Southwest Michigan
BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB)
Southwest Michigan Behavioral Health
5250 Lovers Lane, Suite 200, Portage, MI 49002

Monday, November 17, 2025
4:00-5:30
Draft: 11/13/25

1. **Welcome, and Introductions (Randall Hazelbaker)**

2. **Agenda Review and Adoption (Randall Hazelbaker)** (d) pg.1

3. **Board Actions**
   - 2026 SUDOPB meetings (d) pg.2

4. **Consent Agenda (Randall Hazelbaker)**
   - September 15, 2025, Meeting Minutes (d) pg.3

5. **Board Education**
   a) Fiscal Year 2025 YTD Financials (G. Guidry) (d) pg.6
   b) PA2 Utilization Fiscal Year 2025 YTD (G. Guidry) (d) pg.7
   c) Fiscal Year 2025 Outcomes Report (A. Miliadi) (a)
   d) RSAr Survey Results (C. Pederson) (d) pg.9
   e) Block Grant Budget Update (J. Smith)
   f) Certified Community Behavioral Health Clinics: Data Visibility (J. Smith)

6. **Communication and Counsel**
   a) Legislative and Policy Updates (M. Todd)
      - MDHHS Procurement and Litigation Update (d) pg.25
   b) Membership and new appointments
   c) SUDOPB Attendance Report (M. Jacobs) (d) pg.38

7. **Public Comment**

8. **County Updates**

9. **Adjourn**

The meeting will be held in compliance with the Michigan Open Meetings Act

Southwest Michigan Behavioral Health
Substance Use Disorder Oversight Policy Board Meetings

2026

January 26, 2026 4:00-5:30pm

March 16, 2026 4:00-5:30pm

May 18, 2026 4:00-5:30pm

July 20, 2026 4:00-5:30pm

*September 21, 2026 3:00-5:30pm

November 16, 2026 4:00-5:30pm

All meetings to take place at Southwest Michigan Behavioral Health
5250 Lovers Lane, Suite 200, Portage, MI 49002 unless otherwise noted

*To be determined

SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275
SWMBH does not limit or restrict the rights of the press or other news media.
Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.

Southwest Michigan
BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB) Meeting Minutes

September 15, 2025
3:00 – 5:30 pm
Draft: 9/16/25

Members Present: Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); RJ Lee (Cass County); Dominic Oo (Calhoun County); Matt Saxton (Calhoun County); Paul Schincariol (Van Buren County); Marsha Bassett (Barry County); Allyn Witchell (Kalamazoo County)

Members Absent: Rayonte Bell (Berrien); Alex R. Ott (Berrien); Jared Hoffmaster (St. Joseph County); Jonathan Current (Kalamazoo County)

Staff and Guests Present:
Mila Todd, Interim Executive Officer, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Amy St. Peter, Clinical Grants Specialist, SWMBH; Lily Smithson, Gambling Disorder Specialist, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Anastasia Miliadi, SUD Treatment Specialist, SWMBH; Emily Flory, Strategic Initiatives Project Manager, SWMBH; Megan O'Dea, Financial Analyst, SWMBH; Achiles Malta, Regional Prevention Services Coordinator, SWMBH; Erin Hetrick, SUD Treatment Specialist, SWMBH; Ella Philander, Executive Projects Manager, SWMBH

Welcome and Introductions
Randall Hazelbaker called the meeting to order at 3:03 pm. Introductions were made.

Public Comment
None

Agenda Review and Adoption

Motion	Richard Godfrey
Second	RJ Lee
Motion Carried	

Public Act 2 Dollars
SWMBH Fiscal Year 2026 PA2 Budget Summary
Garyl Guidry reported as documented highlighting:

- Fiscal Year 2025 budgets
- Fiscal Year 2026 projected budgets by County
- Revenue down $100,000
- Grants and Initiatives have changed that created lower or no funding for certain programs

Joel Smith reviewed each County's proposed program revenue and expenditures for Fiscal Year 2026. Discussion followed.

Public Comment
Joel Smith thanked the providers and persons served for attending today's meeting. Many comments and testimonials from providers and persons served. Provider agencies in attendance included Community Healing Center, Urban Alliance, Recovery Institute of SW MI, Gryphon Place, Abundant Life Ministries, Prevention Works, Barry County CMH, Summit Pointe CMH, 8th District Court, Barry County Specialty Courts and Berrien County Specialty Courts.

Board Actions
2026 PA2 Budget Approval

Motion	Richard Godfrey moved to approve the Fiscal Year 2026 PA2 Budget as presented.
Second	RJ Lee
Motion Carried	

Consent Agenda

Motion	RJ Lee moved to approve the 7/21/25 meeting minutes as presented.
Second	Dominic Oo
Motion Carried	

Board Education

Fiscal Year 2025 YTD Financials
Garyl Guidry reported as documented, highlighting numbers for Medicaid, Healthy Michigan, MI Child, Block Grant, PA2 and PA2 carryforward. Garyl also covered Period 10 SWMBH financials noting deficits, and projected deficits. There is a wait list for some services, and this will be discussed further at the November SUDOPB meeting. Discussion followed.

PA2 Utilization Fiscal Year 2025 YTD
Garyl Guidry reported as documented noting that Utilization has increased to 80% with this number expecting to go up next fiscal year. Discussion followed.

Overdose Awareness Day
Achiles Malta summarized the history of International Overdose Awareness Day, each year on August 31st highlighting lives lost, awareness and prevention strategies. Social media posts were created to raise awareness of services and resources which reached 15,000 unique addresses on social media. Events were hosted in Barry, Berrien and Kalamazoo Counties.

Opioid Settlement Funding Update
Joel Smith reported as documented sharing that SWMBH received $1 million in funds from the Healing and Recovery Community Engagement and Infrastructure Allocations. Use of funding had specific and strict requirements. Any unspent funds will roll over to next year. Discussion followed.

Communication and Counsel

Legislative Updates

Public Policy and Legislative Updates
Mila Todd noted the following:

- 8/4/25 RFP and Statement of work was released. RFP eliminates existing PIHPs and creates 3 new entities.
- Geographic constraints prevent SWMBH from bidding on the RFP.
- State responded to lawsuit (760-page response). Multiple laws firms representing the plaintiffs and multiple Attorneys General named as the State's counsel.
- 9/12/25 plaintiffs' reply brief in support of motion for preliminary injunction due.
- 9/16/25 Case conference with Judge Yates.
- 9/22/25 plaintiffs' response brief in opposition to the State's motion is due.
- 9/26/25 State's reply brief is due.
- SWMBH received legal advice to submit a bid to the RFP within SWMBH constraints. RFP bid due 10/6/25. SWMBH is developing a bid to the RFP to meet legal obligations.
- Fiscal Year 2026 contract was received and is being reviewed by SWMBH legal counsel. SWMBH intends to sign contract pending legal advise from counsel.
- Discussion of ramifications if there is a government shut down

Purdue/Sackler Settlement
Joel Smith reported as documented noting a settlement has been reached and each county listed has the opportunity to sign up to receive settlement funds. Any questions regarding this settlement should be directed to Matt Walker (WalkerM30@michigan.gov)

2025 SUDOPB Attendance Report
Michelle Jacobs noted the attendance report for 2025 will be included in each month's packet per County Administrator request.

