 138,946	
West Michigan	\$ 2,563,008	\$ 2,668,782	\$ 105,774	
Total Autism	\$ 43,425,979	\$ 44,896,375	\$ 1,470,396	
Waiver				
OnPoint	\$ 6,882,345	\$ 6,233,918	\$ (648,427)	
Healthwest	\$ 13,617,785	\$ 12,185,472	\$ (1,432,313)	
Network180	\$ 21,763,578	\$ 21,514,123	\$ (249,455)	
Ottawa	\$ 8,734,882	\$ 8,553,006	\$ (181,877)	
West Michigan	\$ 3,703,410	\$ 3,415,996	\$ (287,415)	
Total Waiver	\$ 54,702,000	\$ 51,902,514	\$ (2,799,486)	

Total CMHSPs			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current %Change
OnPoint	\$ 39,564,765	\$ 38,986,028	\$ (578,737) -1.46%
Healthwest	\$ 88,836,402	\$ 89,811,123	\$ 974,721 1.10%
Network180	\$ 202,488,593	\$ 195,982,401	\$ (6,506,192) -3.21%
Ottawa	\$ 58,464,588	\$ 57,224,392	\$ (1,240,196) -2.12%
West Michigan	\$ 32,964,100	\$ 32,230,068	\$ (734,032) -2.23%
Total CMHSPs	\$ 422,318,448	\$ 414,234,011	\$ (8,084,437) -1.91%

Average PMPM			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change
OnPoint	\$ 129.34	\$ 133.95	\$ 4.61
Healthwest	\$ 126.38	\$ 133.82	\$ 7.44
Network180	\$ 108.60	\$ 109.35	\$ 0.75
Ottawa	\$ 107.13	\$ 109.75	\$ 2.62
West Michigan	\$ 131.36	\$ 134.08	\$ 2.73
Total CMHSPs	\$ 115.07	\$ 117.81	\$ 2.73

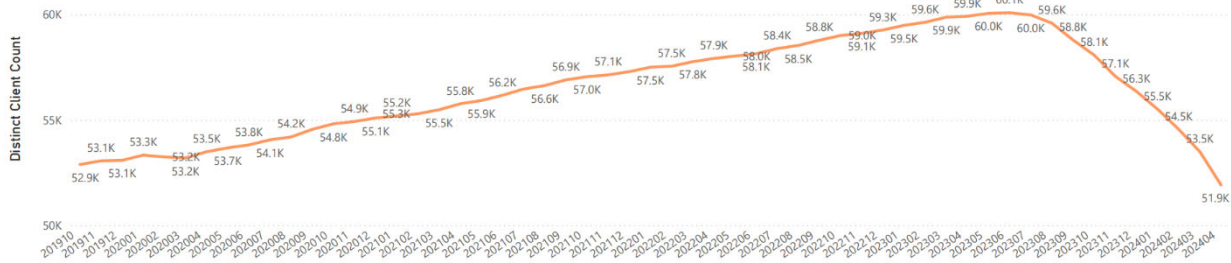
Member Month Projection			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change
OnPoint	305,898	291,058	(14,840)
Healthwest	702,952	671,133	(31,819)
Network180	1,864,549	1,792,287	(72,262)
Ottawa	545,720	521,409	(24,311)
West Michigan	250,952	240,373	(10,579)
Total Member Months	3,670,069	3,516,259	(153,811)

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 – April 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.

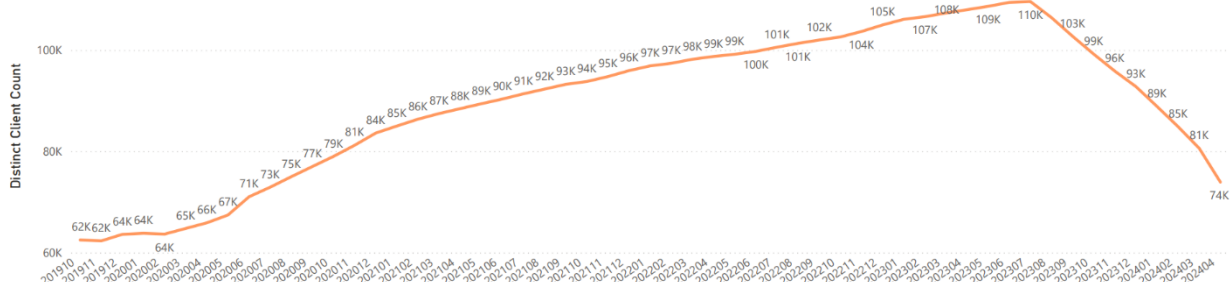
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Eligibility - Number of Consumers by Month



