
Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
October 23, 2024 – 1:00 PM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Ms. Gardner
2. Roll Call/Conflict of Interest Question – Ms. Gardner
3. Public Comment (Limited to agenda items only)
4. Consent Items:
Suggested Motion: To approve by consent the following items.
 - October 23, 2024, Board of Directors meeting agenda (*Attachment 1*)
 - September 25, 2024, Board of Directors meeting minutes (*Attachment 2*)
5. Reports –
 - a. CEO – Ms. Marlatt-Dumas (*Attachment 3*)
 - b. LRE Leadership – (*Attachment 4*)
6. Chairperson’s Report – Ms. Gardner
 - a. October 16, 2024, Executive Committee (*Attachment 5*)
7. Action Items –
 - a. PIHP/CMHSP Contract
Suggested Motion: To approve LRE CEO to execute the PIHP/CMHSP contract extension for 45 days beginning November 15, 2024 (11/14/2024 - end of previous extension).
8. Financial Report and Funding Distribution – Ms. Chick (*Attachment 6*)
 - a. FY2024, September Funds Distribution (*Attachment 7*)
Suggested Motion: To approve the FY2024, September Funds Distribution as presented.
 - b. Statement of Activities as of 8/31/2024 with Variance Reports (*Attachment 8*)
 - c. Monthly FSR (*Attachment 9*)
9. Board Member Comments
10. Public Comment
11. Upcoming LRE Meetings
 - November 13, 2024 – Executive Committee, 1:00PM

- November 20, 2024 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- November 20, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

Meeting Minutes
BOARD OF DIRECTORS
Lakeshore Regional Entity
September 25, 2024 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. Stek

Mr. Stek called the September 25, 2024, LRE Board meeting to order at 1:00 PM.

Welcome Mr. Dave Parnin representing Ottawa CMH.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Stek

In Attendance: Ron Bacon, Jon Campbell, Linda Dunmore, Patricia Gardner, Janice Hilleary, Sara Hogan, Richard Kanten, Alice Kelsey, Dave Parnin, Andrew Sebolt, Stan Stek, Janet Thomas, Craig Van Beek

Online: O’Nealya Gronstal

Absent: Jim Storey is absent due to a conflict with duties as the Michigan Association of Counties president.

PUBLIC COMMENT

NA

CONSENT ITEMS:

LRE 24-34 Motion: To approve by consent the following items.

- September 25, 2024, Board of Directors meeting agenda
- August 28, 2024, Board of Directors meeting minutes

Moved: Patricia Gardner

Support: Sara Hogan

MOTION CARRIED

COMMUNITY ADVISORY PANEL

The September 12, 2024, meeting minutes are included in the packet for information.

LEADERSHIP BOARD REPORTS

- a. CEO Report – Ms. Marlatt-Dumas

The CEO report is included in the board packet for information.

- LRE received an additional 17 waiver slots after MDHHS re-allocation model was utilized. MDHHS has not released the re-allocation model, but LRE will be asking to review the methodology.

- BHH/OHH does not require all CMHs to implement. There is one CMH that has committed to moving forward with implementation. Others in the region are considering but have not agreed to an implementation date.
- Autism CAP – LRE is gathering more information regarding N180 Autism utilization as it appears they are serving individuals for a longer time period than others in the region.
- LRE is asking for Board approval on a 45-day extension to the PIHP/CMH contract.
- LRE met with N180 and the Executive Committee. N180 provided proposals regarding their spending plan; 1) Submit full year plan with an \$11 million deficit, 2) Submit a 2-month spending plan with \$900 thousand deficit to later amend and 3) request to modify Autism Allocation Methodology. LRE has sent questions regarding analysis but have not yet received information from N180.
- MDHHS Contract – The contract was pulled back and resent with different Waskul language. Legal has advised that the language is still not appropriate. LRE will ask for Board approval to sign an amended version of the contract.
- Strategic plan surveys will be conducted.

b. LRE Leadership Report – Wendi Price
Information is included in the Board packet.

CHAIRPERSON’S REPORT

September 18, 2024, Executive Committee meeting minutes are included in the packet for information.

- The EC has been working on deficit issues with N180. There have been meetings with the purpose of addressing the deficit and discussing strategies.
- LRE and N180 will collaborate on contracting an external consultant to identify areas to address.

OLD BUSINESS: GOVERNANCE COMMITTEE/SLATE OF OFFICERS

LRE 24-30 Motion: To approve the recommendation from the Governance Committee for the slate of officers as presented (Previously tabled at the August 28, 2024, Board Meeting): After a call 3 times for additional nominees for each position the following nominees were each approved by majority vote.

Chair Patricia Gardner:
MOTION CARRIED

Vice Chair Janet Thomas:
MOTION CARRIED

Secretary Ron Bacon:

MOTION CARRIED

EXECUTIVE COMMITTEE

LRE 24-35 Motion: To nominate and approve Richard Kanten to the LRE Executive Committee.

Moved: Sara Hogan Support: Dave Parnin
MOTION CARRIED

LRE 24-36 Motion: To nominate and approve Craig Van Beek to the LRE Executive Committee.

Moved: Ron Bacon Support: Patricia Gardner
MOTION CARRIED

ACTION ITEMS

LRE 24-37 Motion: To approve LRE CEO to modify, sign and submit the FY25 MDHHS/PIHP contract.

Moved: Ron Bacon Support: Rich Kanten
MOTION CARRIED

LRE 24-38 Motion: To approve LRE CEO to execute the PIHP/CMHSP contract extension.

Moved: Patricia Gardner Support: Jon Campbell

The contract extension 11 will be a 45-day extension.

MOTION CARRIED

LRE 24-39 Motion: To approve LRE CEO to fully execute contracts to allocate funds for the purposes and amounts defined in Attachment #8.

Moved: Jon Campbell Support: Janet Thomas

Included are the contracts over \$50 thousand that require Board approval per executive limitations.

MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

CFO Report is included in the Board packet for information.

FY2024 July Funds Distribution

LRE 24-40 Motion: To approve the FY2024, August Funds Distribution as presented.

Moved: Janet Thomas

Support: Ron Bacon

MOTION CARRIED

LRE 24-41 Motion: To approve the budget amendment #3 to the FY24 budget

Moved: Ron Bacon

Support: Jon Campbell

MOTION CARRIED

LRE 24-42 Motion: To approve the FY25 Budget as presented

Moved: Jon Campbell

Support: Patricia Gardner

MOTION CARRIED

Statement of Activities as of 7/31/2024 with Variance Report-

Included in the Board packet for information.

Monthly FSR-

Included in the Board packet for information.

Ms. Chick anticipates that the end of the year deficit will increase as this has historically been the case.

LRE CEO REVIEW

The Executive Committee recommendation to the full Board is that there be no adjustments for the current year contract. Further considerations will wait until the next CEO evaluation cycle.

BOARD MEMBER COMMENTS

- Ms. Gardner would like to thank Mr. Stek for his commitment as the LRE Board Chair.
- Mr. Kanten would also like to thank Mr. Stek.
- Mr. Stek comments that it has been an interesting term and can be a challenge in this type of organization, but our job is to make sure that the system functions appropriately and enables individuals to be served as needed.

PUBLIC COMMENT

NA

UPCOMING LRE MEETINGS

- October 16, 2024 – Executive Committee, 1:00PM
- October 23, 2024 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- October 23, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

Mr. Stek adjourned the September 25, 2024, LRE Board of Directors meeting at 1:56 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Moran, Executive Assistant

CEO Report
October 23rd, 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**

- CEO and COO attended the fall CMHA conference in Traverse City on October 20-22nd.
- October 20th there was a leadership preconference that was attended. It is part 1 of 3 in a series.
- The FY24 Veteran Navigator Summary is included at the end of this report.

2. **Regional Updates**

- Autism
 - Network 180/LRE Corrective Action Plan with MDHHS
Update: LRE continues sending weekly updates to MDHHS to report on the progress. The CAP end date is October 31st, 2024.
- PIHP/CMHSP Contract
Note: MDHHS has stated in writing that the PIHP/CMH contract should mirror the MDHHS/PIHP boilerplate contract with the necessary organizational revisions and with the understanding that there are numerous areas that are non-negotiable within the MDHHS/PIHP contract which then flows down to the PIHP/CMH contract.
Update: As there continues to be areas that the CMHSPs and the PIHP have not been able to come to an agreement on, the LRE is requesting another 45-day extension to the present 2021 contract. LRE Board Chair, has requested a legal brief on the three outstanding topics (Risk, Limit and Liability, Indemnification). The Board will receive the brief, as well as the CMHSPs feedback provided from each CMH. Once all information is gathered, if there remains no resolution, then this matter will be brought to the LRE BOD for discussion and resolution.
- Network 180 Funding Request – Recovery Plan
Update: LRE has provided Network180’s Executive Director with a recommended statement of work for contracting with a consultant. This is a draft and LRE is open to discussion if there is not agreement on the language. Once the statement of work is agreed to the LRE will execute a contract for the 3 entities involved.

- Strategic Planning: We are now gathering baseline data and a summary of efforts for the first year of our 3-year LRE Strategic Plan. The Survey Monkeys to gather information have been sent to each ROAT, CMH CEOs and Board Members. A full report of this will be provided to the Board when complete.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

MDHHS PIHP contract – spoke about this last month.

Update: On October 18th, 2024, MDHHS met with the 7 PIHPs that signed and submitted a revised contract for FY25. The three areas of disagreement were discussed. MDHHS stated they would be taking this back to the internal team and some form of communication would be sent to us by 10/25/2024. The PIHPs had legal representation present to address the steps of dispute resolution to assure we were following the appropriate legal action as outlined in the contract.

Legislative Update:

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

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



LAKESHORE REGIONAL ENTITY

VETERAN NAVIGATOR PROGRAM

FISCAL YEAR 2024
SUMMARY

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INTRODUCTION

The Veteran Navigator (VN) role was established to connect veterans and military families of all branches, eras, and discharge types to various federal, state, and local resources. These resources are designed to provide comprehensive support for issues related to mental health, substance use disorders, housing, and other unique circumstances that may impact veterans.

Since the LRE's VN program began in fiscal year (FY) 2017, the regional VN has actively engaged veterans and military families throughout the region. This engagement has provided crucial support and empowered community partners to address their needs.

The VN role includes four primary functions: outreach, support, referral network, and expertise. This report provides information about activities within each function.

- 1. **Success Stories**page 3
Highlighted success stories for each quarter FY24.
- 2. **Outreach and Support**page 4
Engage in outreach activities to reach veterans. Work with individual veterans to assess their needs, connect to services, and address challenges that may negatively affect their health and well-being.
- 3. **Referral Network**page 6
Establish a robust referral network to assist veterans in accessing services and support to meet their needs.
- 4. **Recommendations**.....page 7
Next steps for the VN role during FY25.
- 5. **Abbreviations**.....page 8

SUCCESS STORIES

Quarter 1

- Helped a female veteran who is struggling with chronic pain and severe mental health get connected with a VSO to file a claim.
- Aided a female veteran to find resources to care for her adult disabled child.
- Supported an elderly veteran couple in finding an appropriate lawyer to work through a financial lawsuit.

Quarter 2

- Abetted a female veteran who is legally blind to connect with her local VA clinic and acquire adaptive equipment for a better quality of life.
- Boosted a combat veteran's confidence in seeking mental health treatment and provided resources to assist in finances, home repair, and local VSO to increase disability rating.
- Navigated a veteran through resources for homelessness, MH/SUD, education, and legal needs to achieve a better quality of life.

Quarter 3

- Advocated for an elderly veteran with dangerously high cholesterol levels to attain a lift chair to assist in mobility, relieve sciatic pain and physical activity, achieving a 70lb weight loss and better health.
- Relieved a veteran with mental health stress by providing legal resources to remove his 6-month-old infant from an unsafe environment quickly and safely, vastly improving mental health concerns for the veteran.
- Assisted a veteran with multiple needs (VSO, VA, claim appeal, and VPS) to improve quality of life and mental health through financial relief and healthcare eligibility.

Quarter 4

- Advised a female veteran with a brain tumor and other service-connected ailments to navigate through the VA healthcare system to get the healthcare she needed, improving overall mental wellness.
- Accompanied a suicidal veteran to navigate internal VA and external resources to achieve a better quality of treatment for their TBI and depression.
- Championed the Ottawa County Crisis Intervention Team to get a veteran emergent mental health care safely to prevent self-harm and harm to others.