County Updates
Barry County is getting creative on funding SUD services in their county.

Public Comment
None

Adjourn
Randall Hazelbaker adjourned the meeting.

Meeting adjourned at 4:42pm

Southwest Michigan Behavioral Health

Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2025

For the Fiscal YTD Period Ended 9/30/2025

	MEDICAID				Healthy MI			
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)
Barry	213,817	214,832	24,330	190,501	416,894	377,687	36,084	341,603
Berrien	805,314	854,825	55,435	799,390	1,657,051	1,704,318	137,582	1,566,736
Branch	225,123	230,412	5,921	224,491	387,429	374,556	30,924	343,632
Calhoun	892,098	932,124	414,364	517,760	1,557,957	1,501,480	996,416	505,063
Cass	250,292	250,949	267,043	(16,094)	504,201	432,506	607,488	(174,982)
Kazoo	1,134,903	1,230,720	258,839	971,881	2,443,358	2,238,667	518,070	1,720,597
St. Joe	320,123	309,719	27,703	282,016	646,098	571,188	59,638	511,550
Van Buren	415,868	423,878	0	423,878	788,688	680,061	27,703	652,358
DRM	3,195,488	3,432,113	3,507,582	(75,469)	5,771,834	5,580,345	6,560,787	(980,442)
Grand Total	**7,453,025**	**7,879,573**	**4,561,218**	**3,318,355**	**14,173,511**	**13,460,809**	**8,974,693**	**4,486,115**

	BLOCK GRANT				BLOCK GRANT BY COUNTY			
EGRAMS	Budgeted	Actual	YTD	Fav		Actual	YTD	Fav
SUD Block Grant	YTD Revenue	YTD Revenue	Expense	(Unfav)	County	YTD Revenue	Expense	(Unfav)
Community Grant	3,356,555	3,341,914	3,341,914	0	Barry	171,828	171,828	0
WSS	200,000	168,032	168,032	0	Berrien	476,699	476,699	0
Prevention	1,767,934	1,642,216	1,642,216	0	Branch	97,475	97,475	0
Admin/Access	210,000	210,000	210,000	0	Calhoun	611,360	611,360	0
State Disability Assistance	125,289	125,289	125,289	0	Cass	240,603	240,603	0
Gambling Prevention	188,684	189,069	189,069	0	Kazoo	715,258	715,258	0
State's Opioid Response 3	1,420,965	1,323,606	1,323,606	0	St. Joe	208,976	208,976	0
Partnership for Advancing Coalition	125,000	125,000	125,000	0	Van Buren	251,128	251,128	0
Substance Use Disorder - Tobacco 2	4,000	2,400	2,400	0	DRM	2,273,476	2,273,476	0
Alcohol Use Disorder Treatment	221,200	204,818	204,818	0	Admin/Access	190,359	190,359	0
Recovery Incentives Infrastructure	445,478	102,785	102,785	0				
Healing and Recovery Community Engage	1,000,000	589,519	589,519	0		**5,237,162**	**5,237,162**	-
ARPA Treatment	380,000	273,382	273,382	0				
ARPA Prevention	144,060	144,060	144,060	0				
Mental Health Block Grant								
Transitional Navigators	200,000	159,014	159,014	0				
Clubhouse Engagement	2,654	2,654	2,654	0				
Veterans Navigator	130,000	97,698	97,698	0				
Behavioral Health Disparities	250,000	243,782	243,782	0				
Bhvrl Hlth Home Expansion	69,245	0	0	0				
Bhvrl Hlth Wrkfrce Stabilization Spprt	68,000	0	0	0	Legend			
Admin/Access	0	0	13,099	(13,099)	DRM - Detox, Residential, and Methadone			
					WSS - Women's Specialty Services			
Grand Total	**10,309,064**	**8,945,239**	**8,958,338**	**(13,099)**				

	PA2				PA2 Carryforward			
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)		Prior Year Balance	Current Utilization	Projected Year End Balance
Barry	95,425	95,425	91,994	3,431	Barry	801,048	3,431	804,479
Berrien	415,751	415,751	369,461	46,291	Berrien	774,628	46,291	820,919
Branch	76,484	76,484	69,479	7,005	Branch	588,878	7,005	595,883
Calhoun	368,456	368,456	395,062	(26,607)	Calhoun	220,401	(26,607)	193,794
Cass	81,228	81,228	154,141	(72,913)	Cass	614,189	(72,913)	541,276
Kazoo	750,823	750,823	853,581	(102,758)	Kazoo	2,213,481	(102,758)	2,110,723
St. Joe	126,259	126,259	138,749	(12,489)	St. Joe	409,726	(12,489)	397,237
Van Buren	176,265	176,265	101,761	74,504	Van Buren	548,929	74,504	623,433
Grand Total	**2,090,691**	**2,090,691**	**2,174,227**	**(83,536)**		**6,171,280**	**(83,536)**	**6,087,745**