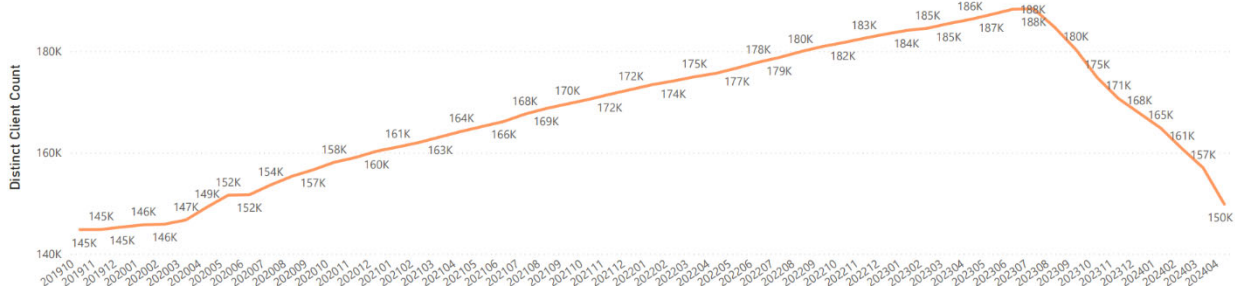
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Eligibility - Number of Consumers by Month



TANF

Eligibility - Number of Consumers by Month



- **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 April 30, 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	5,928.00
6/30/2023	MANAGED CARE/MDHHS CONTRACT	12,537.60
7/31/2023	MANAGED CARE/MDHHS CONTRACT	7,768.80
7/31/2023	EARLY PAYMENT DISCOUNT	(3,321.04)
8/31/2023	MANAGED CARE/MDHHS CONTRACT	1,302.40
9/30/2023	MANAGED CARE/MDHHS CONTRACT	2,810.40
10/31/2023	MANAGED CARE/MDHHS CONTRACT	3,547.20
11/30/2023	MANAGED CARE/MDHHS CONTRACT	563.20
12/31/2023	MANAGED CARE/MDHHS CONTRACT	5,000.00
	MANAGED CARE/MDHHS CONTRACT TOTAL	346,559.12
2/28/2023	NETWORK 180 LITIGATION	2,674.00
3/31/2023	NETWORK 180 LITIGATION	29,167.33
4/30/2023	NETWORK 180 LITIGATION	105.60
5/31/2023	NETWORK 180 LITIGATION	2,283.20
6/30/2023	NETWORK 180 LITIGATION	13,840.80
7/31/2023	NETWORK 180 LITIGATION	3,665.60
8/31/2023	NETWORK 180 LITIGATION	1,137.60
	NETWORK 180 LITIGATION TOTAL	52,874.13
	GRAND TOTAL	\$ 489,848.89



BOARD ACTION REQUEST

Subject: April 2024 Disbursements

Meeting Date: May 22, 2024

RECOMMENDED MOTION:

To approve the April 2024 disbursements of \$46,124,045.56 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Alleghen County CMH	\$3,394,532.48
Healthwest	\$7,612,432.23
Network 180	\$15,959,421.76
Ottawa County CMH	\$4,629,689.88
West Michigan CMH	\$4,494,836.60
SUD Prevention Expenses	\$42,849.76
Hospital Reimbursement Adjuster (HRA)	\$4,733,420.00
SUD Public Act 2 (PA2)	\$22,817.11
Administrative Expenses	\$5,234,045.74
Total:	\$46,124,045.56

78.34% of Disbursements were paid to Members and SUD Prevention Services.