OUTREACH

The VN participates in community events and collaborative groups that allow them to connect with veterans in the community. This outreach aims to raise awareness through the VN and to interact with veterans to increase their comfort level by contacting the VN for support. These events often raise funds to support veteran needs.

Throughout FY 24, the VN participated in 91 community outreach events for veterans. Some examples are as follows:

Quarter 1

- Community Partner Meeting - Connected with 20 veterans and community partners to discuss upcoming events and resources for veterans.
- Ottawa County Resource Fair – Connected with 13 veterans and advocates to discuss the VN services and other resources available at the fair.
- West Michigan Veteran’s Engagement 5th Annual Veterans Family and Friends Conference – Connected with 15 veterans to discuss the VN services and network with other community partners.

Quarter 2

- Folds of Honor Gala - Connected with 26 veterans during a fundraiser for scholarship funding for veterans killed in action to put their children through college.
- Michigan Army National Guard Join Service Ball – Connected with 45 veterans and active service members at a community engagement event.

Quarter 3

- Armed Forces Thanksgiving Luncheon—Connected with 36 veterans and attended a community event honoring those who served or are still serving.
- Wounds of War Conference – Connected with 16 veterans during the conference.
- Ottawa County Crisis Intervention Resource Fair— Connected with 5 veterans and local law enforcement, educating them on the VN program and how to work with veterans through a crisis.

Quarter 4

- Ottawa County Veteran’s Standdown Event - Connected with 60 veterans for an event that provides resources and benefit connection.
- Kent County Homeless Veteran’s Stand Down – Connected with 55 veterans for an event that provides resources to prevent veteran homelessness.

SUPPORT

The primary role of the VN is to provide individualized support to veterans and military families. The VN works with individual veterans and military families to assess their needs, assist them in connecting to services, and help them address challenges that negatively affect their health and well-being. In addition, the regional VN works with the local VNs at HealthWest and West Michigan Community Mental Health Services to coordinate services as appropriate.

During FY24, the VN provided services to 95 veterans, providing services to residents from every county in the region. Below are some specific categories needing support and navigation to applicable resources.

County	# Served	Male	Female	MH Challenges	SUD Challenges	Unemployed	Homeless	Suicidal Ideation
Allegan	11	10	1	10	1	1	1	1
Kent	49	37	12	49	9	13	3	15
Muskegon	12	7	5	12	2	1	1	5
Ottawa	19	14	5	19	5	4	5	6
Lake	3	2	1	3	0	0	0	1
Mason	1	1	0	1	0	0	0	0
Oceana	0	0	0	0	0	0	0	0
Total:	95	71	24	94	17	19	10	28



REFERRAL NETWORK

To support veterans and their families in accessing support and resources, the Veteran Navigator works to identify, review, and build relationships with organizations that can support the needs of veterans and military families. This includes establishing strong working relationships with publicly funded systems for behavioral health services, other local providers of services such as housing and transportation, and developing partnerships with volunteer groups that support veterans. These relationships allow the VN to coordinate warm-handoff referrals to services and increase the referrals to the VN for additional support from these organizations.

During FY24, 74% of individuals served were self-referred to the VN Program. Top referrals made by the VN during FY24 included:



39

Referrals to the VA



59

Referrals to VSO



19

Referrals to Employment Resources



30

Referrals to Housing Resources



17

Referrals to Transportation



9

Referrals to Educational Resources



21

Referrals to Legal Resources



40

Referrals to Peer Support Groups

RECOMMENDATIONS

The VN seeks to understand local military families' needs and service gaps to determine programming priorities. Based on data collected for veterans served during FY24, the following issues have been identified for consideration:

Outreach for Female Veterans

In FY24, female veterans comprised 25% of individuals served through the VN program. While this aligns with national rates of veterans (females comprise 20% of the veteran population), research demonstrates that female veterans are the fastest-growing group, and outreach should be done accordingly.

Need for Legal Resources

In 2021, 76% of low-income Veteran households reported a civil legal problem, and 44% experienced at least five civil legal problems (Justice.gov, 2021). The VN program was challenged with finding appropriate legal resources for the 22% of veterans served. We recommend partnering with legal clinics and law firms to increase referrals from and to various legal needs as appropriate.

Identify Military/Veteran Family Resources

Although the prevalence of intimate partner violence among veterans is challenging to identify, a recent study found it is a topic of concern within the veteran population (Kwan, 2020). The VN reported requests for information on domestic violence resources. Additionally, the VN provided emotional support for veterans navigating complex relationships between spouses or with family. We recommend identifying organizations specializing in relationships and fostering a referral process for relevant resources.

Relationships with Veteran specific organizations

This year, partnerships with Hero's Corner and Essential Patriot provided additional support for individual veterans. For example, these organizations hosted numerous events and provided supplies to low-income and homeless veterans. As these organizations can provide support for unique veteran needs, ensuring an ongoing partnership with organizations dedicated to meeting veteran needs will be beneficial.

ABBREVIATIONS

- LRE – Lakeshore Regional Entity
- VN – Veteran Navigator
- VA – Veteran Affairs
- VSO – Veteran Service Officers
- MH – Mental Health
- SUD – Substance Abuse Disorder



Lakeshore Regional Entity's Legislative Update – 10/15/2024



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
***	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 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 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 Program.	Kelly Breen	7/18/23 – Introduced; Referred to Committee on Judiciary 10/11/23 – Reported with recommendation with substitute (H-1); Referred to a second reading 10/24/23 – Read a third time 10/25/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	HB 5184 & 5185	Legislation would remove the social work test as a criterion for social work licensure and replace it with the strengthening of the supervised clinical experience requirements already required for licensure. *Supported by CMHAM	Felicia Brabec	10/19/23 – Introduced, Read a first time, Referred to Committee on Health Policy 11/9/23 – CMHAM (Bob Sheehan) provided testimony in favor of the bills.
	HB 5276-5280	A bill to create the office of mental health and suicide prevention in the Michigan veterans affairs agency and provide for its powers and duties; and to provide for the powers and duties of certain state governmental officers and entities.	Jennifer Conlin	10/26/23 – Introduced, read a first time, referred to Committee on Military, Veterans, and Homeland Security. 6/11/24 – Referred to a second reading
	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
	HB 4841	A bill to amend the Adult Foster Care Facility Licensing Act to provide new requirements and procedures for adult foster care facilities and for the Department of Licensing and Regulatory Affairs (LARA) in regulating those facilities. Including requiring homes to have an LPN and Social Worker on staff, new trainings, medications administration restrictions, and civil and financial penalties for licensing violations. *CMHAM concerned about adding to administrative burdens and increasing costs with already existing workforce challenges	Stephanie Young	6/22/23 – Introduced, read a first time, referred to Committee on Families, Children, and Seniors.
	SB 939	A bill to provide for licensing of adult psychiatric residential treatment facilities; to allow for	Rosemary Bayer	6/25/24 – Introduced, Referred to Committee on

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
		psychiatric services to be provided under a residential psychiatric program in adult psychiatric residential treatment facilities; to establish standards of care for adult psychiatric residential treatment facilities; to provide for the powers and duties of certain state departments and agencies; to prescribe certain fees; and to provide for penalties and remedies.		Civil Rights, Judiciary, and Public Safety

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	SB 649 & 650 SB 651 & 652 SB 648 SB 647 SB 654 SB 653	Protect MI Kids Bill Package: Keep MI Kids Tobacco Free Alliance is working on a legislative package that will address the areas of Tobacco Retail Licensure, Taxation on Vaping Products & Parity, Ending the Sale of Flavored Tobacco, and Preemption Removal (Restoration of local authority to regulate tobacco control at the municipal level)	Keep MI Kids Tobacco Free Alliance Sam Singh John Cherry Stephanie Chang Paul Wojno Sue Shink Mary Cavanaugh	Preemption one pager (d31hzhk6di2h5.cloudfront.net) 10/17/23 – Anticipating Senator Singh will be introducing the bill package this week. 11/9/23 – Introduced, Referred to Committee on Regulatory Affairs 6/20/24 – Submitted Testimony in front of the Senate Committee on Regulatory Affairs Sign the Petition — Tobacco Free (keepmikiidstobaccofree.com)
	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
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	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
	HB 4734/4735 /4736	A bill package to require all school districts to have an opioid antagonist in each school building, and at least one trained staff in each building; require local health departments to provide antagonist and training to schools & staff.	David Prestin John Fitzgerald Matt Koleszar	6/13/23-Introduced and referred to Committee on Education
	HB 4322	The bill would allow individuals who are 19 years of age or older to be employed at or volunteer for marijuana establishments, with the direct supervision of a person 21+.	Kevin Coleman	6/28/23-Read a third time in House, substitute adopted, and postponed temporarily
	HB 4600	The bill would prohibit the CRA from denying an application based on spouses of applicants holding positions in certain governmental bodies	Mike McFall	5/18/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third 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

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				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	<i>The bill would require telemedicine coverage for SUD and behavioral health services</i> <i>*Supported by CMHAM</i>	Christine Morse	3/8/23 – Introduced; Referred to Committee on Health Policy 10/31/23 – Referred to second reading 11/9/23 - read a second time, placed on immediate passage, passed; given immediate effect 11/14/23 – Referred to Committee on Health Policy 4/17/24 – Placed on order of third reading 5/23/24 – Presented to the Governor 6/6/24 – Approved by the Governor, assigned PA 54’24
	HB 4690	Secular Recovery Bill: This bill would amend the Code of Criminal Procedure to require a court that orders a defendant to attend a court-ordered substance use disorder recovery program as part of a sentence or deferred proceeding to ask on the record whether the defendant has an objection to a religious element of that program. If the defendant objects to a religious element, the court would have to identify a secular treatment program that the defendant confirms on the record eliminates their religious objection. The court would have to allow the defendant to participate in a secular treatment program online if one is not available locally	Betsy Coffia	5/30/23 – Introduced, Read, and referred to the Committee on Judiciary
	S 542	A bill to allow government agencies who are providing opioid antagonists free of charge the choice of formulation, dosage, and route of administration for opioid antagonists	Kevin Hertel	10/3/23-Introduced and referred to Committee on Health Policy
	HB 5078	A bill to allow a dispensing prescriber or pharmacist may dispense an opioid antagonist to any of the following: (a) An individual patient at risk of experiencing an opioid-related overdose. (b) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.	Carrie Rheingans	10/4/23-Introduced and referred to Committee on Health Policy 3/6/24 – Referred to a second reading 4/18/24 – Read a second time, placed on a third reading 4/24/24 – Read a third time, passed 4/30/24 – Referred to Committee on Health Policy
	HB 5063 & 5064	A bill to protect the use of Medical Marijuana-A qualifying patient who has been issued and possesses a registry card must not be denied any right or privilege and it allows students to be treated with medical marijuana and CBD products during school; a public school or nonpublic school shall do all of the following: (a) Authorize a qualified guardian of a qualified pupil to	Dylan Wegela Jimmie Wilson Jr.	9/28/23-Introduced and referred to Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		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		
	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
	HB 5554 & 5555	Bills would weaken Michigan’s smoke-free air protections by allowing hookah lounges to acquire liquor, food and/or restaurant licenses.	Mike Harris Alabas Farhat	3/12/24 – Introduced, read a first time, referred to Committee on Regulatory Reform
	HB 5529	Amend the Michigan Regulation and Taxation of Marihuana Act to allow the Cannabis Regulatory Agency (CRA) to do both of the following: <ul style="list-style-type: none"> • Establish and operate a marijuana reference laboratory. • Collect, transport and possess marijuana for the purpose of testing and conducting research in support of CRA investigations and the development and optimization of testing methods performed through the CRA reference laboratory. 	Tyrone Carter	3/12/24 - Committee on Regulatory Reform & referred for second reading