Public Act 2 (PA2) Utilization Report
Fiscal Year 2025

Program	FY25 Approved Budget	Utilization FY25 September 2025	PA2 Remaining	YTD Utilization
Barry	**225,819**	**91,994**	**133,825**	**41%**
Barry County-Adult Specialty Court	81,743	51,152	30,591	63%
BCCMHA - Outpatient Services	68,300	35,530	32,770	52%
BCCMHA-Prevention Services	75,776	5,312	70,464	7%
Berrien	**501,708**	**369,461**	**132,247**	**74%**
Abundant Life - Healthy Start	74,200	74,200	-	100%
Berrien MHA - Riverwood Jail Based Assessment	33,184	-	33,184	0%
Berrien County - Treatment Court Programs (DTC)	29,750	5,825	23,925	20%
Berrien County - Trial Courts (Intake/Assessment Coordinator)	58,274	55,899	2,375	96%
CHC - Jail Services	8,000	5,590	2,410	70%
CHC - Carol's Hope	42,000	42,000	0	100%
CHC - Wellness Group	6,000	3,729	2,271	62%
CHC - Star of Hope Recovery House	60,000	58,557	1,443	98%
Sacred Heart - Juvenile SUD Services	90,300	23,660	66,640	26%
Berrien County Health Department - Prevention Services	100,000	100,000	-	100%
Branch	**118,139**	**69,479**	**48,660**	**59%**
Pines BHS - Outpatient Treatment	30,000	22,913	7,087	76%
Jail Based Clinician	88,139	46,566	41,573	53%
Calhoun	**397,874**	**395,064**	**2,810**	**99%**
Calhoun County 10th Dist Sobriety Treatment Court	108,586	108,586	-	100%
Calhoun County 10th Dist Veteran's Treatment Court	6,050	5,818	232	96%
Calhoun County 37th Circuit Drug Treatment Court	213,238	213,238	-	100%
Haven of Rest-Haven Life Recovery Program (Men's)	20,000	20,000	-	100%
Calhoun County Juvenile SUD Services	25,000	22,422	2,578	90%
Michigan Rehabilitation Services - Calhoun	25,000	25,000	-	100%
Cass	**198,358**	**154,141**	**31,202**	**78%**
Woodlands - Meth Treatment & Drug Court Outpatient Services	65,673	56,552	9,120	86%
Woodlands BHN-Family Education Group	15,730	6,958	8,773	44%
Woodlands Case Management Outreach	45,596	37,715	7,881	83%
Woodlands BHN-Contingency Management	10,500	5,072	5,429	48%
Woodlands-Prevention Services	60,859	47,844	13,015	79%
Kalamazoo	**980,047**	**853,579**	**126,468**	**87%**
CHC - New Beginnings	47,627	47,627	-	100%
CHC - Bethany House	26,154	26,154	(0)	100%
ISK - Oakland Drive Shelter	42,600	42,600	-	100%
8th District Sobriety Court	26,900	24,730	2,170	92%
8th District General Probation Court	14,850	9,023	5,827	61%
8th District Mental Health Recovery Court	4,950	2,421	2,529	49%
9th Circuit Problem Solving Courts	80,000	80,000	-	100%
CHC - Adolescent Services	21,876	2,340	19,537	11%
KCHCS Healthy Babies	87,000	87,000	-	100%
ISK - Opiod Overdose Response Program (OORP)	100,000	100,000	-	100%
ISK - Homeless Emergency Response System (FUSE)	33,600	33,600	-	100%
ISK - Mental Health Services Court	100,000	100,000	-	100%
ISK - IDDT Transportation Participant Support	16,500	16,078	422	97%
Michigan Rehabilitation Services - Kalamazoo	17,250	17,250	-	100%

Program	FY25 Approved Budget	Utilization FY25 September 2025	PA2 Remaining	YTD Utilization
Recovery Institute - Recovery Coach	108,336	99,397	8,939	92%
Prevention Works - ATOD	75,000	75,000	-	100%
Prevention Works - Task Force	25,000	25,000	-	100%
WMU - Jail Groups	85,851	-	85,851	0%
WMU - BHS Engagement Via Text Messaging	10,552	9,360	1,193	89%
Gryphon Gatekeeper - Suicide Prevention	20,000	20,000	-	100%
Gryphon Helpline/Crisis Response	36,000	36,000	-	100%
St. Joseph	**141,641**	**138,749**	**2,892**	**98%**
CHC - Hope House	57,325	56,809	516	99%
3B District - Drug/Alcohol Testing	37,040	37,040	-	100%
3B District - Sobriety Courts/Ignition Interlock	3,276	900	2,376	27%
Pivotal (CMH) - Court Ordered Drug Testing/Assessments	44,000	44,000	-	100%
Van Buren	**269,942**	**101,761**	**168,181**	**38%**
Van Buren CMHA- Substance Abuse Treatment	107,964	43,770	64,194	41%
Van Buren CMHA-Recovery Coaching	92,213	4,246	87,967	5%
Van Buren County-Speciality Courts and Pretrial Services	69,765	53,745	16,020	77%
Totals	**2,833,527**	**2,174,227**	**659,300**	**77%**

2025 RSA-r Survey Results

What is the RSA-r Survey?

- RSA-r (Recovery Self Assessment-revised) Person in Recovery version
- Given to Medicaid & Block Grant SUD consumers to identify practices that facilitate or impede recovery at their current SUD provider/CMHSP.
- 32 questions, answers were based on scale of 1-5 (1=strongly disagree to 5=strongly agree)
- All questions related to one of the following six domains:
  - Life Goals
  - Involvement
  - Diversity of Treatment
  - Choice
  - Individually Tailored Services
  - Inviting Space
- Survey implementation period: August 1- September 15, 2025

RSA-r
Recovery Self- Assessment- revised
2025
Person in Recovery Version

Southwest Michigan Behavioral Health (SWMBH) is a group that works with your provider. SWMBH wants to know what you think about the recovery-oriented services you received. The survey asks about the people who tried to help you. The survey also asks if you feel like the help you got improved things for you. What you say will only be used to make services and programs better. There is room at the end of the survey to tell us more if you would like to. This is optional. Your responses will be confidential. If you have grievances and would like your concerns addressed directly with you, please contact your provider to follow their formal grievance process.

Note: Surveys will not be reviewed until after the survey period ends on or after 9/30/25. If you are experiencing a psychiatric or other emergency, contact your provider/doctor, 911, or 988 immediately.

Instructions: Please circle the number below which reflects how accurately the following statements describe the activities, values, policies, and practices of this program.

5 Strongly Agree **4** **3** **2** **1 Strongly Disagree**

N/A= Not Applicable
D/K= Don't Know

1. Staff welcome me and help me feel comfortable in this program.	→	5	4	3	2	1	N/A	D/K
2. The physical space of this program (e.g., the lobby, waiting rooms, etc.) feels inviting and dignified.	→	5	4	3	2	1	N/A	D/K
3. Staff encourage me to have hope and high expectations for myself and my recovery.	→	5	4	3	2	1	N/A	D/K
4. I can change my clinician or case manager if I want to.	→	5	4	3	2	1	N/A	D/K
5. I can easily access my treatment records if I want to.	→	5	4	3	2	1	N/A	D/K
6. Staff do not use threats, bribes, or other forms of pressure to get me to do what they want.	→	5	4	3	2	1	N/A	D/K
7. Staff believe that I can recover.	→	5	4	3	2	1	N/A	D/K
8. Staff believe that I have the ability to manage my own symptoms.	→	5	4	3	2	1	N/A	D/K
9. Staff believe that I can make my own life choices regarding things such as where to live, when to work, whom to be friends with, etc.	→	5	4	3	2	1	N/A	D/K
10. Staff listen to me and respect my decisions about my treatment and care.	→	5	4	3	2	1	N/A	D/K
11. Staff regularly ask me about my interests and the things I would like to do in the community.	→	5	4	3	2	1	N/A	D/K
12. Staff encourage me to take risks and try new things.	→	5	4	3	2	1	N/A	D/K
13. This program offers specific services that fit my unique culture and life experiences.	→	5	4	3	2	1	N/A	D/K
14. I am given opportunities to discuss my spiritual needs and interests when I wish.	→	5	4	3	2	1	N/A	D/K
15. I am given opportunities to discuss my sexual needs and interests when I wish.	→	5	4	3	2	1	N/A	D/K
16. Staff help me to develop and plan for life goals beyond managing symptoms or staying stable (e.g., employment, education, physical fitness, connecting with family and friends, hobbies).	→	5	4	3	2	1	N/A	D/K