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

STAFF: *Stacia Chick*

DATE: *5/10/2024*



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

As of Date: 3/31/24

Change in Net Assets	Year Ending 9/30/2024	3/31/2024		
	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	138,806,341	140,688,284	1,881,943
Autism Revenue	42,278,498	21,139,249	23,035,172	1,895,923
DHS Incentive	471,247	235,624	96,897	(138,727)
Healthy Michigan	29,016,501	14,508,251	17,822,528	3,314,277
Performance Bonus Incentive	2,819,234	1,409,617	-	(1,409,617)
CCBHC Quality Bonus Incentive	1,745,775	872,888	-	(872,888)
Hospital Rate Adjuster (HRA)	12,576,256	6,288,128	4,733,420	(1,554,708)
Member Local Contribution to State Medicaid	1,007,548	503,774	503,774	-
Medicaid CCBHC Base Capitation	23,389,790	11,694,895	9,979,761	(1,715,134)
Healthy Michigan CCBHC Base Capitation	6,046,769	3,023,384	2,727,935	(295,449)
Medicaid CCBHC Supplemental Revenue	34,550,918	17,275,459	9,953,874	(7,321,585)
Healthy MI CCBHC Supplemental Revenue	9,822,186	4,911,093	5,460,898	549,806
MDHHS Grants	13,907,354	6,953,677	5,692,397	(1,261,280)
PA 2 Liquor Tax	3,748,366	1,874,183	408,343	(1,465,840)
Non-MDHHS Grants: DFC	141,701	70,851	76,157	5,307
Interest Earnings	640,059	320,030	211,396	(108,633)
Miscellaneous Revenue	5,500	2,750	730	(2,020)
Total Operating Revenues	459,780,382	229,890,191	221,391,566	(8,498,625)
Expenditures				
Salaries and Fringes	5,012,275	2,506,138	2,084,134	(422,003)
Office and Supplies Expense	273,326	136,663	105,338	(31,325)
Contractual and Consulting Expenses	809,861	404,930	280,486	(124,445)
Managed Care Information System (PCE)	305,200	152,600	147,600	(5,000)
Legal Expense	217,500	108,750	29,663	(79,087)
Utilities/Conferences/Mileage/Misc Exps	7,304,395	3,652,198	134,335	(3,517,863)
Grants - MDHHS & Non-MDHHS	545,800	272,900	140,139	(132,761)
Hospital Rate Adjuster / Taxes	16,783,457	8,391,729	7,135,896	(1,255,833)
Prevention Expenses - Grant & PA2	3,807,966	1,903,983	1,684,839	(219,144)
Member Payments - Medicaid/HMP	338,564,315	169,282,158	174,878,680	5,596,523
Member Payments - CCBHC Capitation	29,436,558	14,718,279	12,707,698	(2,010,581)
Member Payments - CCBHC Supplemental	44,373,103	22,186,552	16,097,288	(6,089,263)
Member Payments - PA2 Treatment	1,956,008	978,004	317,591	(660,413)
Member Payments - Grants	9,383,070	4,691,535	3,568,285	(1,123,250)
Local Contribution to State Medicaid	1,007,548	503,774	503,774	-
Total Expenditures	459,780,382	229,890,191	219,815,745	(10,074,446)
Total Change in Net Assets	(0)	(0)	1,575,821	1,575,821

Statement of Activities Budget to Actual Variance Report

For the Period ending March 31, 2024

As of Date: 3/31/24

Operating Revenues

Medicaid/HSW/SED/CWP	Less capitated Medicaid funding being utilized for CCBHC Medicaid than expected. Revenue expected to decline throughout FY24 due to declining Medicaid enrollments. Will be monitored for budget adjustments.
Autism Revenue	Revenue expected to decline throughout FY24 due to declining Medicaid enrollments 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. First quarter payment was delayed until April by MDHHS.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Base Capitation	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Healthy MI CCBHC Base Capitation	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Medicaid CCBHC Supplemental Revenue	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Healthy MI CCBHC Supplemental Revenue	Higher than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
MDHHS Grants	MDHHS grant reimbursements are typically 45 days in arrears and SUD grant payments are received quarterly.
PA 2 Liquor Tax	PA2 revenues are received quarterly, after the Department of Treasury issues payments to the counties. Initial payments are expected in the 2nd quarter.
Non-MDHHS Grants: DFC	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 delayed until April.
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
 March 2024 Reporting Month
 Reporting Date: 5/15/24

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue	34,637,166	88,197,484	14,641,189	24,497,615	10,647,089	2,996,096	175,616,639
Total Capitated Expense	30,992,054	92,753,584	12,566,239	21,499,737	10,841,769	2,996,096	171,649,478
Actual Surplus (Deficit)	3,645,112	(4,556,100)	2,074,950	2,997,878	(194,679)	-	3,967,160
% Variance	10.52%	-5.17%	14.17%	12.24%	-1.83%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	Expenses are less than anticipated, however, they are increasing slightly. They will continue to increase as we roll in the DCW OT costs.	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 payroll increases pending union negotiations and 4/1/24 rate increases.	West Michigan is experiencing increased demand in Community Inpatient services.	Less than threshold for explanation	
PROJECTION: LRE Revenue Projections as of: March Revised for Final Rates	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Projected Medicaid/HMP Revenue	68,471,012	171,041,254	29,414,373	48,228,790	20,313,365	18,138,765	355,607,559
Total Capitated Expense Projections	67,983,984	187,554,025	27,912,216	50,339,727	20,794,114	18,138,765	372,722,831
Projected Surplus (Deficit)	487,028	(16,512,771)	1,502,157	(2,110,937)	(480,749)	-	(17,115,272)
% Variance	0.71%	-9.65%	5.11%	-4.38%	-2.37%	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 payroll increases pending union negotiations and 4/1/24 rate increases.	West Michigan is experiencing increased demand in Community Inpatient services.	Less than threshold for explanation	
PROPOSED SPENDING PLAN: Submitted to the LRE as of:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
11/1/2023	11/1/2023	9/22/2023	11/4/2023	11/6/2023	11/3/2023		
Medicaid/HMP Revenue	DRAFT ONLY - NOT ACCEPTED AS FINAL						
Total Budgeted Medicaid/HMP Revenue	69,625,245	166,119,203	30,401,517	50,310,887	20,794,581	13,922,556	351,173,989
Total Budgeted Capitated Expense	64,957,020	173,091,232	30,393,469	50,339,727	20,794,114	13,922,556	353,498,119
Budgeted Surplus (Deficit)	4,668,225	(6,972,029)	8,048	(28,840)	467	-	(2,324,129)
% Variance	6.70%	-4.20%	0.03%	-0.06%	0.00%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	HealthWest is in the process to complete a budget amendment. This will improve slightly in the next two months.	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	Less than threshold for explanation
Variance between Projected and Proposed Spending Plan	(4,181,197)	(9,540,742)	1,494,109	(2,082,097)	(481,216)	-	(14,791,143)
% Variance	-6.01%	-5.74%	4.91%	-4.14%	-2.31%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	HealthWest is in the process to complete a budget amendment. This will improve slightly in the next two months.	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.	West Michigan is experiencing increased demand in Community Inpatient services.	Less than threshold for explanation	