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S 807	Bill to allow individuals who are 19 years of age or older to be employed by or volunteer for marihuana establishments.	Sean McCann	4/9/24 – Introduced, referred to committee on Regulatory Affairs 9/19/24 – Referred to the committee of the whole with substitute
	HB 5178 & 5179	A bill to amend the Public Health Code to explicitly allow a person to establish a needle and hypodermic syringe access program ¹ if they are authorized to do so by the Department of Health and Human Services (DHHS), a local health officer, a local health department, or another governmental entity	Carrie Rheingans	10/18/23 – Introduced, read a first time, referred to Committee on Health Policy 6/13/24 – Passed House
	HB 5834	A bill to criminalize the prescription, distribution, or possession of xylazine for illicit purposes or use.	Kelly Breen	6/26/24- Introduced and referred to House Committee on Judiciary
	HB 6002	A bill to require a license to sell nicotine or tobacco products at retail.	Kristian Grant	9/26/24 – Introduced and referred to Committee on Families, Children, and Seniors

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	S. 2993	Ensuring Excellence in Mental Health Act: The legislation would amend the Social Security Act and the Public Health Service Act to permanently authorize Certified Community Behavioral Health Clinics (CCBHCs) – it establishes a federal definition of CCBHCs into law and create the infrastructure needed to achieve the long-term vision of the model. *Supported by CMHAM	Debbie Stabenow	09/28/2023 - Read twice and referred to the Committee on Finance.
	HR 7213	Autism CARES Act of 2024: This bill reauthorizes several programs that support autism education, research, and resources. Specifically, the bill reauthorizes through FY2029 (1) the Developmental Disabilities Surveillance and Research Program that is administered by the Centers for Disease	Christopher Smith	2/1/24 – Introduced in the House, Referred to the House Committee on Energy and Commerce 2/2/24 – Referred to the Subcommittee on Health

		Control and Prevention; (2) activities administered by the Department of Health and Human Services (HHS) to support autism education, early detection, and intervention; and (3) the Interagency Autism Coordinating Committee in HHS. It also updates and establishes various related reporting requirements, including by requiring the Government Accountability Office to report on how to increase the number of developmental-behavioral pediatricians through certain training programs.		7/30/24 – Reported by the Committee on Energy and Commerce, Placed on the Union Calendar 9/19/24 – Received in the Senate
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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
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary. 5/17/2023 - Placed on Union Calendar #47 5/25/2023 – House adopted the amendment 5/30/2023 – Received in Senate and referred to the committee on the Judiciary.

	HR 1291	Stopping Overdoses of Fentanyl Analogues Act: To amend the Controlled Substances Act to list fentanyl-related substances as schedule I controlled substances.	Scott Fitzgerald	03/01/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 3/10/23 - Referred to the Subcommittee on Health.
BILLS & REGULATIONS PERTAINING TO SUD				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 1839	Combating Illicit Xylazine Act (S.993): To prohibit certain uses of xylazine.	Jimmy Panetta/ Catherine Cortez Masto 7	03/28/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary (S)-3/28/23-Read twice and referred to the Committee on the Judiciary 4/7/23 – Referred to the Subcommittee on Health
	S.983	Overcoming Prevalent Inadequacies in Overdose Information Data Sets Act or “OPIOIDS” Act: The Attorney General may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness.	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary
	S 606	To require the Food and Drug Administration to revoke the approval of one opioid pain medication for each new opioid pain medication approved.	Joe Manchin	03/01/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 2867 & S 1235	Bruce’s Law: Re-introduced as new bills (formerly HR 9221 in 2022). To establish an awareness campaign related to the lethality of fentanyl and fentanyl-contaminated drugs, to establish a Federal Interagency Work Group on Fentanyl Contamination of Drugs, and to provide community-based coalition enhancement grants to mitigate the effects of drug use.	David Trone & Lisa Murkowski	04/20/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 04/25/2023 - Referred to the House Committee on Energy and Commerce 04/28/2023 – Referred to the Subcommittee on Health

***	HR 2891 & S 1323	SAFE Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes. ***The LRE opposes this bill, as it indirectly supports the federal legalization of marijuana.	David Joyce & Jeff Merkley	5/3/23 - Referred to Subcommittee on Economic Opportunity 5/11/23 - Referred to Committee on Banking, Housing, and Urban Affairs
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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.
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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
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	HR 6028	States Reform Act of 2023: A bill to remove Cannabis from the list of Scheduled Substances, defer to states on prohibition, and decriminalize cannabis offenses.	Nancy Mace	10/25/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Natural Resources, Agriculture, Transportation and Infrastructure, Armed Services, Ways and Means, Small Business, Veterans' Affairs, Oversight and Accountability, Education and the Workforce, aviation, coast guard and maritime transportation, Highways and transit, railroads, pipelines, and hazardous materials, and Foreign Affairs 01/18/2024 - Referred to the Subcommittee on Nutrition, Foreign Agriculture, and Horticulture
	HR 5601	MORE Act: A bill that removes marijuana from the list of scheduled substances under the Controlled Substances Act and eliminates criminal penalties for an individual who manufactures, distributes, or possesses marijuana. Also 1. requires the Bureau of Labor Statistics to regularly publish demographic data on cannabis business owners and employees, 2. establishes a trust fund to support various programs and services for individuals and businesses in communities impacted by the war on drugs, 3. imposes an excise tax on cannabis products produced in or imported into the United States and an occupational tax on cannabis production facilities and export warehouses, 4. makes Small Business Administration loans and services available to entities that are cannabis-related legitimate businesses or service providers, 5. prohibits the denial of federal public benefits to a person on the basis of certain cannabis-related conduct or convictions, 6. prohibits the denial of benefits and protections under immigration laws on the basis of an event (e.g., conduct or conviction) relating to possession or use of cannabis that is no longer prohibited under the bill, 7. establishes a process to expunge convictions and conduct sentencing review hearings related to federal cannabis offenses, and 8. directs the Government Accountability Office to study the societal impact of cannabis legalization.	Jerrold Nadler	09/21/2023 - Referred to the Subcommittee on Highways and Transit
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Dan Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
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	HR 7827	To amend the Federal Food, Drug, and Cosmetic Act to encourage the development of vaccines to prevent, treat, or mitigate opioid, cocaine, methamphetamine, or alcohol use disorder, to establish an x-prize for the development of such a vaccine, and for other purposes.	David Schweikert	3/26/24 – Introduced, and Referred to the House Committee on Energy and Commerce 3/29/24 – Referred to the subcommittee on Health
	HR 8323 & S 4286	To provide emergency assistance to States, territories, Tribal nations, and local areas affected by substance use disorder, including the use of opioids and stimulants, and to make financial assistance available to States, territories, Tribal nations, local areas, public or private nonprofit entities, and certain health providers, to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services to individuals with substance use disorder and their families.	Raskin & Warren	5/8/24 – Referred to the Committee on Energy and Commerce, and in addition to the Committees on Natural Resources, the Judiciary, and Oversight & Accountability. Read Twice and referred to the Committee on Health, Education, Labor, and Pensions
	S 4112	To provide protections from prosecution for drug possession to individuals who seek medical assistance when witnessing or experiencing an overdose	Booker	4/11/24 – Read twice and referred to the Committee on the Judiciary
	S 4226	To decriminalize and deschedule cannabis, to provide for reinvestment in certain persons adversely impacted by the War on Drugs, to provide for expungement of certain cannabis offenses	Booker	5/1/24 – Read twice and referred to the Committee on Finance
	H.R. 8663	DETECT Fentanyl and Xylazine Act of 2024: to require the Science and Technology Directorate in the Department of Homeland Security to develop greater capacity to detect, identify, and disrupt illicit substances in very low concentrations.	Nick LaLota	06/27/24 – Introduced in House, Referred to House Committee on Homeland Security, Referred to Emergency Management and Technology 9/9/24 – Move to suspend the rules and pass the bill, House Debate 9/10/24 – Received in the Senate and read twice, referred to the Committee on Homeland Security and Governmental Affairs.
	HR 9209 & S 4807	Workforce Opportunities for Communities in Recovery Act: A bill to direct the DHHS shall carry out a pilot program to make grants, on a competitive basis, to eligible entities (on behalf of participating partnerships) to address economic and workforce impacts associated with widespread occurrence of a substance use disorder.	Pramila Jayapal Edward Markey	07/25/2024 - Read twice and referred to the committee on Health, Education, Labor, and Pensions
	S 4812	Strengthening Supports for Youth Act: A bill to direct the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the “Assistant Secretary”) shall, within a relevant existing program of the Substance Abuse and Mental 7213 Health Services Administration, carry out a pilot program under which the Assistant Secretary awards competitive grants to eligible entities to support parents, families, and caregivers in addressing behavioral health needs among children, adolescents, and young adults.	Laphonza Butler	07/25/2024 - Read twice and referred to the committee on Health, Education, Labor, and Pensions
	HR 9214	Campus Prevention and Recovery Services for Students Act of 2024: A bill to allow SAMHSA to issue block grant funding to institutions of higher learning to provide SUD Prevention Services, and other SUD treatment services including Peer Support and Behavioral Health integrated care.	Teresa Leger Fernandez	07/30/2024 Referred to the House Committee on Education and the Workforce

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
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	HR 8901	Cannabis Research Act: A bill to develop a national cannabis research agenda that addresses key questions and gaps in evidence	Scott Peters	06/28/2024 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned
	S 265	SIREN Reauthorization Act: This bill reauthorizes through FY2028 and otherwise modifies a grant program for improving emergency medical services (EMS) in rural areas. The modifications include requiring the use of grant funds to train EMS personnel on caring for individuals with mental health and substance use disorders in emergency situations and permitting the use of grant funds to acquire overdose reversal drugs and devices.	Richard Durbin	9/17/2024-Motion to reconsider laid on the table Agreed to without objection. (Passed House by Voice Vote)

LEGISLATIVE CONCERNS

LOCAL THREATS AND CHALLENGES

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

MISCELLANEOUS UPDATES

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
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

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	US Congress Mental Health Caucus	Congress has newly established a Mental Health Caucus in both the House and the Senate. 107 Representatives and 33 Senators are involved. Some key focus points are Childrens' Mental Health, 988 Support, expanding CCBHCs, and the Safer Communities Act (H.R.7272).		Mental Health Caucus (house.gov) H.R.7272 - 118th Congress (2023-2024): Shining a Spotlight on Safer Communities Act Congress.gov Library of Congress
	Marijuana Reclassification	Reports state the DEA is planning to reclassify marijuana as a lower-risk drug, moving it from a Schedule 1 to a Schedule 3. This sets to benefit scientific research on the effects of marijuana by eliminating the restrictions that exist for Schedule 1 drugs.		DEA to reclassify marijuana as a lower-risk drug, reports say Ars Technica
	Opioid Settlement	Currently 71 of 83 counties in Michigan have taken the Opioid Settlement dollars. 51% of the counties have not yet spent any of the money, and are still completing needs assessments and other processes to determine how best to use the funds. Counties have been actively submitting Technical Assistance request to the Michigan Association of Counties for how to use and account for these funds. MAC will be holding webinars with peer-to-peer learning opportunities, has created toolkits for counties to use, and will be implementing a statewide survey and report for this program.		Opioid Settlement Resource Center - The Michigan Association of Counties (micounties.org)
	U.S. Supreme Court to Hear Case regarding E-Cigarettes	U.S. Supreme Court agrees to hear a case involving FDA marketing denial orders for Flavored E-Cigarettes. The Supreme Court will decide whether to uphold previous lawsuits that would allow e-cigarettes that with "kid-friendly" flavors to stay on the market.		U.S. Supreme Court Agrees to Hear... Campaign for Tobacco-Free Kids (tobaccofreekids.org)
	Primary Election Update Noteworthy Contests	Federal Level: House of Reps: Republican Paul Hudson won over Michale Merakey. He will face Democrat Hillary Scholten this fall. Senate: Current U.S. Representative Democrat Elissa Slotkin, and former representative Republican Mike Rogers both won their respective primaries and will be on the ballot in November. State Level: 78th House District: (Portions of Barry, Eaton, Ionia, and Kent[Bowne Twp, City of Lowell, Lowell Twp])		

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
		<p>Republican Gina Johnson (incumbent) won over Jon Rocha.</p> <p>Local Level: Ottawa County: Five out of Nine Republican Ottawa Impact candidates lost to other Republicans in the primary. Joe Moss, Sylvia Rhodea, Kendra Wenzel, and Allison Miedema all won their primary, and will face Democratic candidate in November. Kent County: David LaGrand won the primary for Grand Rapids City Mayor, and Senita Lenear received the second highest vote count. They will face voters in November for a run-off election.</p>		
	<p>2024 Michigan Autism State Plan Update</p>	<p>A committee of the Michigan Autism Council is starting the 2024 update of the Autism State Plan. The original ASD State Plan and the subsequent update were completed in 2012 and 2018 respectively and can be accessed on the Autism Council webpage. The purpose of the Michigan Autism State Plan update is to review the current state of needs and services supporting autistic individuals and provide recommended actions for government and external stakeholders that support the education, health, and well-being of individuals with autism and their families. Opportunities will be available for input from interested parties through stakeholder surveys.</p>		<p>Michigan ASD State Plan – Stakeholder Surveys</p>
	<p>CMHA ACTION ALERT</p>	<p>Fix Medicaid Shortfall: CMHA is asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to push MDHHS to close the current \$93 million Medicaid revenue gap through the development and payment of a set of retroactively effective, revised, and increased capitation rates. As noted above, the funds needed to provide this rate adjustment are already in the FY 2024 appropriations for these services, thus requiring no new appropriations to close this revenue gap.</p>		<p>https://cmham.org/advocacy</p>
	<p>National Grants Awarded through SAMHSA</p>	<p>Biden-Harris Administration Announces \$68.5 Million Awarded for Behavioral Health Education, Training and Community Programs: The U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), recently awarded \$68.5 million in grants that support behavioral health education, training and community programs to help address mental health and substance use conditions in support of the President’s Unity Agenda for the Nation.</p>		<p>Biden-Harris Administration Announces \$68.5 Million Awarded for Behavioral Health Education, Training and Community Programs SAMHSA</p>
	<p>National Day of Action</p>	<p>04/01/2025: Take Down Tobacco National Day of Action: On our Day of Action, youth advocates and their communities come together to stand up to Big Tobacco, expose the</p>		<p>Day of Action Take Down Tobacco</p>

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
		tricks this industry uses to lure kids into addiction, and call for change.		