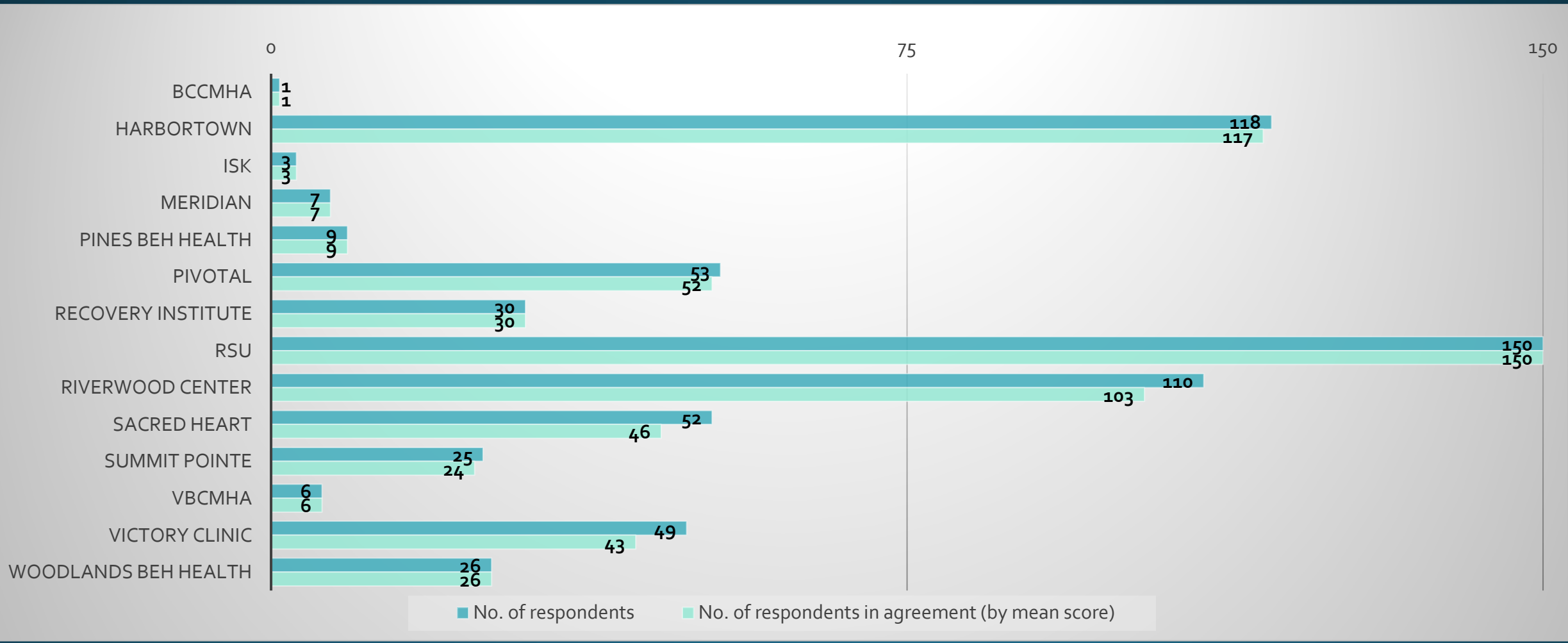
(TURN OVER PLEASE)