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2024
March 2024 Reporting Month
Reporting Date: 5/15/24

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
ACTUAL:							
Total Distributed Medicaid/HMP CCBHC Revenue	10,719,265	7,504,038	5,327,163	3,720,145	5,588,752	729,132	33,536,986
Total CCBHC Expense	12,313,955	11,432,114	4,293,314	2,448,927	5,588,752	41,812	36,118,875
Actual CCBHC Surplus (Deficit)	(1,594,690)	(3,928,076)	1,033,849	1,271,217	-	687,319	(2,581,889)
% Variance	-14.88%	-52.35%	19.41%	34.17%	0.00%	94.27%	
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	Service expenses are coming in higher than anticipated. Many Medicaid provided services are shifting CCBHC. 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	Less than threshold for explanation	
PROJECTION:							
Total Projected Medicaid/HMP CCBHC Revenue	21,235,992	23,193,915	9,197,728	8,528,576	11,653,450	1,458,263	75,209,811
Total CCBHC Expense Projections	23,578,049	25,764,228	8,770,290	7,890,392	11,653,450	83,625	77,740,034
Projected CCBHC Surplus (Deficit)	(2,342,057)	(2,570,313)	427,438	638,184	-	1,374,638	(2,530,223)
% Variance	-11.03%	-11.08%	4.65%	7.48%	0.00%	94.27%	
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	Expenses are coming in higher than anticipated. HealthWest will monitor closely and work with Clinical Leadership. 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.	Less than threshold for explanation 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		
PROPOSED SPENDING PLAN:							
Submitted to the LRE as of:	11/1/2023	9/22/2023	11/4/2023	11/6/2023	11/3/2023		
Total Budgeted Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,263,139	8,523,464	11,653,450	1,458,263	81,631,092
Total Budgeted CCBHC Expense	22,785,723	26,725,152	6,422,864	8,440,000	11,653,450	83,625	76,110,814
Budgeted Surplus (Deficit)	(4,852,508)	7,074,409	1,840,275	83,464	-	1,374,638	5,520,278
% Variance	-27.06%	20.93%	22.27%	0.98%	0.00%	94.27%	
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Expenses are continue to come in higher than anticipated. HealthWest will monitor closely and work with Clinical Leadership.	No variance explanation provided by N180 to LRE.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.	Less than threshold for explanation	Less than threshold for explanation		
Variance between CCBHC Projected and Proposed Spending Plan	2,510,451	(9,644,721)	(1,412,837)	554,720	-	-	(8,050,501)
% Variance	14.00%	-28.54%	-17.10%	6.51%	0.00%	0.00%	
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	HealthWest is in the process to complete a budget amendment. This will improve slightly in the next two months.	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 activity reporting is slightly behind, anticipate the surplus will continue to decline going forward.	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	May	Change	June	Change	July	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		(3,645,112)	-	-	-	-	-	-
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)		4,556,100	-	-	-	-	-	-
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		(2,074,950)	-	-	-	-	-	-
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)		(2,997,878)	-	-	-	-	-	-
WM	146,548	323,797	177,249	196,638	(127,159)	221,256	24,618	263,777	42,521	(194,679)	(458,456)		194,679	-	-	-	-	-	-
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)		(3,967,160)	-	-	-	-	-	-

Projection	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change	May	Change	June	Change	July	Change
HW	4,668,224	3,624,722	(1,043,502)	2,921,274	(703,448)	2,243,222	(678,052)	1,896,615	(346,607)	487,028	(1,409,587)		(487,028)	-	-	-	-	-	-
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)		16,512,771	-	-	-	-	-	-
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	-		(1,502,157)	-	-	-	-	-	-
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)		2,110,937	-	-	-	-	-	-
WM	467	(264,270)	(264,737)	(584,357)	(320,087)	(836,946)	(252,589)	(480,749)	356,197	(480,749)	-		480,749	-	-	-	-	-	-
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)		17,115,272	-	-	-	-	-	-

Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change	May	Change	June	Change	July	Change
HW	4,668,225	4,668,225	-	4,668,225	-	4,668,225	(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	-		(8,048)	-	-	-	-	-	-
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)		2,324,129	-	-	-	-	-	-

Base Capitation Only. Does not include CCBHC activity.