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

FEDERAL

NAME

NATIONAL OFFICE CONTACT INFORMATION

LOCAL OFFICE CONTACT INFORMATION

Phone: (616) 528-7100

STATE

Find Your State Senator

[Home Page Find Your Senator - Michigan Senate](https://senate.michigan.gov/FindYourSenator/)
(<https://senate.michigan.gov/FindYourSenator/>)

Find Your State Representative

[Michigan House - Home Page](https://www.house.mi.gov/)
(<https://www.house.mi.gov/>)



LAKESHORE
REGIONAL ENTITY



Chief Operating Officer Board Report

October 2024

Stephanie **VanDerKooi**, COO

TalkSooner: Stay Out of The Danger Zone

The LRE partnered with Fox 17 and Bret Bakita to spread awareness and resources for problem gambling prevention this fall. The PSA is intended to encourage gambling responsible and provide resources through the LRE driven Stay Out of the Danger Zone [website](#).





CMHSP Prevention Highlights:

FY24 Regional Personal Progress Report

OnPoint

West
Michigan

**NEW YEAR. NEW YOU.
NEW HEALTHY HABITS.**

FREE Tobacco Cessation Groups
No Insurance Needed
Transportation Available
Virtual & In-Person Groups

OnPoint
Caring for Allegan County

LET'S BEGIN ▶

READY TO BREAK FREE?
**QUIT SMOKING
TODAY!**
You can do it. We can help.

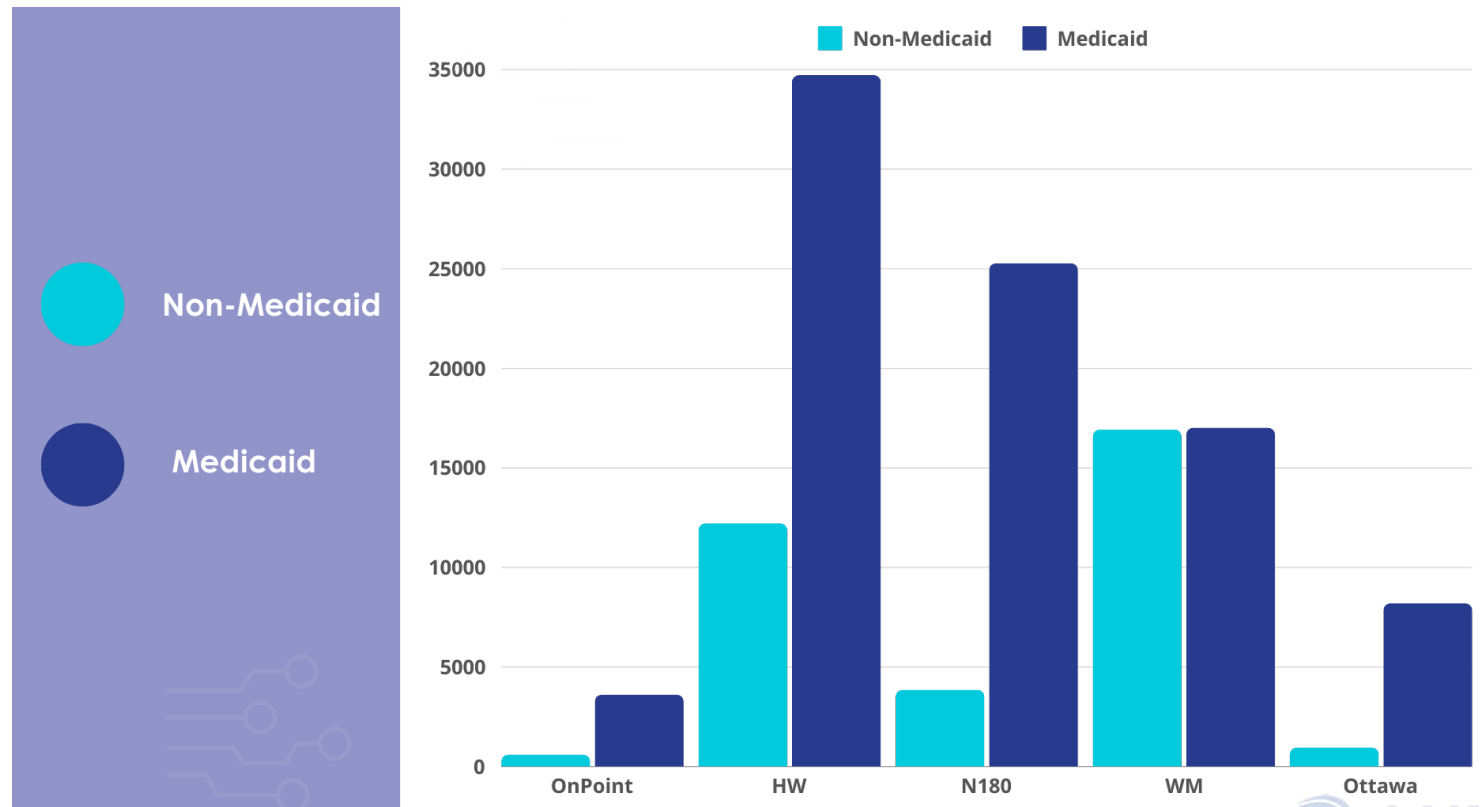
West Michigan
CMH
Renew. Rebuild. Recover.

Learn More By Calling
1-800-992-2061

Support for this initiative was provided by MDHHS through a federal grant from the Substance Abuse and Mental Health Services Administration

CCBHC Updates:

The LRE is working on wrapping up the FY24 (year 3) summary of CCBHC activities. We have received the new CCBHC Manual 2.0 and staff are reviewing the changes and planning implementation.



FY25 Grant Contracts Update

Substance Use and Gambling Services

Michigan Gambling Disorder Prevention Project
SUD Prevention
State Disability Assistance
State Opioid Response 4
SUD Administration
SUD Treatment and Access Management
SUD Women's Specialty Services

COVID-19 Substance Use and Gambling Services

Prevention 3 - ARPA
Treatment 3 - ARPA
SUD Women's Specialty Services 3 - APRA

Comprehensive Services for Behavioral Health

Behavioral Health Services for Native Americans
Clubhouse Engagement
Hispanic Behavioral Health Services
Peer Driven Tobacco Cessation
Veteran's Systems Navigator

COVID-19 Comprehensive Services for Behavioral Health (CSBH)

Behavioral Health Workforce Stabilization Support
Behavioral Health Home Expansion

FY24 Report Submission Tracking

FY2024

Total Number of Reports **479**

Number of Late Reports 21

Timely Report Submission 96%

Report Name	Report Type	Due Date	Days Late	Reason
Grant FSRs (20 total)	Financial Reporting	4/30/2024	1	Submitted past 12:00am, just past the deadline.
FY23 Compliance Exam	Financial Reporting	7/30/2024		Not yet submitted. Expected to be submitted by 10/28.

	FY22	FY23	FY24
Total # of Reports	186	449	479
Number of Late Reports	3	6	21
% late reports	2%	1%	4%
Average number of days late	29	8	5



Legislative Update:

State Legislation:

- **HB 5834: (Xylazine)**

Federal Legislation:

- **HR 7213 (Autism Cares Act)**
- **HR 8901 (Cannabis Act)**
- **HR 9209 & S. 4807 (Grant Pilot)**
- **S. 265 (Siren Reauthorization Act)**



Clinical Update:

Our Clinical Manager, Sandi Stasko, has been in her role since January of 2024. During FY24, LRE Clinical staff has participated in statewide workgroups to help inform MDHHS policies and transitions to include MichiCANS. Clinical portions of PBIP are a priority as we work to ensure performance-based incentives are achieved in our region.

Utilization Management (UM) Update:

- **Integrated Health:** The PIHP/MHP state workgroup has been focused on meeting new MDHHS requirements to increase open care plans.
- **Tiered Rates:** The UM state workgroup has been working to identify medically necessary criteria for tiered rates as directed by the state.
- **LRE UM/IRR:** The LRE continues to excel in using Milliman Care Guidelines (MCG) criteria to authorize High Level of Care services. Data from the LRE's second Interrater Reliability (IRR) exam will be available soon to our region and be presented in UM and Clinical ROATs.

Inpatient Psychiatric Contracts

- **LRE PNM continues to negotiate rates for inpatient psychiatric hospital contracts on behalf of Member CMHSPs.**
- **6 Inpatient Provider Contracted Expired on 10/1/24**
 - Average % Rate Increase Request from Provider – **9%**
 - Average % Rate Increase Negotiated by LRE PNM – **4%**
- **End of Value Based Contracting**
 - MDHHS has indicated intentions to initiate a tiered rate reimbursement model for inpatient psychiatric providers in FY25. Given this change process, PN ROAT decided not to grant value-based contracts in FY25.
- **Looking ahead ...**
 - Region 3 CMHSPs will soon contract with Helen DeVos Children's for 12 adolescent beds on their new "med/psych" unit.
 - Southridge Behavioral Hospital is expected to open in FY25, which add 96 Adult and Geriatric beds in Kent County. Joint venture between UHS and Trinity Health. They have submitted a request to MDHHS for adolescent beds as well.
 - Ongoing monitoring of inpatient utilization since N180 opened the CSU. Expected decreased in inpatient utilization.



Customer Services:

- In FY24 Customer Services took 435 calls, the majority of which related to billing/claims questions. We added an afterhours voicemail feature that transfers consumers to 24-Hour SUD services with our partner CMHSP's.
- Customer Services is finalizing its FY24 year end data and looking at trends and beginning to make goals for 2025. We have stood up a Customer Satisfaction Survey PowerBI Dashboard which will help us analyze our data and trends as we go into FY25.
- We continue to provide quarterly trainings for our regional CMH and provider staff on both NABD's and Person-Centered Writing to continue to ensure regional consistency.



Credentialing:

The **Credentialing Committee** reviewed and approved 6 new organizational providers for credentialing in September.

Four organizational providers were re-credentialed.

Universal Credentialing training is scheduled for Region 3 in December.

Strategic Planning:

Strategic Planning-FY 24 baseline data collection and a full report will be brought to the group in November.



HSW/CWP Updates:

HSW-

- 4 open slots-September
- 7 packets ready for submission to MDHHS.
- The LRE acquired 15 additional slots through the MDHHS slot reallocation on 10/1/24.

CWP-

- **100 children** are open and enrolled in the Children's Waiver Program for October.
- 7 children have been invited to enroll on the waiver.
- Regionally 16 children on the weighing list for CWP invitation.