5 Strongly Agree **4** **3** **2** **1 Strongly Disagree**

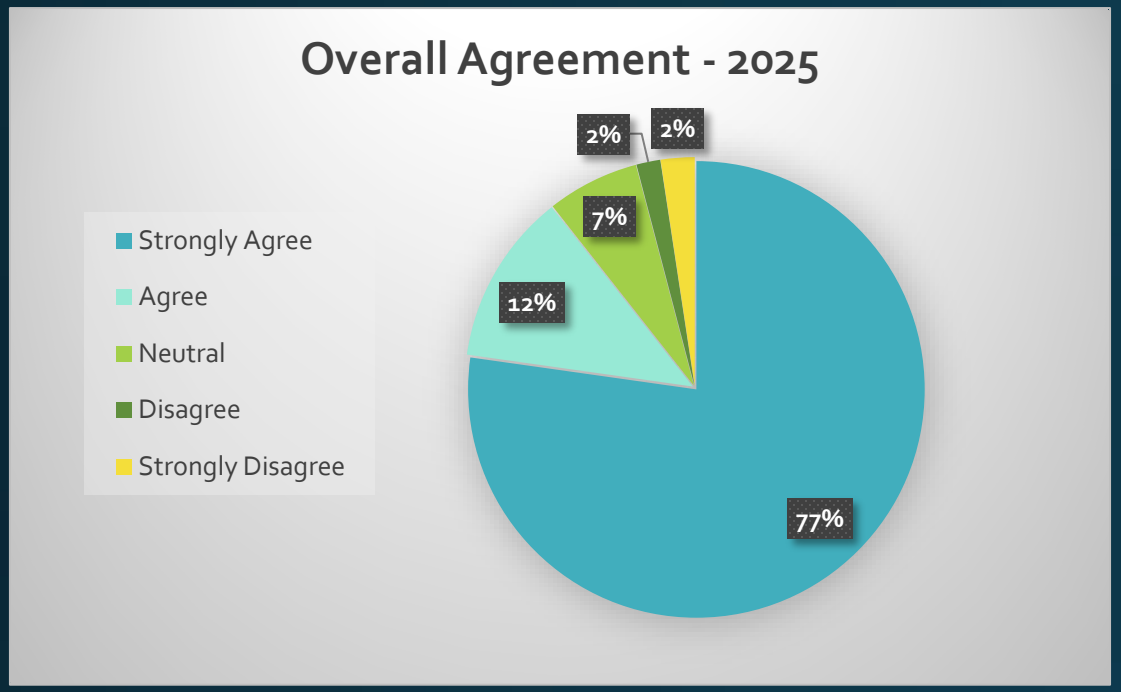
N/A= Not Applicable
D/K= Don't Know

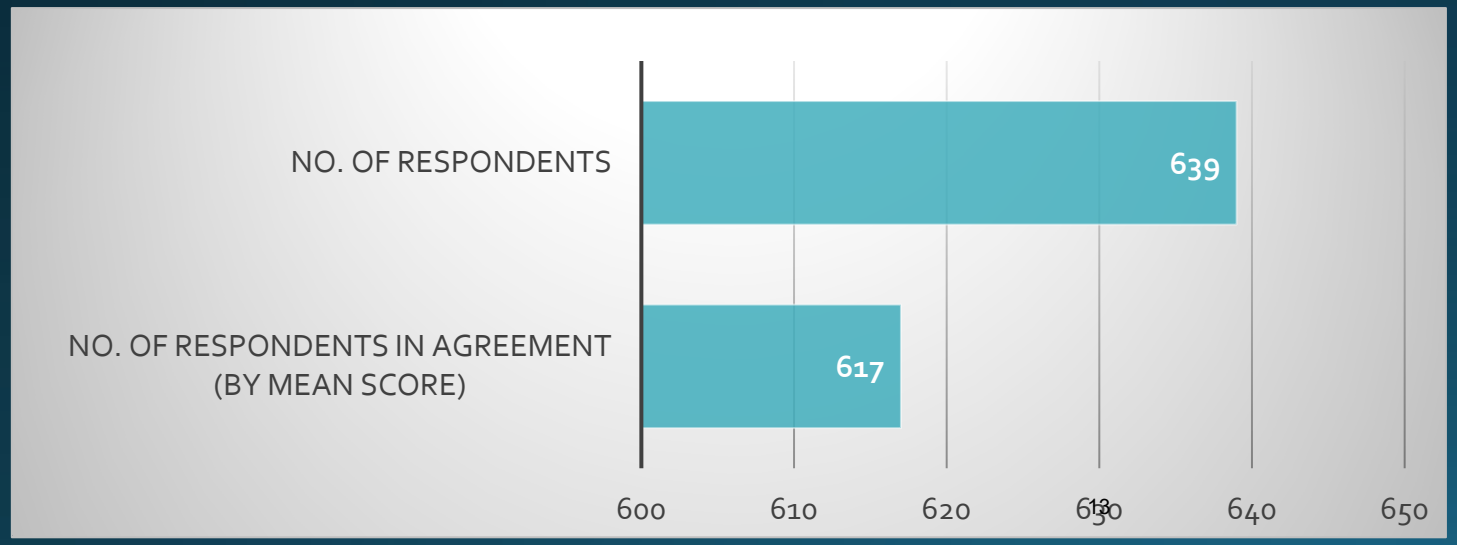
17. Staff help me to find jobs.	→	5	4	3	2	1	N/A	D/K
18. Staff help me to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.	→	5	4	3	2	1	N/A	D/K
19. Staff help me to include people who are important to me in my recovery/ treatment planning (such as family, friends, clergy, or an employer).	→	5	4	3	2	1	N/A	D/K
20. Staff introduce me to people in recovery who can serve as role models or mentors.	→	5	4	3	2	1	N/A	D/K
21. Staff offer to help me connect with self-help, peer support, or consumer advocacy groups and programs.	→	5	4	3	2	1	N/A	D/K
22. Staff help me to find ways to give back to my community, (i.e., volunteering, community services, neighborhood watch/cleanup).	→	5	4	3	2	1	N/A	D/K
23. I am encouraged to help staff with the development of new groups, programs, or services.	→	5	4	3	2	1	N/A	D/K
24. I am encouraged to be involved in the evaluation of this program's services and service providers.	→	5	4	3	2	1	N/A	D/K
25. I am encouraged to attend agency advisory boards and/or management meetings if I want.	→	5	4	3	2	1	N/A	D/K
26. Staff talk with me about what it would take to complete or exit this program.	→	5	4	3	2	1	N/A	D/K
27. Staff help me keep track of the progress I am making towards my personal goals.	→	5	4	3	2	1	N/A	D/K
28. Staff work hard to help me fulfill my personal goals.	→	5	4	3	2	1	N/A	D/K
29. I am/can be involved with staff trainings and education programs at this agency.	→	5	4	3	2	1	N/A	D/K
30. Staff listen, and respond, to my cultural experiences, interests, and concerns.	→	5	4	3	2	1	N/A	D/K
31. Staff are knowledgeable about special interest groups and activities in the community.	→	5	4	3	2	1	N/A	D/K
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	→	5	4	3	2	1	N/A	D/K

Optional **- Please use to space below to share any comments you have about your services.**