CEO Report
May 22, 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 has filled the Autism Manager position with a target start date of the first week of June.
- FY23 Annual Impact report is in the finishing stages with a completion goal of June 1st. The finished report will be brought to the Board.
- Board Action Items
 - **Conflict Free Access and Planning (CFAP) Board Action Item**
The CFAP Resolution is included in the Board of Director's meeting packet. The CMH CEOs are in support, and many will bring similar resolutions to their Boards. LRE CEO is recommending support by the LRE BOD to send to MDHHS regarding their CFAP proposal.
 - **U.S. Signal**
VMWare announced a price increase to all their cloud data centers (including US Signal) in March 2024. US Signal had to largely pass that cost on to their customers. Unmodified (if we do nothing), it will increase our cloud data center costs by over \$1,000 per month going forward.

FY24 Impact: \$8,000

The estimated FY24 impact of this (vs the FY24 budgeted amount) will be approximately an additional \$8,000, which should be able to be absorbed within the overall IT budget without asking for a budget amendment.

Approximately \$6,000 of the overage is due to increased space ramping up faster than anticipated. Partly due to routine usage increases and partly because LRE increased backup retention to better align with current security standards. Approximately \$2,000 is associated with the VMWare cost increase.

Reducing cost by signing a 3-year commitment to US Signal / VMWare:
LRE would like to sign a 3-year (36-month) agreement [*a commitment to stay with US Signal / VMWare for the next 36 months*] to contain price growth (as compared with continuing to be billed 'month-to-month', as we

are currently). US Signal has further lowered the (non-VMWare) costs to help reduce the overall impact of this price change in acknowledgement that LRE is a long-term customer, and a non-profit service organization.

Agreeing to this commitment means the increased cost of VMWare will be reduced to a \$245 per month net increase for LRE (vs a \$1,038 per month increase if LRE remained month-to-month).

Cost comparison – with 36-month commitment, vs if we remained on a month-to-month basis going forward:

36-month commitment:	
	5,779 x 36 = \$208,044 (estimated, over 3 years... 69,348 per year).
If we were to continue month-to-month:	
	6,870 x 36 = \$247,320 (estimated, over 3 years... 82,440 per year).

2. **Regional Updates**

- New Interim CEO was announced for Ottawa County Community Mental Health
Welcome Dr. Michael Brashears beginning May 21.

- Funding Revenue Streams/HAB Waiver Slot/Behavioral Health Homes/Opioid Health Homes
 - HAB Waiver
Update: LRE assigned 13 slots for May enrollment filling the last 10 of our additional 30 slots. The slots were filled as follows: 2 for Ottawa, 4 for West Michigan, 5 for N180, and 2 for HW. We currently have 3 open slots for June enrollment. The packets are submitted based on the greatest needs for each beneficiary. No update regarding the reallocation process for HSW slots for FY25.
 - Opioid Health Home/Behavioral Health Home (OHH/BHH)
Update: Opioid Health Home will be expanding to an SUD Health Home beginning 10/1/24 which will include opioids, alcohol, and stimulants. The expansion is a significant positive as alcohol is the #1 substance used within this region. The LRE is actively engaged with MDHHS to plan for this to kick off in our region (slowly) for FY25. Flier attached to the end of this report.

- Autism
 - Network 180 has stated that it is estimated to cost approximately \$7 million to implement a CAP to eliminate the waitlist for ABA services in Kent County. The LRE has concerns that MDHHS is not going to provide any further funding to Network 180 as this is a required service and not something additional or above the contract.

Update: On April 23, 2024, MDHHS issued an Autism corrective action plan (CAP) jointly to LRE and N180, previously sent to Board members. LRE and N180 are scheduled to meet to discuss strategies to fulfill the requirements of the CAP. LRE will continue to give the Board progress updates. There was also a suggestion from the Executive Committee to use an upcoming Work Session to walk through the CAP and discuss next steps and regional impact.
 - The LRE in conjunction with the regions CMHs continues to work together on the new autism rates workgroup that started in March. We continue to work on key areas where rates could be updated in FY25. We are planning on having FY25 recommendations for Finance and Autism ROAT, by the June meetings. The CMHs continue to work with IT on the ABA file submissions to better develop reports that will be beneficial to our region. We do continue to see some trends in the data and discuss these trends at our monthly ROAT meetings. The LRE continues to work with Network 180 to work on the completion of their ABA CAP. We are also sending weekly updates to MDHHS to report on the progress.

Current Autism Enrollment numbers:

- OnPoint: 114
- HealthWest: 110
- Network 180: 1180
- Ottawa: 401
- West Michigan: 41
- **LRE Total: 1846**

- PIHP Contract with the CMHSP

Update: The PIHP is continuing to collaborate with CMHs regarding the PIHP/CMH contract development process. Due to the importance and number of changes included in this undertaking it has been a slow but necessary process. There is a tentative timeline for the draft boilerplate and policies to be sent to the CMHs to review in July. If the PIHP and CMHs are unable to come to a consensus at that time, then this matter will be elevated to the LRE Board Chair.