SEDW Updates:

- 84 open cases:
 - **Allegan** – 8
 - **HealthWest** – 11
 - **Network180** – 45
 - **Ottawa** – 15
 - **West MI** – 5
- The SED Waiver was set to renew on 10/1/24, however MDHHS did not get approval from CMS. Therefore, all waivers are extended 90 days, until 12/29/24 while MDHHS and CMS work to resolve outstanding issues.
- Many changes are coming to the SEDW and Wraparound this year due to policy updates and the upcoming Waiver Renewal. The LRE will work with MDHHS and the CMHSPs to disseminate this information appropriately as it is provided. The most significant changes are the policy change to allow enrolling children whose families are actively seeking residential placement to enroll in the waiver; and the move from Wraparound to Intensive Care Coordination Wraparound for the SEDW program. This will bring many program and process changes to all levels, but the largest impacts will be on current Wraparound Providers and CMH staff.
- The MichiCANS rollout will also have a big impact on the SEDW field, as the switch is made from using CAFAS to determine eligibility to using the MichiCANS.
- **The next Regional SEDW Meeting will be in December.**



1915(i)SPA Updates:

- MDHHS Submitted and Amendment for the 1915(i)SPA to CMS, with changes that help it to align with language in the Waivers and Waiver Renewals. CMS has still not approved the amendment, but MDHHS is hopeful that it can be approved separately from the waivers, and therefore earlier than the end of the year.
- Past Due enrollments are improving for our region, but still a focus of MDHHS. Overall new enrollment and recertifications are running smoothly for our Region.
- Medicaid Redeterminations are continuing to cause some issues with enrollment and recertification in the WSA. The program is now verifying Medicaid status at the time of recertification and if the coverage has lapsed the beneficiary cannot be enrolled until Medicaid is re-established. MDHHS is working to resolve this as soon as possible to move recertifications through.
- Spenddowns continue to be the biggest roadblock for new enrollments and recertifications. Cases cannot be enrolled until spenddowns have been met, so those cases currently have to be checked regularly throughout the month. Currently there are over 20 spenddown cases waiting in the PIHP queue to be enrolled/recertified.
- MDHHS Site Review and Reporting Requirements increased significantly, as expected, for the iSPA in the next fiscal year. New performance measures were added to the site review tool and were sent out to all CMHs. CMHs and PIHPS will also need to start reporting on ORR data for the iSPA in this fiscal year.



Autism Updates:

- Autism ROAT hosting Jack Calhoun-ReFocus, LLC to share regional FY23 Autism data.
- The LRE is hosting a Regional ABA Provider meeting on November 22.
- Autism ROAT has created a workgroup to focus on Person Centered Planning (PCP) goals. The group will begin meeting in November.
- LRE continues to work collaboratively and efficiently with Network 180 on the completion of the ABA CAP. N180 is adding in the Vineland assessments to help with determining clinical necessity when reviewing cases for UM. **The N180 CAP is set to end October 31.**



Veteran Navigator FY24 ReCap

The LRE Veteran Navigator role was established to connect veterans and military families of all branches, eras, and discharge types to various federal, state, and local resources. **LRE Veteran Navigator, Autumn Hartpence**, does this through 4 main methods;

- **Outreach**
- **Support**
- **Referral Network**
- **Expertise**

To read the full report please
[CLICK HERE.](#)

Questions



Stephanie VanDerKooi,
stephaniev@lsre.org



LAKESHORE
REGIONAL ENTITY

EXECUTIVE COMMITTEE SUMMARY

Wednesday, October 16, 2024, 1:00 PM

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

WELCOME and INTRODUCTIONS

- i. Review of October 16, 2024, Meeting Agenda
- ii. Review of September 18, 2024, Meeting Minutes

The October 16, 2024, agenda and the September 18, 2024, meeting minutes are accepted as presented.

MDHHS UPDATE

- i. FY25 MDHHS/PIHP Contract
 - During the September meeting the LRE Board approved LRE CEO to sign an altered FY25 PIHP/MDHHS contract. The contract was signed and sent into MDHHS on 9/30 along with 6 other PIHPs. The Department did not sign the amended contract.
 - The Department did not withhold payment to those PIHPs due to the unsigned contract as was a concern. A meeting is scheduled for Friday, 10/18, to discuss the contract with LRE and the other 6 PIHPs that sent in the same version of altered contract. Detroit Wayne, SWMBH and MSHN did not sign the amended contract. These 3 PIHPs signed the original contract sent out by the State.
- ii. LRE is working with MDHHS regarding Waiver slots. The slots had previously been used to even out funding if there were shortfalls or overages in other regions. Ms. Marlatt-Dumas is unsure if the department is aware of this practice and will speak with Kristen Jordan. There are 2 PIHPs that are willing to give more slots to LRE as they are on a corrective action plan for not using all the slots allotted to their regions.
- iii. LRE is also in discussions with the MDHHS regarding the FY20-21 Cost Settlement issue. The state is using a different methodology than LRE and will require the LRE to return \$13.7 million as opposed to \$1 million that LRE's methodology is showing owed back. LRE has discussed with legal and are ready to take this back to court if need be. After speaking with Kristen Jordan, she was going to bring back to have further internal discussions. Currently, LRE has not heard back on this. LRE will ask for approval from the Board if this issue must go back for additional judgement.
- iv. Autism CAP should be complete by the end of October. Although all the goals have not been 100% met, LRE is advocating with MDHHS to have this be completed. There has been a large improvement and after reviewing other regions, N180 is not an outlier as was first thought.

PIHP/CMHSP CONTRACT UPDATE

- The plan is to discuss with the full Board during the October Work Session. LRE will meet with the Ops Committee today and have further discussions. The three areas that have not been agreed to are 1) Risk, 2) Limitations and Liabilities, and 3) Indemnification. The negotiations have come to a standstill and LRE would like the Board to decide on how to move forward.

Q: Why has the risk language changed from the previous contract?

A: MDHHS has given direction that LRE use the PIHP master boilerplate language in our contract with the CMHs.

Q: Will MDHHS accept a contract with the old risk language noting that LRE will continue to work on new language? Would it be acceptable to use the previous risk language?

A: Ms. Marlatt-Dumas will review the previous contract risk language.

- There is concern that the Board will be unable to decide on how to move forward when they have not heard or read any of the information regarding the items that cannot be agreed to. Ms. Gardner would like a position brief to be published giving a definition of the issue and the legal position which would then be sent to the CMHs for a response from their legal that will also be given to the Board.
- Greg Moore will not attend the Board Work Session at this time but may be asked to attend at a future date.

Action Items:

- LRE will ask Board to approve extending the PIHP/CMHSP contract for an additional 45 days.
- Greg Moore to submit a brief to LRE Board – Topic, identify the issue, LRE’s legal position, and what the Board has to decide. The document should also be shared with the CMHs.
 - The Executive Committee agrees that this information should be brought to the full Board.

BOARD MEETING AGENDA ITEMS

Action Items:

- i. Extend the PIHP/CMH contract for 45 days.

BOARD WORK SESSION AGENDA

- i. Components of a Capitated System –
 - Greg Moore will not attend the Work Session.
 - LRE will review the document from Bob Sheehan.
 - Ms. Marlatt-Dumas will reach out to Mr. Sheehan about attending the Work Session.

OTHER

Personnel Update –

Ms. Marlatt-Dumas asks all but EC and HR to leave to discuss a staffing update.

UPCOMING MEETINGS

Reminder: November and December meetings are a week earlier due to Holidays.

- October 23, 2024 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- October 23, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- November 13, 2024 – Executive Committee, 1:00PM
- November 20, 2024 – LRE Executive Board Work Session, 11:00 AM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- November 20, 2024 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

Lakeshore Regional Entity Board

Financial Officer Report for October 2024

10/23/2024

- **Disbursements Report** – A motion is requested to approve the September 2024 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through August is included as an attachment.
- **LRE Combined Monthly FSR** – The August 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 **deficit** through August of \$11.4 million, a projected annual **deficit** of \$18.8 million, and a budgeted **deficit** of \$486 thousand 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 \$15.9 million, CMH of Ottawa County with a **deficit** of \$1.6 million, and West Michigan CMH with a **deficit** of \$410 thousand. HealthWest, OnPoint, and West Michigan CMH have projected **surpluses**. Network180 has a projected **deficit** of \$20.5 million, and CMH of Ottawa County \$1.5 million. All CMHSPs have a budgeted **surplus**, except Network180 with a budgeted **deficit** of \$7 million.

CCBHC activity (excluding PIHP activity) is included in this month’s report showing an actual **deficit** of \$3.3 million (excluding LRE activity), which is the responsibility of the CCBHCs and not the PIHP. A projected **deficit** of \$5.3 million and a budgeted **surplus** of \$2.3 million is shown.

The LRE Executive Committee, LRE Leadership, and Network180 Leadership are expected to continue to meet to address the deficit that Network180 is experiencing.

- **Cash Flow Issues** – No CMHSP has reported cash flow issues in the last month.
- **FY 2022 MDHHS Cost Settlement** – LRE does not agree with MDHHS’ Cost Settlement for FY22. At this time, MDHHS is discussing the issue internally, LRE has not yet taken any additional action, and there is no additional update from MDHHS since last month’s report.
- **FY 2024 Financial Audit** – Preliminary fieldwork for the FY 2024 Financial Audit is expected to begin with Roslund, Prestage & Company, PC in November 2024, with final fieldwork scheduled at the end of January 2025. The audit is due to the Department of Treasury on March 31, 2025.
- **FY 2024 Rate Setting** – PIHP received revised FY24 rates at the end of September. It is projected that the revenue for the region will increase by approximately \$2.6 million. The region is expected to receive an adjusted payment from MDHHS on October 31, 2024, reflecting that rate change. While this additional funding is greatly appreciated, it will not eliminate the projected regional deficit of \$18.8 million based on the August LRE Combined Monthly FSR.

- **FY 2025 Rate Setting** – PIHP received the final rate certification letter from MDHHS at the end of September. The projected increase in revenues for the region based on those final rates is \$15.6 million (\$4 million in traditional Medicaid fund sources and \$11.6 million in CCBHC fund sources) as follows:

	FY25 Initial Projection (Estimated Rates)	FY25 Revised Projection (Final Rate Certification)			CMHSPs Breakdown of YTD Change			
	FY25 Initial Projection (Estimated Rates)	FY25 Revised Projection (Final Rate Certification)		Change	MCD, HMP, Autism & Waivers	CCBHC - Base Cap & Supplemental	Net Total	
OnPoint	\$ 39,310,267	\$ 40,585,584	\$ 1,275,317	3.2%	\$ 1,028,007	\$ 247,309	\$ 1,275,317	
HealthWest	\$ 90,762,761	\$ 97,383,145	\$ 6,620,384	7.3%	\$ 2,732,188	\$ 3,888,196	\$ 6,620,384	
Network180	\$ 200,607,414	\$ 206,536,552	\$ 5,929,138	3.0%	\$ (2,739,691)	\$ 8,668,829	\$ 5,929,138	
Ottawa	\$ 59,198,098	\$ 59,329,641	\$ 131,543	0.2%	\$ 2,119,441	\$ (1,987,898)	\$ 131,543	
West Michigan	\$ 32,985,149	\$ 34,586,488	\$ 1,601,339	4.9%	\$ 859,674	\$ 741,665	\$ 1,601,339	
Total	\$ 422,863,689	\$ 438,421,410	\$ 15,557,721	3.7%	\$ 3,999,619	\$ 11,558,102	\$ 15,557,721	

- **FY 2025 CMHSP Spending Plans/Budgets** – As reported in the Financial Officer Report for September 2024, the total projected CMHSP deficits were \$10 million for FY25 as follows:

FY25 Spending Plan Summary
As of 8/26/24

Surplus/(Deficit)	CMHSP
1,442,086	Healthwest
(11,066,374)	N180
44,938	OnPoint
267,670	Ottawa
(721,696)	WCMCMH
<u>(10,033,376)</u>	<u>Total</u>

Based on the actual FY25 rates that were received late September from MDHHS, it is projected that there will be an additional \$4 million in revenue (not including CCBHC) for the CMHSPs as follows:

	MCD, HMP, Autism & Waivers
OnPoint	\$ 1,028,007
HealthWest	\$ 2,732,188
Network180	\$ (2,739,691)
Ottawa	\$ 2,119,441
West Michigan	\$ 859,674
Total	\$ 3,999,619

With these new revenue figures, the projected deficit for Network180 increases to \$13,806,065, primarily due to more of their base capitation funding shifting to CCBHC. The projected deficit for West Michigan CMH has been eliminated and they will now have a surplus of \$139,978. If no other changes are made to the FY25 CMHSP Spending Plans/Budgets, then the regional deficit will be reduced to \$6,033,757.