Surveys Completed by Provider

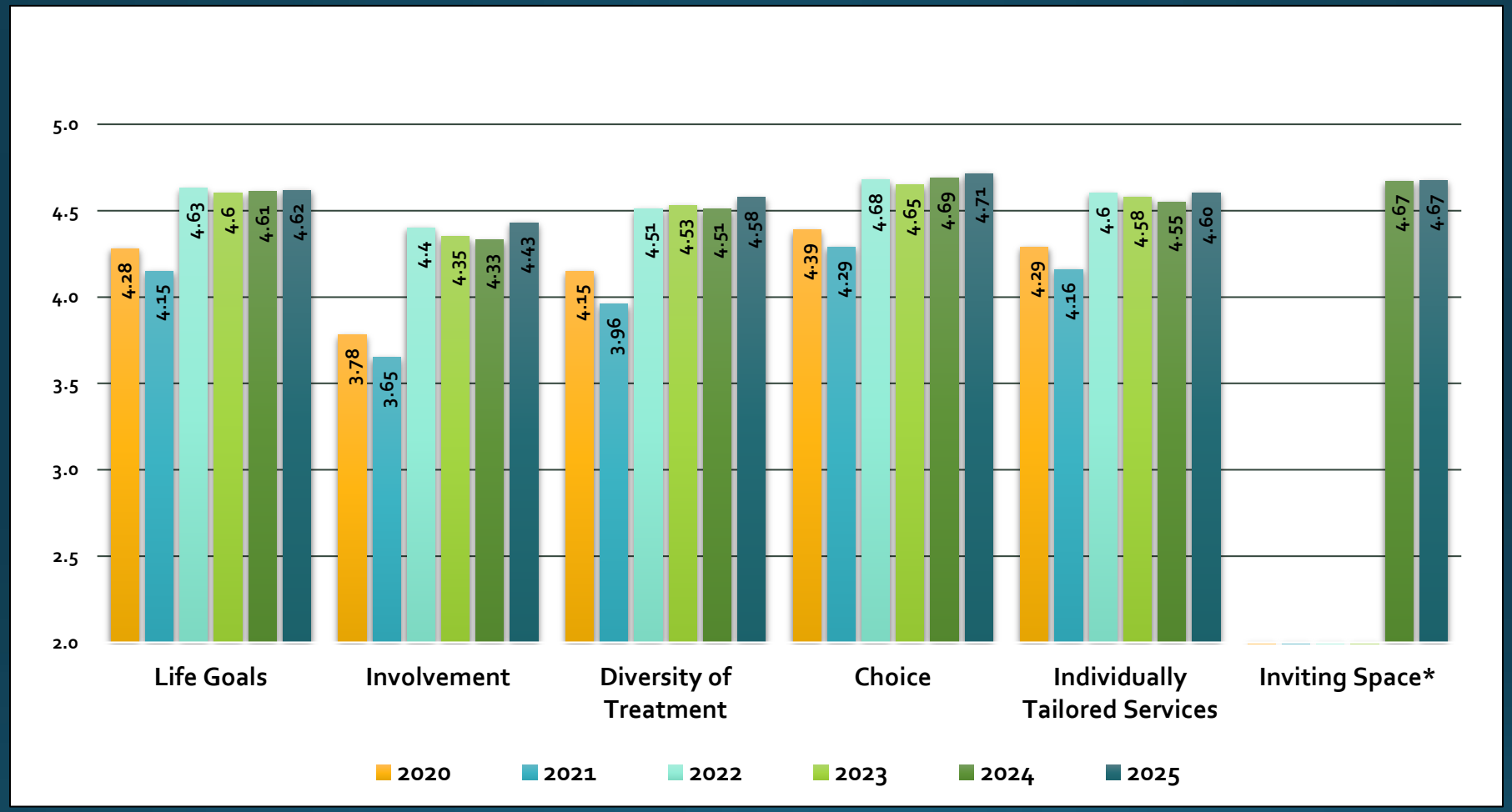




2025 Participation and Agreement Analysis:

In agreement percentage of at least 95% has been maintained by the region since 2022.

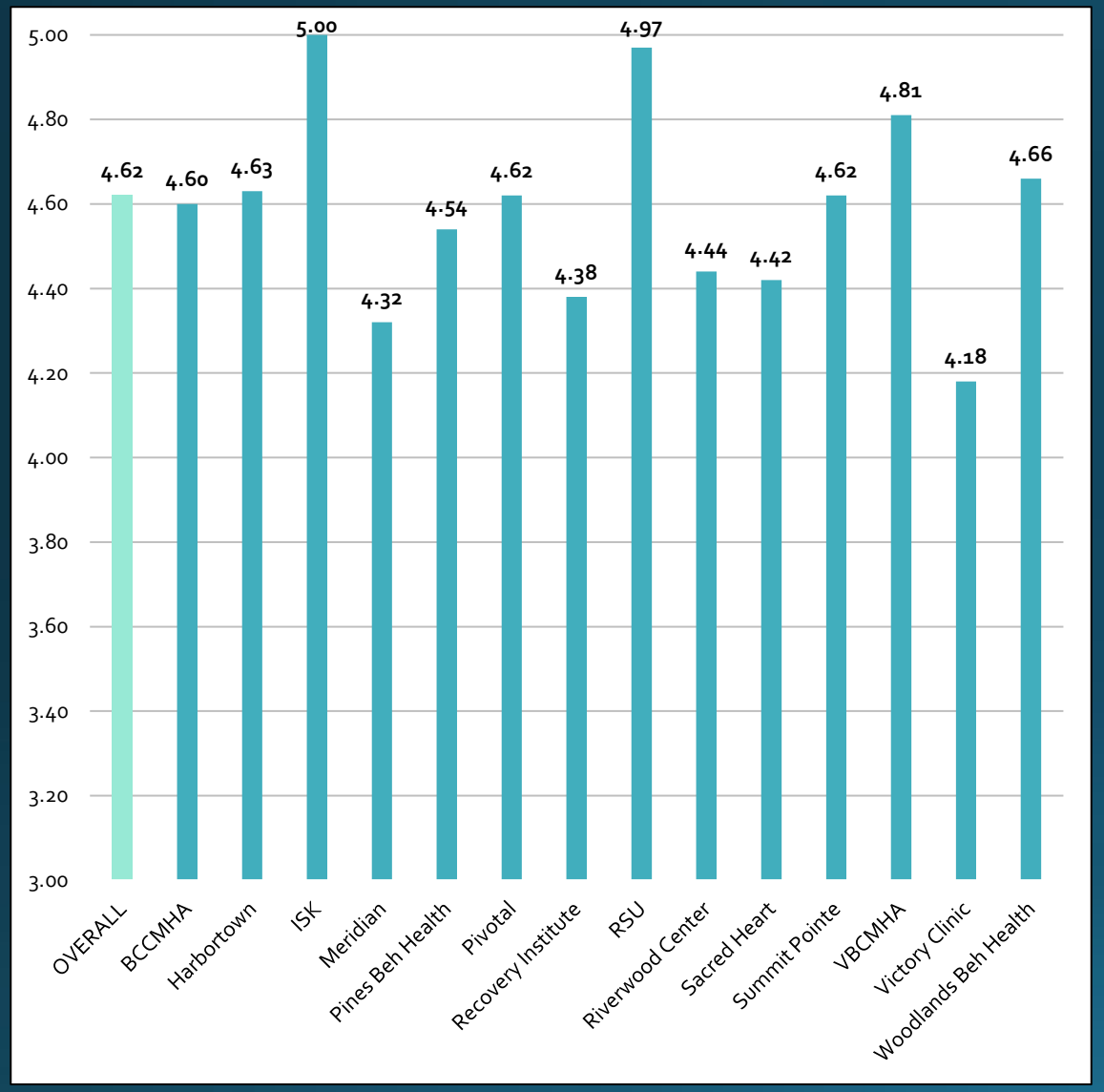
* In Agreement includes Strongly Agree (5), Agree (4) and Neutral (3) ratings



Yearly Trend Analysis

Life Goals

How the provider encourages persons in recovery to pursue individual goals and interests