- Network 180 Funding request – Recovery Plan
 - On July 24, 2023, Network180 requested \$25 million in additional funding from the region. The LRE Operations Council met and although they recognized the possible need, they did not support a regional planned funding adjustment. Network180 requested a formal denial letter from LRE with the intent to address the issue in Lansing and follow up with LRE in the future.
 - On January 15, 2024, a second request came from Network180 for \$25 million in additional funding above their Per Member Per Month. Several meetings had been scheduled with the Operations Council, however conflicts in schedules did not allow this meeting to take place until March 20, 2024.
 - Network 180 provided a recovery plan to the Operations Council for the March 20, 2024, meeting.

RECOVERY PLAN DRAFT REVENUE INCREASES

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

RECOVERY PLAN DRAFT EXPENSE DECREASES

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

- Upon review of the above charts, the MDHHS projected revenue rate adjustment increase is greater than the draft rates we were given by MDHHS during the meeting on 3/21/2024. Also, the details behind the other information are unclear. LRE will continue to work with Network180 on a containment plan as well as with the other CMHSPs to establish if this is a regional issue or Network180 specific. LRE will continue to update the Board as further information is received.
- **Update:**
 - Network180 does have at least one DCO onboard in their CCBHC implementation which will enable them to begin to bring revenue in for the PPS1 portion of the CCBHC daily visits.
 - Updated recovery plan has not been received from Network 180. LRE is still awaiting plans from Network180 on cost containment and what savings can be identified to assist the LRE in projecting the current financial status impacting the region.

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

The LRE would like to highlight the following miscellaneous updates:

Hill Day 2024	Hill Day 2024 is a two-day program consisting of our Public Policy Institute (June 5) and scheduled Capitol Hill visits (June 6). Registration is free.	Registration: Hill Day 2024 (swoogo.com) Register_for_Hill_Day_2024.pdf (mcusercontent.com)
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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
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Details can be found in the full Legislative Update attached to this report.

OTHER

- **Mental Health Awareness**

May is Mental Health Awareness Month. Please take a moment to consider how you can help to eliminate stigma, be a voice of education and advocacy and support our most vulnerable individuals.

- **Save the Date**

Walk-a-Mile – September 12, 2024, Lansing MI

- **Board Works Videos Available Online:**

The CMHA BoardWorks program was developed to assist Board members in fulfilling their obligations as CMH leaders, directors of policy, and advocates for those they serve.

Traditionally, these modules have been offered at conferences and through DVDs. CMHA now offers updated modules available for viewing on our website. The following BoardWorks modules are currently available with more to come! Click [here](#) to view.

- **Foundations – Intended Beneficiary Command – Assigned April review**
- Foundations – Public Policy – May Assigned Video for Review
- Management – Systems
- Current and Future Funding for CMHSPs and PIHPs (formerly Budgets)
- Leadership – Participatory Governance and Ethical Implications (formerly Character)

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

OHH/BHH Consumers



The seven counties that make up the **Lakeshore Regional Entity** include over 51,000 possible consumers who would be eligible for services through a Behavior Health Home and over 7,000 consumers who would possibly be eligible for services through an Opioid Health Home.

BEHAVIORAL HEALTH HOMES

Possible eligible consumers data is based on MDHHS FY22 data.

• Allegan	8,135
• Lake	1,541
• Mason	2,901
• Muskegon	21,573
• Oceana	2,817
• Ottawa	14, 280
• Regional Total	51,248

OPIOID HEALTH HOMES

Possible eligible consumers data is based on MDHHS FY22 data.

• Allegan	966
• Lake	252
• Mason	544
• Muskegon	3,311
• Oceana	396
• Ottawa	1,874
• Regional Total	7,343



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OHH/BHH



Opioid Health Homes & Behavioral Health Homes are designed to elevate the role of Peer Support Specialist, Community Health Workers, and Peer Recovery Coaches to improve the overall health and wellness of the consumers.

BEHAVIORAL HEALTH HOMES

The Behavioral Health Home provides comprehensive care management and coordination of services to Medicaid beneficiaries with a serious mental illness or serious emotional disturbance. The BHH functions as the central point of contact for directing patient-centered care across the broader health care system.

OPIOID HEALTH HOMES

Opioid Health Homes provide comprehensive care management and coordination services to Medicaid beneficiaries with Opioid Use Disorder. The OHH functions as the central point of contact for directing patient-centered care across the broader health care system.

OBSTACLES

Legislative Language

The LRE operates with a different model for SUD treatment than the other 9 PIHP's in Michigan. Current legislative language around BHH/OHH homes restricts the LRE's ability to operate BHH/OHH homes in the 7 counties that make up Region 3 while allowing for the other 9 PIHP's to operate BHH/OHH in their regions.