At Finance ROAT on October 14, 2024, it was recommended by the group that revised FY25 Spending Plans/Budgets would be submitted by the CMHSPs to LRE by November 15, 2024. This recommendation was partially approved by the Operations Advisory Council on October 16, 2024. As of the time of this report, we are still awaiting approval from West Michigan CMH.

Planned Funding Adjustment Requests from the Member CMHSP(s) with projected FY25 deficits are delayed until after the revised FY25 Spending Plans/Budgets are received in November. Per the Operating Agreement, Planned Funding Adjustments require the approval of all the Member CMHSPs as it potentially requires a redistribution of revenues amongst all the Members.

The LRE Executive Committee of the Board, LRE Staff, and Network180 staff have met and will continue to meet to address the deficit at Network180 for FY2024 and FY2025. The N180 Board of Directors held a public hearing on the FY25 budget on September 23, 2024. The N180 Board of Directors approved a 3-month budget for FY25, one quarter of the full budget requested. It was also approved at that board meeting for N180 to contract with an organization to recruit a Chief Financial Officer (CFO). The N180 CFO role has been contracted out for several years to an external accounting firm, Rehmann, and filled by one of their principals, Amy Rottman. One other CMHSP in the Region, OnPoint, also externally contracts with Rehmann to fill their CFO role with Erinn Trask, Senior Manager. HealthWest also contracts with Rehmann for financial services.

- FY 2024 Revenue Projections** – In September 2024 the region received a rate update. According to the Milliman Rate Certification “Appendix 5 – Summary of Capitation Rate Components” the Composite Base Capitation Rate is 10.6 %. Updated revenue and membership projections by program and Member CMHSP are below. The September revenue projection increased \$2.63 million from the July projection to \$433 million. Overall projected revenue has decreased \$8.10 million from the initial budgeted amount, due to changes in the CCBHCs’ daily visit projections and greater than expected disenrollments due to the end of the Public Health Emergency. This is a \$9.8 million improvement from the FY24 lowest projected revenue of \$422 million from February 2024.

The September projections include Network180 revised daily visit projections. Network180 reduced their projected SMI/SED/SUD daily visits by 15.4% and increased their Mild-to-Moderate projections 23.2%. These changes shifted \$1.8 million of base capitation from CCBHC to traditional Medicaid/Healthy Michigan and decreased CCBHC supplemental revenue by (\$767,011).

FY 2024 Revenue Projection				
Total LRE				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change
ICD - MH	\$ 207,190,112	\$ 199,718,702	\$ (7,471,409)	-3.61%
ICD - SUD	\$ 8,537,141	\$ 8,191,272	\$ (345,868)	-4.05%
MP - MH	\$ 17,316,375	\$ 17,740,229	\$ 423,854	2.45%
MP - SUD	\$ 10,968,901	\$ 11,276,272	\$ 307,371	2.80%
Autism	\$ 43,425,979	\$ 42,278,498	\$ (1,147,481)	-2.64%
Jaiver	\$ 54,702,000	\$ 51,572,950	\$ (3,129,050)	-5.72%
CBHC MCD Base Cap	\$ 28,080,950	\$ 23,389,790	\$ (4,691,160)	-16.71%
CBHC HMP Base Cap	\$ 8,816,400	\$ 6,046,769	\$ (2,769,631)	-31.41%
CBHC MCD Supplemental	\$ 33,570,184	\$ 34,550,918	\$ 980,734	2.92%
CBHC HMP Supplemental	\$ 9,710,407	\$ 9,822,186	\$ 111,778	1.15%
RE Admin	\$ 13,922,556	\$ 13,922,556	\$ -	0.00%
IF	\$ -	\$ -	\$ -	-
PA	\$ 4,392,823	\$ 4,207,201	\$ (185,622)	-4.23%
Total Region	\$ 440,633,827	\$ 422,717,343	\$ (17,916,484)	-4.07%

CMHSPs Breakdown (Net of CCBHC)				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	
MCD - MH				
OnPoint	\$ 17,284,157	\$ 16,174,466	\$ (1,109,691)	
Healthwest	\$ 40,828,236	\$ 39,253,123	\$ (1,575,113)	
Network180	\$ 106,864,576	\$ 104,929,423	\$ (1,935,153)	
Ottawa	\$ 28,947,323	\$ 27,038,780	\$ (1,908,543)	
West Michigan	\$ 13,265,820	\$ 12,322,911	\$ (942,909)	
Total MCD - MH	\$ 207,190,112	\$ 199,718,702	\$ (7,471,409)	
MCD - SUD				
OnPoint	\$ 710,483	\$ 670,326	\$ (40,157)	
Healthwest	\$ 1,744,259	\$ 1,674,880	\$ (69,378)	
Network180	\$ 4,367,218	\$ 4,259,537	\$ (107,681)	
Ottawa	\$ 1,139,694	\$ 1,053,618	\$ (86,076)	
West Michigan	\$ 575,487	\$ 532,911	\$ (42,576)	
Total MCD - SUD	\$ 8,537,141	\$ 8,191,272	\$ (345,868)	
HMP - MH				
OnPoint	\$ 1,562,109	\$ 1,306,121	\$ (255,987)	
Healthwest	\$ 3,506,666	\$ 3,233,790	\$ (272,876)	
Network180	\$ 8,581,263	\$ 9,777,413	\$ 1,196,150	
Ottawa	\$ 2,937,540	\$ 2,767,127	\$ (170,414)	
West Michigan	\$ 728,797	\$ 655,777	\$ (73,020)	
Total HMP - MH	\$ 17,316,375	\$ 17,740,229	\$ 423,854	
HMP - SUD				
OnPoint	\$ 992,950	\$ 838,622	\$ (154,328)	
Healthwest	\$ 2,304,644	\$ 2,124,475	\$ (180,169)	
Network180	\$ 5,420,235	\$ 6,203,210	\$ 782,975	
Ottawa	\$ 1,776,945	\$ 1,674,720	\$ (102,225)	
West Michigan	\$ 474,127	\$ 435,245	\$ (38,882)	
Total HMP - SUD	\$ 10,968,901	\$ 11,276,272	\$ 307,371	
Autism				
OnPoint	\$ 3,889,583	\$ 3,741,591	\$ (127,992)	
Healthwest	\$ 8,901,598	\$ 8,661,282	\$ (240,316)	
Network180	\$ 21,692,163	\$ 21,215,122	\$ (477,041)	
Ottawa	\$ 6,399,627	\$ 6,163,766	\$ (235,862)	
West Michigan	\$ 2,563,008	\$ 2,496,737	\$ (66,271)	
Total Autism	\$ 43,425,979	\$ 42,278,498	\$ (1,147,481)	

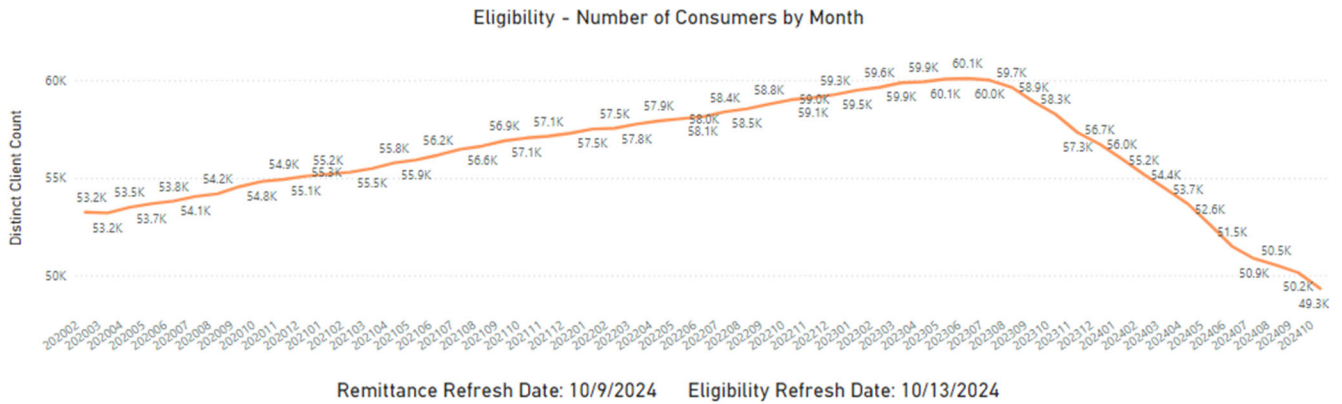
Average PMPM				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	
OnPoint	\$ 129.34	\$ 130.26	\$ 0.92	
Healthwest	\$ 126.38	\$ 131.21	\$ 4.84	
Network180	\$ 108.60	\$ 106.67	\$ (1.92)	
Ottawa	\$ 107.13	\$ 107.22	\$ 0.09	
West Michigan	\$ 131.36	\$ 130.99	\$ (0.37)	
Total CMHSPs	\$ 115.07	\$ 115.09	\$ 0.02	

Member Month Projection				
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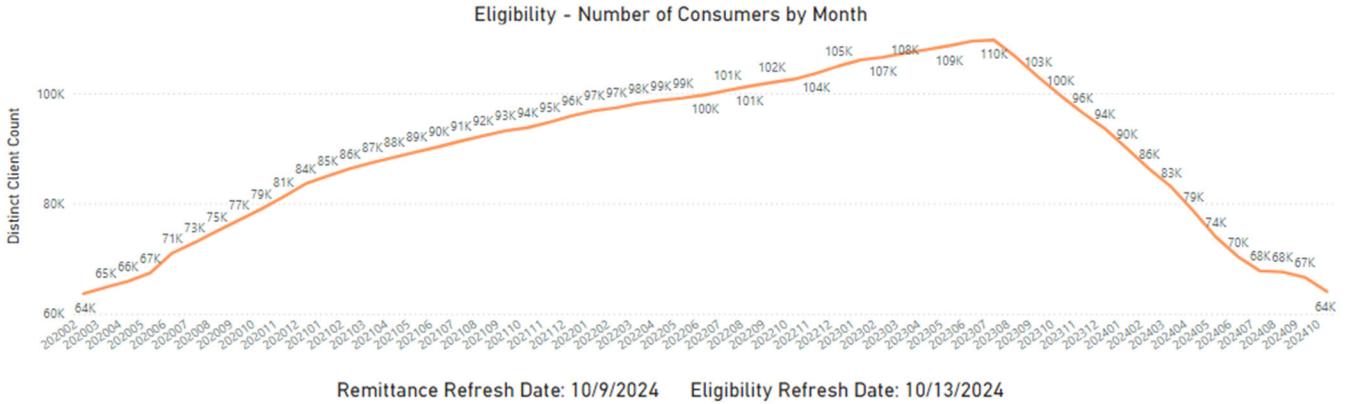
CMHSPs Breakdown - CCBHC			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change
MCD - CCBHC Base Capitation			
OnPoint	\$ 1,847,952	\$ 1,881,018	\$ 33,065
Healthwest	\$ 7,178,609	\$ 6,336,673	\$ (841,936)
Network180	\$ 12,411,447	\$ 8,529,158	\$ (3,882,289)
Ottawa	\$ 2,763,358	\$ 2,763,358	\$ -
West Michigan	\$ 3,879,583	\$ 3,879,583	\$ -
Total	\$ 28,080,950	\$ 23,389,790	\$ (4,691,160)
HMP - CCBHC Base Capitation			
OnPoint	\$ 297,906	\$ 532,594	\$ 234,688
Healthwest	\$ 1,631,905	\$ 1,608,943	\$ (22,962)
Network180	\$ 4,808,317	\$ 1,826,960	\$ (2,981,357)
Ottawa	\$ 662,433	\$ 662,433	\$ -
West Michigan	\$ 1,415,840	\$ 1,415,840	\$ -
Total	\$ 8,816,400	\$ 6,046,769	\$ (2,769,631)
MCD - CCBHC Supplemental Revenue			
OnPoint	\$ 5,073,882	\$ 5,071,207	\$ (2,675)
Healthwest	\$ 7,321,626	\$ 10,199,499	\$ 2,877,873
Network180	\$ 12,586,316	\$ 10,691,851	\$ (1,894,464)
Ottawa	\$ 3,930,417	\$ 3,930,417	\$ -
West Michigan	\$ 4,657,943	\$ 4,657,943	\$ -
Total	\$ 33,570,184	\$ 34,550,918	\$ 980,734
HMP - CCBHC Supplemental Revenue			
OnPoint	\$ 1,043,399	\$ 1,712,909	\$ 669,511
Healthwest	\$ 1,801,075	\$ 3,090,677	\$ 1,289,602
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 February 2020 – September 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.