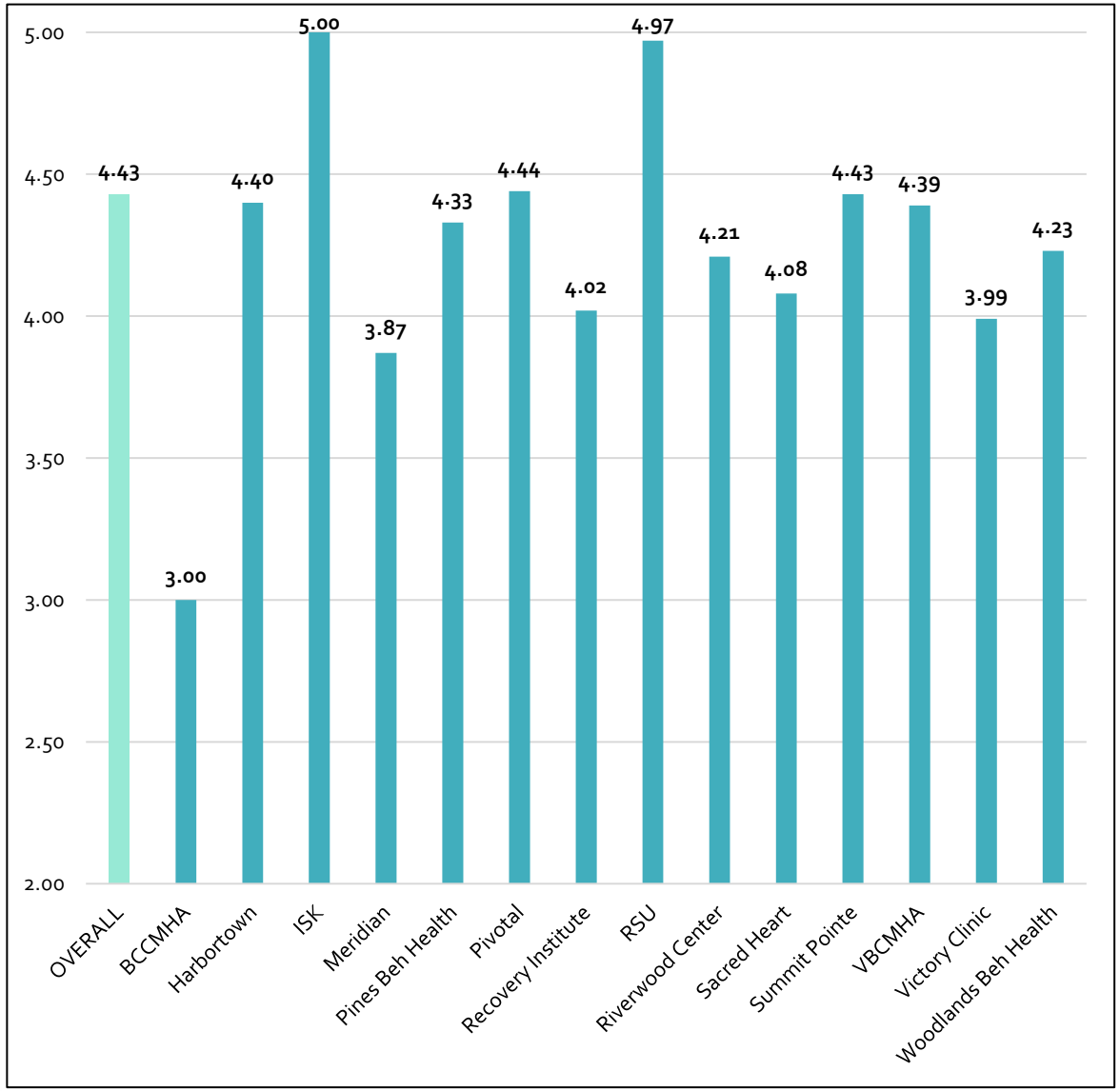


Question	FY25 Mean Score	FY24 Mean Score	FY23 Mean Score
7. Staff believe in the ability of program participants to recover.	**4.79**	4.83	4.79
3. Staff encourage program participants to have hope and high expectations for their recovery.	**4.74**	4.78	4.71
9. Staff believe that program participants can make their own life choices regarding things such as where to live, when to work, whom to be friends with, etc.	**4.70**	4.71	4.67
16. Staff help program participants to develop and plan for life goals beyond managing symptoms or staying stable (e.g. employment, education physical fitness, connecting with family and friends, hobbies).	**4.68**	4.68	4.67
28. The primary role of agency staff is to assist a person with fulfilling his/her own goals and aspirations.	**4.64**	4.59	4.60
32. Agency staff are diverse in terms of culture, ethnicity, lifestyle, and interests.	**4.62**	4.60	4.63
31. Staff are knowledgeable about special interest groups and activities in the community.	**4.60**	4.58	4.61
8. Staff believe that program participants have the ability to manage their own symptoms.	**4.59**	4.65	4.59
12. Staff encourage program participants to take risks and try new things.	**4.49**	4.46	4.44
18. Staff actively help program participants to get involved in non-mental health/addiction related activities, such as church groups, adult education, sports, or hobbies.	**4.49**	4.44	4.49
17. Staff routinely assist program participants with getting jobs.	**4.35**	4.31	4.26

Involvement

How the provider involves the persons in recovery in their recovery process

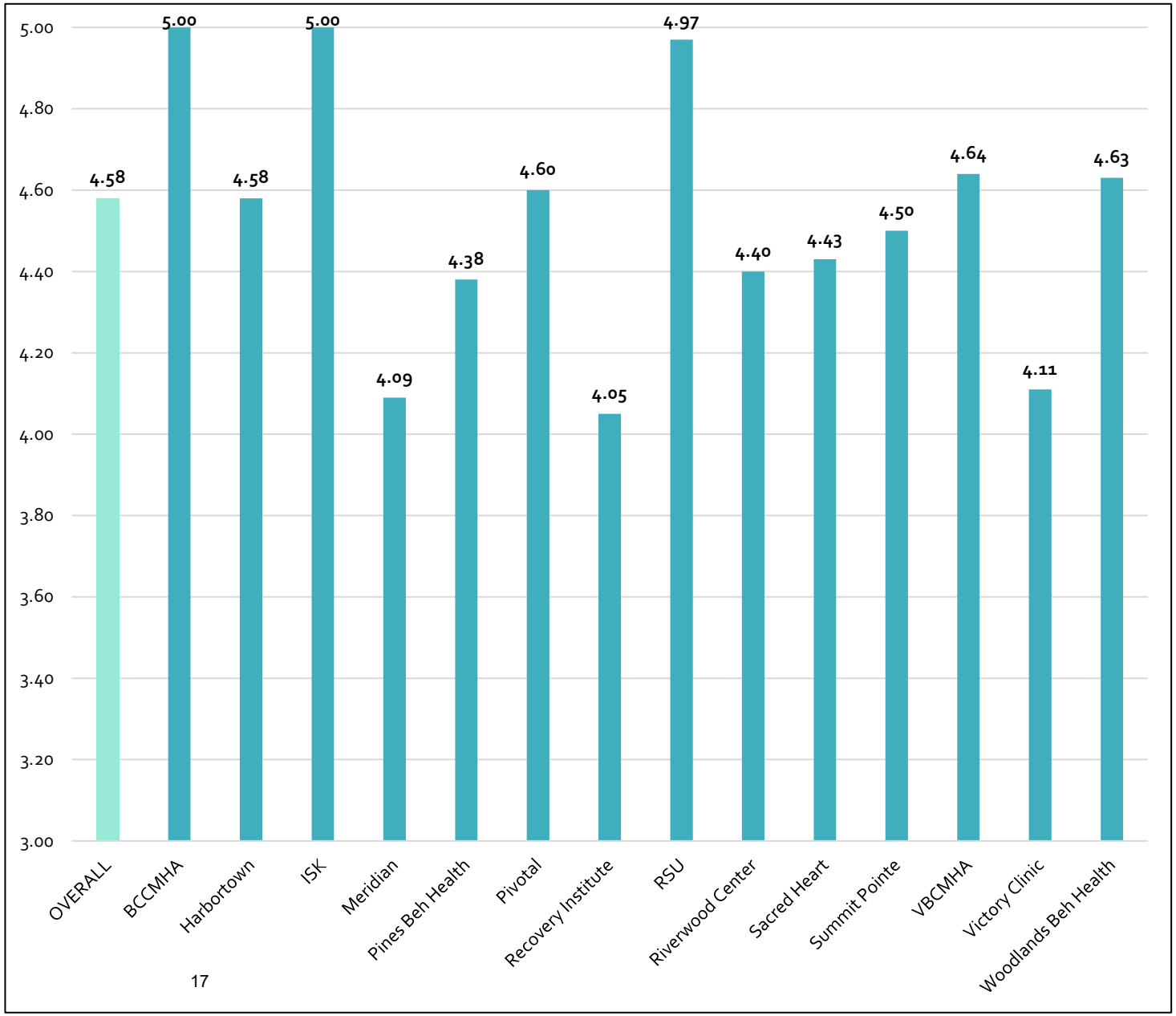
Question	FY25 Mean Score	FY24 Mean Score	FY23 Mean Score
Q24. People in recovery are encouraged to be involved in the evaluation of this agency's programs, services, and service providers.	**4.52**	4.46	4.53
Q22. Staff actively help people find ways to give back to their community (i.e., volunteering, community services, neighborhood watch/cleanup).	**4.46**	4.35	4.39
Q23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.	**4.41**	4.25	4.28
Q29. Persons in recovery are involved with facilitating staff trainings and education at this program.	**4.37**	4.34	4.29
Q25. People in recovery are encouraged to attend agency advisory boards and management meetings.	**4.37**	4.2	4.19