Why We Need Them

Increased Opioid Use in Region 3

In recent years, the rate of opioid use and the need for treatment for individuals with an opioid use disorder (OUD) has continued to increase significantly in Region 3. Allowing the LRE to operate OHH & BHH would help to provide better care to consumers battling addiction in Region 3.



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Lakeshore Regional Entity's Legislative Update – 05/14/2024



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
***	HB 4576 & 4577	Reintroduced versions of Sen. Shirkey’s legislation (SB 597 & 598) from 2022. Legislation to create an integrated plan to merge the administration and provision of Medicaid physical health care services and behavioral health specialty services. *Opposed by CMHAM	Curtis VanderWall	5/16/23 – Introduced, read, and referred to Committee on Health Policy
	HB 4320 & 4387	<i>Provides for penalties for coercing a vulnerable adult into providing sexually explicit visual material; and provides sentencing guidelines for crime of coercing vulnerable adult into providing sexually explicit visual material</i>	Sharon MacDonell	3/22/23 – Introduced; referred to Committee on Families, Children and Seniors 6/27/23 – Referred to a second reading 10/5/23 – Read a second time; substitute adopted; placed on third reading 10/17/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety 11/7/23 – Reported favorably without amendment;

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
				<i>Referred to Committee of the Whole 12/31/23 – Signed by the Governor, assigned PA 275'23 & 276'23</i>
	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
	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
	HB 4649	Require height-adjustable, adult-sized changing tables in public restrooms	Lori Stone	5/23/23 – Introduced; referred to Committee on Regulatory Reform
	HB 4745-4749	Bills related to access to assisted outpatient treatment, outpatient treatment for misdemeanor offenders, hospital evaluations, mediation, and competency exams	Brian BeGole, Donni Steele, Tom Kuhn, Mark Tisdell	6/14/23 – Introduced; referred to Committee on Health Policy
	HB 4171	Modifies the priority of a professional guardian.	Curtis VanderWall	3/2/23 – Introduced; Read; referred to Committee on Judiciary
***	HB 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	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

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

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

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 (d31hzlhk6di2h5.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
	<u>SB 133</u>	<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>	<u>Sean McCann</u>	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
	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	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		tasks under the influence of this product unless you know how this product affects you.		
	SB 180/179	<i>Allow the Cannabis Regulatory Agency (CRA) to enter into an agreement with an Indian tribe pertaining to marijuana related business if the agreement and the Indian tribe met certain conditions. It prohibits the CRA from employing any individual with pecuniary interests in tribal marijuana; and specifies that sales of marijuana by a tribal marijuana business on Indian lands would be exempt from the State's 10% excise tax on marijuana. Require the Department of Treasury to deposit money into the Marihuana Regulation Fund that was collected under an Indian Tribe Agreement.</i>	Roger Hauck	6/14/23-Passed Senate and received in House Committee on Regulatory Reform 10/5/23 – Reported with recommendation without amendment; referred to second reading; place on third reading; passed by ¾ vote; returned to Senate 10/10/23 – Ordered enrolled 10/24/23 – Signed by Governor and given immediate effect, assigned PA 0166'23
	SB 141/HB 4201	<i>The bill would amend the Michigan Liquor Control Code to eliminate a January 1, 2026, sunset on provisions that allow a qualified licensee to fill and sell qualified containers with alcoholic liquor for the purpose of off-the-premises consumption and to deliver alcoholic liquor to a consumer in the State if the qualified licensee meets certain conditions.</i>	Mallory McMorrow & Kristian Grant	6/13/23 - Passed Senate, referred for second reading in House Committee on Regulatory Reform. 5/3/23 - Passed House, referred to Senate Committee on Regulatory Affairs 7/19/23-Assigned PA 0095'23 with immediate effect
	HB 4833	The bill would amend the public health code to eliminate the requirement for acute care and behavioral health hospitals to carry a SUD Service Program license. The issue was identified through a LARA workgroup revealing duplicate licensure in some circumstances. The endeavor is to clean up the duplication and reduce burden on LARA as well as our members.	Ranjeev Puri	6/22/23 - referred to Committee on Health Policy
	HB 4913	A bill to criminalize all possession or distribution of Xylazine under the Controlled Substances Act.	Kelly Breen	7/18/23-Introduced and referred to Committee on Judiciary
	SB 247	<i>The bill would allow the holder of a special license issued by the MLCC to sell and serve alcoholic liquor on the premises of a licensed public area of a facility used for intercollegiate athletic events on dates and times other than the dates and times provided to the MLCC. A licensee that had been issued a catering permit could deliver and serve alcoholic liquor at a private event on the premises on dates and times other than the dates and times provided to the MLCC.</i>	Sean McCann	7/19/23-Assigned PA 0096'23 with immediate effect
	HB 4734/4735 /4736	A bill package to require all school districts to have an opioid antagonist in each school building, and at least one trained staff in each building; require local health departments to provide antagonist and training to schools & staff.	David Prestin John Fitzgerald Matt Koleszar	6/13/23-Introduced and referred to Committee on Education
	HB 4322	The bill would allow individuals who are 19 years of age or older to be employed at or volunteer for marijuana establishments, with the direct supervision of a person 21+.	Kevin Coleman	6/28/23-Read a third time in House, substitute adopted, and postponed temporarily
	HB 4600	The bill would prohibit the CRA from denying an application based on spouses of applicants holding positions in certain governmental bodies	Mike McFall	5/18/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 5198	An act to prohibit the selling, giving, or furnishing of tobacco products, vapor products, and alternative nicotine products to minors; to prohibit the purchase, possession, or use of tobacco products, vapor products, and alternative nicotine products by minors; Disallow all references to cake, candy, cupcake, pastry, pie, or any variation thereof in any advertising. Disallow reference to any food product marketed to children-cereal, ice cream, juice, Disallow references to any character/personality/celebrity, video game, mythical creature or school supply. To regulate the retail sale of tobacco products, vapor products, alternative nicotine products, and liquid nicotine containers; To prohibit certain practices that relate to the distribution and sale of certain vapor products; To authorize the seizure, forfeiture, and destruction of certain vapor products; To prescribe penalties and civil sanctions; and to prescribe the powers and duties of certain state and local agencies and departments-Compliance checks	Alabas Farhat	10/24/23- Introduced and referred to Committee on Regulatory Reform
	S 57 & 58	Makes nitrous canisters “drug paraphernalia” Bills to ban the sale of nitrous canisters if there is reason to believe they will be used to introduce an illicit substance into the body. Provides for legal penalties for anyone who sells canisters the same as penalties for selling drug paraphernalia	Stephanie Chang Joseph Bellino	11/18/23 - Passed Senate 2/21/24 - Received, read 2x in House 3/12/24 – Approved by Governor and assigned with immediate effect PA 0018’24
	HB 5554 & 5555	Bills would weaken Michigan’s smoke-free air protections by allowing hookah lounges to acquire liquor, food and/or restaurant licenses.	Mike Harris Alabas Farhat	3/12/24 – Introduced, read a first time, referred to Committee on Regulatory Reform
	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
	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