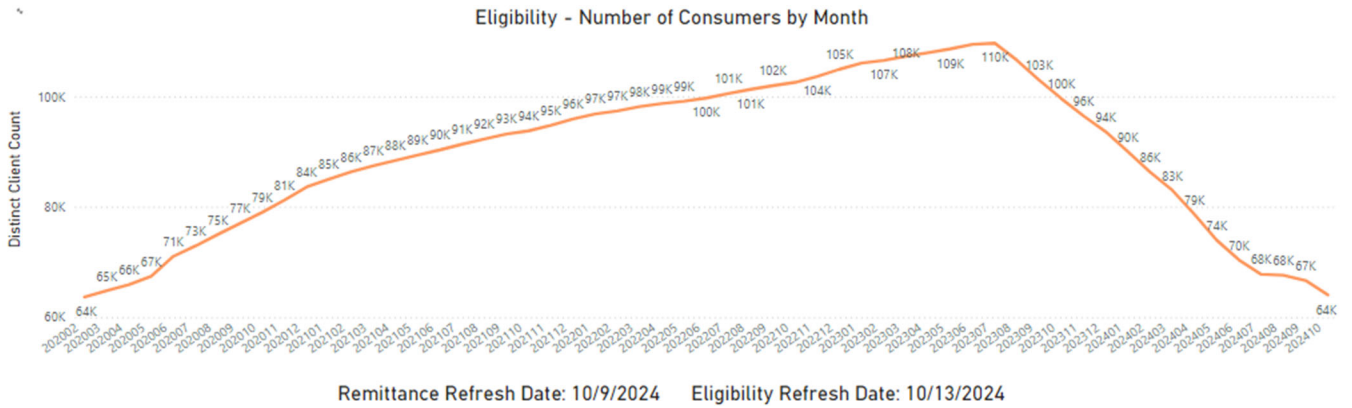
DAB (Data as of 10/15/24)



HMP (Data as of 10/15/24)



TANF (Data as of 10/15/24)



- **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 September 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
3/31/2024	GENERAL/OTHER	5,000.00
4/8/2024	GENERAL/OTHER	5,000.00
5/22/2024	GENERAL/OTHER	5,000.00
6/28/2024	GENERAL/OTHER	5,000.00
7/30/2024	GENERAL/OTHER	5,000.00
7/31/2024	GENERAL/OTHER	5,000.00
8/31/2024	GENERAL/OTHER	5,000.00
	GENERAL/OTHER TOTAL	60,575.00
10/31/2021	HEALTHWEST LITIGATION	5,368.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,388.80
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
4/30/2023	HEALTHWEST LITIGATION	3,728.00
11/30/2023	HEALTHWEST LITIGATION	281.60
1/31/2024	HEALTHWEST LITIGATION	105.60
	HEALTHWEST LITIGATION TOTAL	41,663.14
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MDHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MDHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,068.80)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
4/30/2023	MANAGED CARE/MDHHS CONTRACT	16,563.20
5/31/2023	MANAGED CARE/MDHHS CONTRACT	5,928.00
6/30/2023	MANAGED CARE/MDHHS CONTRACT	12,537.60
7/31/2023	MANAGED CARE/MDHHS CONTRACT	7,768.80
7/31/2023	EARLY PAYMENT DISCOUNT	(3,321.04)
8/31/2023	MANAGED CARE/MDHHS CONTRACT	1,302.40
9/30/2023	MANAGED CARE/MDHHS CONTRACT	2,810.40
10/31/2023	MANAGED CARE/MDHHS CONTRACT	3,547.20
11/30/2023	MANAGED CARE/MDHHS CONTRACT	563.20
12/31/2023	MANAGED CARE/MDHHS CONTRACT	5,000.00
2/29/2024	MANAGED CARE/MDHHS CONTRACT	76.00
	MANAGED CARE/MDHHS CONTRACT TOTAL	346,635.12
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
3/31/2024	NETWORK 180 LITIGATION	1,154.40
	NETWORK 180 LITIGATION TOTAL	54,028.53
	GRAND TOTAL	\$ 515,914.29



BOARD ACTION REQUEST

Subject: September 2024 Disbursements

Meeting Date: October 23, 2024

RECOMMENDED MOTION:

To approve the September 2024 disbursements of \$31,633,044.94 as presented.

SUMMARY OF REQUEST/INFORMATION:

Disbursements:	
Alleghen County CMH	\$3,525,959.38
Healthwest	\$8,377,655.52
Network 180	\$8,990,106.84
Ottawa County CMH	\$4,761,979.25
West Michigan CMH	\$4,898,866.55
SUD Prevention Expenses	\$91,771.03
Hospital Reimbursement Adjuster (HRA)	\$11,818.00
SUD Public Act 2 (PA2)	\$480,169.93
Administrative Expenses	\$506,536.44
Total:	\$31,633,044.94

96.88% 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: *10/14/2024*



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

As of Date: 8/31/24

Change in Net Assets	Year Ending 9/30/2024	8/31/2024		
	FY24 Budget <i>Amendment 3</i>	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	280,688,857	257,298,119	254,542,239	(2,755,880)
DHS Incentive	471,247	431,976	203,854	(228,122)
Autism Revenue	45,012,518	41,261,475	43,096,158	1,834,683
Healthy Michigan	29,243,058	26,806,137	29,962,484	3,156,347
Performance Bonus Incentive	2,819,234	2,584,298	-	(2,584,298)
CCBHC Quality Bonus Incentive	1,745,775	1,600,294	1,359,508	(240,786)
Hospital Rate Adjuster (HRA)	18,820,061	17,251,723	14,115,046	(3,136,677)
Member Local Contribution to State Medicaid	1,007,548	923,586	923,586	(0)
Medicaid CCBHC Base Capitation	23,291,192	21,350,259	20,741,214	(609,045)
Healthy Michigan CCBHC Base Capitation	6,453,534	5,915,740	5,663,240	(252,500)
Medicaid CCBHC Supplemental Revenue	33,076,313	30,319,954	22,121,684	(8,198,270)
Healthy MI CCBHC Supplemental Revenue	10,214,490	9,363,282	10,252,458	889,176
CCBHC General Funds	507,267	464,995	507,267	42,272
MDHHS Grants	13,975,354	12,810,741	9,138,071	(3,672,670)
PA 2 Liquor Tax	3,748,366	3,436,002	3,032,542	(403,460)
Non-MDHHS Grants: DFC	141,701	129,893	113,121	(16,772)
Interest Earnings	1,354,059	1,241,221	1,240,549	(672)
Miscellaneous Revenue	4,000	3,667	3,000	(667)
Total Operating Revenues	472,574,574	433,193,360	417,016,019	(16,177,340)
Expenditures				
Salaries and Fringes	4,570,860	4,189,955	4,193,573	3,618
Office and Supplies Expense	245,339	224,894	156,489	(68,405)
Contractual and Consulting Expenses	584,484	535,777	562,637	26,860
Managed Care Information System (PCE)	295,200	270,600	270,600	-
Legal Expense	65,893	60,402	60,893	491
Utilities/Conferences/Mileage/Misc Exps	428,831	393,096	108,897	(284,198)
Grants - MDHHS & Non-MDHHS	613,800	562,650	339,348	(223,302)
Hospital Rate Adjuster / Taxes	23,050,327	21,129,467	17,745,564	(3,383,903)
Prevention Expenses - Grant & PA2	3,813,429	3,495,643	3,362,900	(132,743)
CCBHC Quality Bonus Incentive	1,745,775	1,600,294	2,597,297	997,003
Member Payments - Medicaid/HMP	351,227,154	321,958,225	311,377,477	(10,580,748)
Member Payments - CCBHC Capitation	29,744,727	27,265,999	26,404,456	(861,543)
Member Payments - CCBHC Supplemental	43,290,803	39,683,236	35,320,442	(4,362,794)
Member Payments - CCBHC GF & Grants	507,267	464,995	507,267	42,272
Member Payments - PA2 Treatment	1,956,008	1,793,007	754,077	(1,038,930)
Member Payments - Grants	9,427,130	8,641,536	6,936,674	(1,704,861)
Local Contribution to State Medicaid	1,007,548	923,586	923,586	(0)
Total Expenditures	472,574,574	433,193,360	411,622,176	(21,571,184)
Total Change in Net Assets	(0)	(0)	5,393,843	5,393,843



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

As of Date: 8/31/24

Operating Revenues

Medicaid/HSW/SED/CWP	N/A - Closely aligned with the current budget projections.
DHS Incentive	This revenue is received quarterly beginning in April.
Autism Revenue	Current projections reflect an increase due to the Sept retro rate adjustment.
Healthy Michigan	Current projections reflect an increase due to the Sept retro rate adjustment.
Performance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
CCBHC Quality Bonus	Additional FY23 revenue was received in FY24 that was not anticipated. FY24 revenue will be received after the end of the fiscal year if health plan performance metrics are met.
Hospital Rate Adjuster	Revenue is received quarterly. A significant HRA add-on rate adjustment was approved by CMS and the adjustment was made in amend 3.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Base Capitation	N/A - Closely aligned with the current budget projections.
Healthy MI CCBHC Base Capitation	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Supplemental Revenue	Expecting a CCBHC Cost Settlement from MDHHS of about \$9 million.
Healthy MI CCBHC Supplemental Revenue	Higher than expected CCBHC daily visits. Actual revenue likely to exceed budget.
MDHHS Grants	MDHHS grant reimbursements are typically 45 days in arrears and SUD grant payments are received quarterly. Grant lapses are also projected for FY24.
PA 2 Liquor Tax	PA2 revenues are received quarterly, after the Department of Treasury issues payments to the counties. Initial payments were received in the 2nd quarter.
Non-MDHHS Grants: DFC	Grant funds are requested when provider expenditures are reported. All funds are projected to be spent this fiscal year.
Interest Revenue	N/A - Closely aligned with the current budget projections.
Miscellaneous Revenue	Revenue may be received throughout the year, but the budgeted amount is not guaranteed.

Expenditures

Salaries and Fringes	N/A - Closely aligned with the current budget projections.
Office and Supplies	Currently under budget. Reduced budget on amend 3. Additional expenses are expected later.
Contractual/Consulting	N/A - Closely aligned with the current budget projections.
Managed Care Info Sys	N/A - Closely aligned with the current budget projections.
Legal Expense	N/A - Closely aligned with the current budget projections.
Utilities/Conf/Mileage/Misc	This line item includes the LRE's contingency fund. Adjustments were made on amend 3.
Grants - MDHHS & Non-MDHHS	Most of these payments are billed to the LRE and paid by MDHHS 45 days in arrears. In addition, as noted above, some grants are being paid quarterly.
HRA/Taxes	IPA & HRA taxes are paid quarterly. First quarter HRA payment was received and paid out in April which included a significant increase.
Prevention Exps - Grant/PA2	N/A - Closely aligned with the current budget projections.
Member Med/HMP Payments	N/A - Closely aligned with the current budget projections.
Member CCBHC Capitation	N/A - Closely aligned with the current budget projections.
Member CCBHC Supplemental	Lower than expected CCBHC daily visits reported by CCBHCs. Projecting actual to align with budget by year end based on daily visit projections provided by the CCBHCs.
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 grant lapses are projected for FY24.
Local Contribution to State Medicaid	N/A - Closely aligned with the current budget projections.

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

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2024
August 2024 Reporting Month
Reporting Date: 10/14/24

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue	62,319,857	158,400,977	26,960,621	44,906,690	18,789,332	5,690,034	317,067,511
Total Capitated Expense	57,659,940	174,340,578	25,070,128	46,503,548	19,198,978	5,690,034	328,463,206
Actual Surplus (Deficit)	4,659,917	(15,939,601)	1,890,493	(1,596,858)	(409,647)	-	(11,395,695)
% Variance	7.48%	-10.06%	7.01%	-3.56%	-2.18%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	More individuals continued to be served under CCBHC than we had anticipated.	Network180 is experiencing increase demands in autism and specialized residential services. Additionally, revenue projections fell for the first nine 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. Note: Last month 7.55%	Actual expenses exceed distributed revenues	MDHHS retro Medicaid revenue will help reduce the shortfall.	Less than threshold for explanation.	
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of: August							
Total Projected Medicaid/HMP Revenue	67,805,359	169,957,261	29,391,974	49,273,947	20,363,069	13,922,556	350,714,167
Total Capitated Expense Projections	65,897,074	190,472,462	28,313,730	50,811,008	20,066,511	13,922,556	369,483,342
Projected Surplus (Deficit)	1,908,284	(20,515,201)	1,078,244	(1,537,061)	296,558	-	(18,769,175)
% Variance	2.81%	-12.07%	3.67%	-3.12%	1.46%	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 nine months of the year. Even with the increased revenue rates, in order to serve individuals as required.	Less than threshold for explanation.	Projected expenses exceed LRE revenue projection at this time	Less than threshold for explanation.	Less than threshold for explanation.	
PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	11/1/2023	9/22/2023	6/7/2024	8/16/2024	8/12/2024		
Medicaid/HMP Revenue			DRAFT ONLY - NOT ACCEPTED AS FINAL				
Total Budgeted Medicaid/HMP Revenue	69,625,245	166,119,203	29,788,300	50,550,063	20,438,999	13,922,556	350,444,367
Total Budgeted Capitated Expense	64,957,020	173,091,232	28,688,702	50,204,488	20,066,511	13,922,556	350,930,510
Budgeted Surplus (Deficit)	4,668,225	(6,972,029)	1,099,598	345,575	372,488	-	(486,143)
% Variance	6.70%	-4.20%	3.69%	0.68%	1.82%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	This is aligning with our planned surplus to account for historic year end shifts.	Network180 has significant unmet service need in autism and specialized residential services and a very fragile provider network. In order to maintain a provider network to provide required services, rate increases from 3-5% are necessary. Additionally, revenue projections continue to fall monthly as enrollment trends downward.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	
Variance between Projected and Proposed Spending Plan	(2,759,940)	(13,543,173)	(21,354)	(1,882,636)	(75,930)	-	(18,283,032)
% Variance	-3.96%	-8.15%	-0.07%	-3.72%	-0.37%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Planned surplus in the spending plan to account for historic year end shifts.	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.	Current projected expenses exceed spending plan but remain below proposed revenues	Less than threshold for explanation.	Less than threshold for explanation.	

Lakeshore Regional Entity Combined Monthly FSR Summary
 FY 2024
 August 2024 Reporting Month
 Reporting Date: 10/14/24

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
ACTUAL:							
Distributed Medicaid/HMP CCBHC Revenue							
Total Distributed Medicaid/HMP CCBHC Revenue	19,947,647	20,387,079	9,039,536	6,544,223	10,811,250	997,702	67,684,953
Total CCBHC Expense	24,427,159	23,403,227	7,440,340	4,080,794	10,692,090	81,935	70,125,544
Actual CCBHC Surplus (Deficit)	(4,479,512)	(3,016,147)	1,599,196	2,463,429	119,160	915,767	(2,440,592)
% Variance	-22.46%	-14.79%	17.69%	37.64%	1.10%	91.79%	
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	CCBHC costs continue to remain higher than the PPS payment. The FY25 increase will assist with this along with a KATA project we have to analyze the expenses and productivity. 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. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Distributed revenues exceeding expenses at this time. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Surplus is used to cover PIHP administration on traditional capitation administration expenses. Amount may be incorrect because MDHHS has not provided the new FY24 CCBHC PIHP Administrative rates.	
PROJECTION:							
Total Projected Medicaid/HMP CCBHC Revenue	21,235,992	24,822,814	9,197,728	6,009,401	11,769,594	1,088,402	74,095,087
Total CCBHC Expense Projections	26,647,810	25,766,751	8,587,146	4,896,953	12,464,281	89,383	78,452,324
Projected CCBHC Surplus (Deficit)	(5,411,818)	(943,936)	610,582	1,112,448	(694,687)	999,018	(4,357,236)
% Variance	-25.48%	-3.80%	6.64%	18.51%	-5.90%	91.79%	
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	CCBHC costs are higher than anticipated. HW is implementing productivity standards. 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. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Anticipated CCBHC surplus revenue. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	CCBHC expense is higher due to increasing staff cost. West Michigan has implemented processes to enhance productivity and reduce service cost. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	Surplus is used to cover PIHP administration on traditional capitation administration expenses. Amount may be incorrect because MDHHS has not provided the new FY24 CCBHC PIHP Administrative rates.	
PROPOSED SPENDING PLAN:							
Submitted to the LRE as of:	11/1/2023	9/22/2023	6/7/2024	8/16/2024	8/12/2024		
Total Budgeted Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,962,199	6,009,401	11,769,698	1,088,402	79,562,475
Total Budgeted CCBHC Expense	22,785,723	26,707,803	8,194,559	6,009,401	12,464,281	89,383	76,251,150
Budgeted Surplus (Deficit)	(4,852,508)	7,091,757	767,640	-	(694,583)	999,018	3,311,325
% Variance	-27.06%	20.98%	8.57%	0.00%	-5.90%	91.79%	
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	HealthWest is seeing many more CCBHC individuals and with higher costs than anticipated. We are working on a KATA project to evaluate productivity and expenses.	Network180's initial spending plan showed CCBHC would produce a surplus of revenue over expenses based on PPS-1 amounts and projected daily visits.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.	Less than threshold for explanation.	CCBHC expense is higher due to increasing staff cost. West Michigan has implemented processes to enhance productivity and reduce service cost.	Surplus is used to cover PIHP administration on traditional capitation administration expenses. Amount may be incorrect because MDHHS has not provided the new FY24 CCBHC PIHP Administrative rates.	
Variance between CCBHC Projected and Proposed Spending Plan	(559,310)	(8,035,693)	(157,059)	1,112,448	(104)	-	(7,668,562)
% Variance	-3.12%	-23.77%	-1.75%	18.51%	0.00%	0.00%	
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	HW had a shift in services in August with the number of individuals that were served under CCBHC than anticipated.	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.	Anticipated surplus CCBHC revenue	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	April	Change	May	Change	June	Change	July	Change	August	Change
HW	1,026,730	3,107,460	2,080,730	5,579,467	2,472,007	3,199,392	(2,380,075)	3,605,190	405,798	3,645,112	39,922	4,121,059	475,947	4,321,986	200,927	5,083,745	761,759	5,752,888	669,143	4,659,917	(1,092,971)
N180	165,809	759,302	593,493	289,272	(470,030)	204,160	(85,112)	(1,777,913)	(1,982,073)	(4,556,100)	(2,778,187)	(7,040,896)	(2,484,796)	(8,152,848)	(1,111,951)	(11,413,632)	(3,260,784)	(16,385,957)	(4,972,325)	(15,939,601)	446,356
OnPoint	358,611	925,043	566,432	1,450,703	525,660	2,032,241	581,538	1,333,301	(698,940)	2,074,950	741,649	1,529,935	(545,015)	1,484,423	(45,512)	1,852,813	368,391	1,715,891	(136,923)	1,890,493	174,603
Ottawa	3,447,859	4,673,590	1,225,731	2,874,179	(1,799,411)	3,822,418	948,239	3,032,139	(790,280)	2,997,878	(34,261)	3,674,280	676,402	1,962,820	(1,711,460)	5,947,406	3,984,586	(443,082)	(6,390,488)	(1,596,858)	(1,153,776)
WM	146,548	323,797	177,249	196,638	(127,159)	221,256	24,618	263,777	42,521	(194,679)	(458,456)	(252,186)	(57,507)	(300,664)	(48,478)	(322,028)	(21,364)	(54,529)	267,498	(409,647)	(355,117)
Total	5,145,557	9,789,192	4,643,635	10,390,259	601,067	9,479,467	(910,792)	6,456,493	(3,022,974)	3,967,160	(2,489,333)	2,032,192	(1,934,969)	(684,282)	(2,716,474)	1,148,305	1,832,588	(9,414,789)	(10,563,094)	(11,395,695)	(1,980,906)

Projection	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	April	Change	May	Change	June	Change	July	Change	August	Change
HW	4,668,224	3,624,722	(1,043,502)	2,921,274	(703,448)	2,243,222	(678,052)	1,896,615	(348,607)	487,028	(1,409,587)	1,014,668	527,640	1,584,465	569,797	1,450,071	(134,394)	2,193,384	743,313	1,908,284	(285,100)
N180	(6,972,029)	(22,055,426)	(15,083,397)	(17,050,789)	5,004,637	(19,607,306)	(2,556,519)	(15,887,604)	3,719,704	(16,512,771)	(625,167)	(15,000,482)	1,512,308	(16,632,024)	(1,631,562)	(19,324,604)	(2,692,580)	(19,448,465)	(123,861)	(20,515,201)	(1,066,737)
OnPoint	8,048	(477,886)	(485,934)	708,344	1,186,230	(137,133)	(845,477)	1,502,157	1,639,290	1,502,157	-	1,099,597	(402,560)	841,662	(257,935)	1,096,746	255,084	1,116,769	20,023	1,078,244	(38,525)
Ottawa	(595,855)	388,401	984,256	931,628	543,227	(403,186)	(1,334,814)	(281,286)	121,900	(2,110,937)	(1,829,651)	(1,400,740)	710,197	(1,229,657)	171,082	(708,396)	521,262	(755,772)	(47,377)	(1,537,061)	(781,288)
WM	467	(264,270)	(264,737)	(584,357)	(320,087)	(836,946)	(252,589)	(480,749)	356,197	(480,749)	-	(217,496)	263,253	(472,126)	(254,629)	260,872	732,997	216,288	(44,583)	296,558	80,270
Total	(2,891,145)	(18,784,459)	(15,893,314)	(13,073,900)	5,710,559	(18,741,351)	(5,667,451)	(13,250,867)	5,490,484	(17,115,272)	(3,864,405)	(14,504,433)	2,610,839	(15,907,679)	(1,403,246)	(17,225,311)	(1,317,631)	(16,677,796)	547,515	(18,769,175)	(2,091,379)

Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	April	Change	May	Change	June	Change	July	Change	August	Change
HW	4,668,225	4,668,225	-	4,668,225	-	4,668,225	(0)	4,668,225	-	4,668,225	-	4,668,225	-	4,668,225	-	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)	-	(6,972,029)	-	(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	-	1,099,598	1,091,550	1,099,598	-	1,099,598	-	1,099,598	-
Ottawa	79,645	79,645	-	79,645	-	79,645	-	79,645	-	(28,840)	(108,485)	(28,840)	-	(28,840)	-	345,575	374,415	345,575	-	345,575	-
WM	467	467	-	467	-	467	-	467	-	467	0	467	-	467	-	372,488	372,021	372,488	-	372,488	-
Total	(2,215,644)	(2,215,644)	-	(2,215,644)	-	(2,215,644)	(0)	(2,215,644)	-	(2,324,129)	(108,485)	(1,232,579)	1,091,550	(1,232,579)	-	(486,143)	746,436	(486,143)	-	(486,143)	-

Base Capitation Only. Does not include CCBHC activity.

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

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	755,749	(7,789,560)	(186,307)	(2,119,077)	(1,927,371)	(11,266,566)
Autism	3,904,168	(8,150,041)	2,076,800	522,219	1,517,724	(129,129)
Total Distributed Medicaid/HMP Revenue	4,659,917	(15,939,601)	1,890,493	(1,596,858)	(409,647)	(11,395,695)
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	(1,687,209)	(16,277,242)	(772,437)	(1,187,572)	(1,399,107)	(21,323,567)
Autism	3,595,493	(4,237,959)	1,850,681	(349,488)	1,695,665	2,554,392
Total Distributed Medicaid/HMP Revenue	1,908,284	(20,515,201)	1,078,244	(1,537,061)	296,558	(18,769,175)