FEDERAL LEGISLATION

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

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

S. 3579 & H.R. 6982	The GRIT Act would set aside a portion of the federal sports excise tax revenue to fund programs for gambling addiction prevention, treatment, and research. The GRIT Act provides direct and vital support to state health agencies and nonprofits addressing problem gambling. It also creates investment in best practices and comprehensive research at the national level.	Richard Blumenthal (S) Andrea Salinas (HR)	Senate: 01/11/2024 – Introduced, Read twice and referred to the Committee on Health, Education, Labor, and Pensions House: 01/11/2024 – Introduced, Referred to the House Committee on Energy and Commerce
H.R. 7283	Examining Opioid Treatment Infrastructure Act of 2024: To direct the Comptroller General of the United States to evaluate and report on the inpatient and outpatient treatment capacity, availability, and needs of the United States; including the barriers (including technological barriers) at the Federal, State, and local levels to real-time reporting of de-identified information on drug overdoses and ways to overcome such barriers.	Bill Foster	02/07/2024 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on Natural Resources
S 3701	FACTS Act: To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Margaret Wood Hassan	1/31/2024 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
S Con Res 27 & H Con Res 87	Randy's Resolution: Recognizing the need for research, education, and policy development regarding high-potency marijuana. Whereas increased potency levels correspond with greater health risks, with research showing that daily use of THC with a potency greater than 15 percent results in a 5 times increased risk of psychosis; Whereas only 3 States have enacted potency caps on marijuana flower or concentrates; Whereas the use of high-potency marijuana has been linked to potential adverse health effects, including mental health disorders and cognitive impairment; Whereas education and awareness programs are essential to inform the public about the potential risks associated with the use of high-potency marijuana.	Pete Sessions (HR) Pete Ricketts (S)	1/31/2024 - Referred to the House Committee on Energy and Commerce. 2/01/2024 - Referred to the Committee on Health, Education, Labor, and Pensions.
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.
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

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
	Hill Day 2024	Hill Day 2024 is a two-day program consisting of our Public Policy Institute (June 5) and scheduled Capitol Hill visits (June 6). Registration is free. <ul style="list-style-type: none"> Hear from the Biden-Harris administration, congressional staff and advocacy experts on the latest mental health and substance use policy developments. Explore the new realities of the post-COVID federal funding landscape. Dive into the 2024 election cycle and its impacts on mental health and substance use in America. Meet directly with the offices of your elected officials on June 6 to share solutions and demand action to support and grow the workforce, and to expand access to comprehensive mental health and substance use treatment and care. 		Registration: Hill Day 2024 (swoogo.com) Register for Hill Day 2024.pdf (mcusercontent.com)

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	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

Elected Officials

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

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