Diversity of Treatment

How the provider offers a range of treatment options and styles to cater to the needs and preferences of persons in recovery

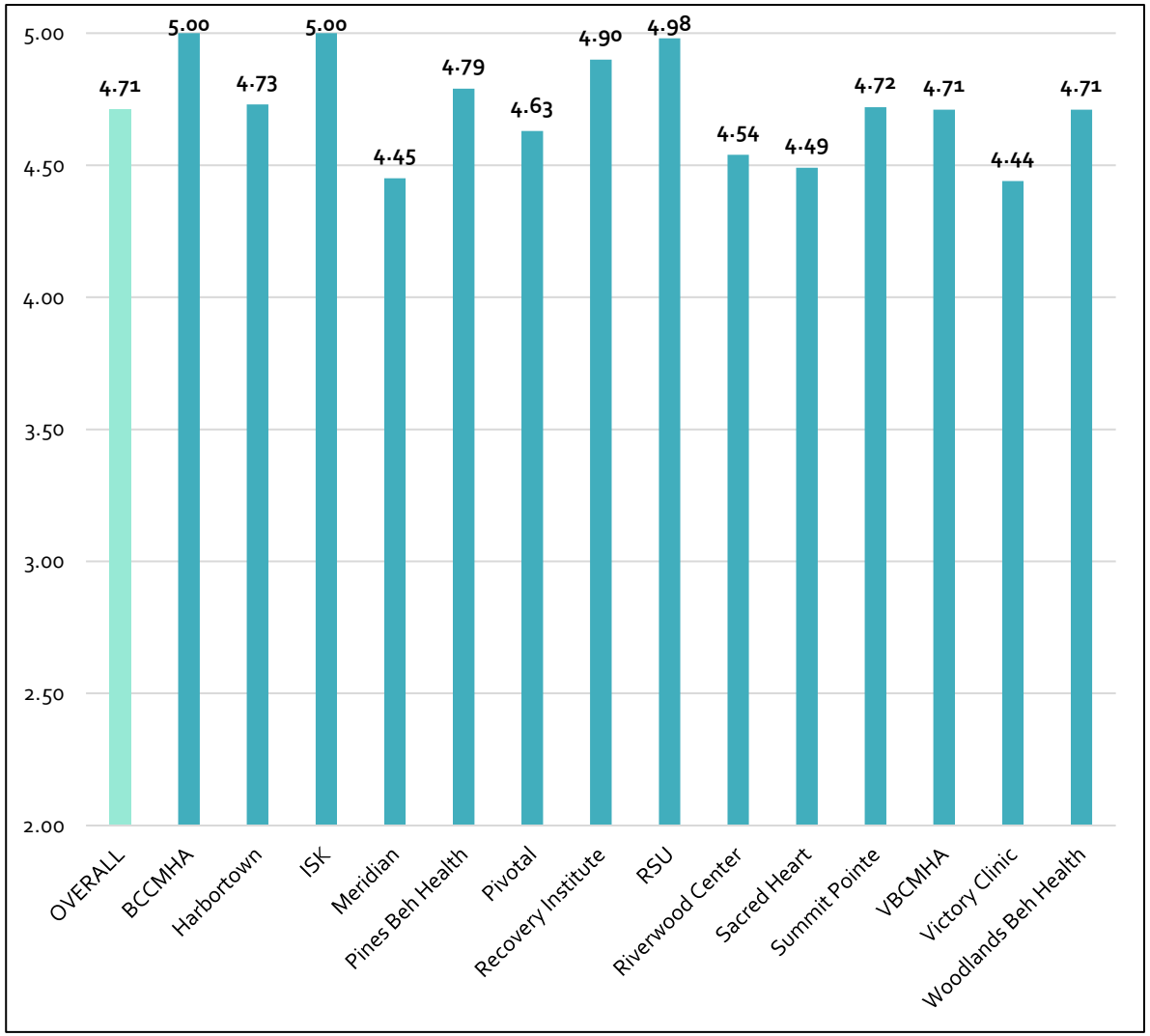
Question	**FY25 Mean Score**	FY24 Mean Score	FY23 Mean Score
Q14. Staff offer participants opportunities to discuss their spiritual needs and interests when they wish.	**4.64**	4.58	4.62
Q21. Staff actively connect program participants with self-help, peer support, or consumer advocacy groups and programs.	**4.63**	4.60	4.65
Q26. Staff talk with program participants about what it takes to complete or exit the program.	**4.56**	4.49	4.53
Q20. Staff actively introduce program participants to persons in recovery who can serve as role models or mentors.	**4.55**	4.44	4.51
Q15. Staff offer participants opportunities to discuss their sexual needs and interests when they wish.	**4.48**	4.39	4.32



Choice

How the provider considers the preferences and choices of persons in recovery during the recovery process

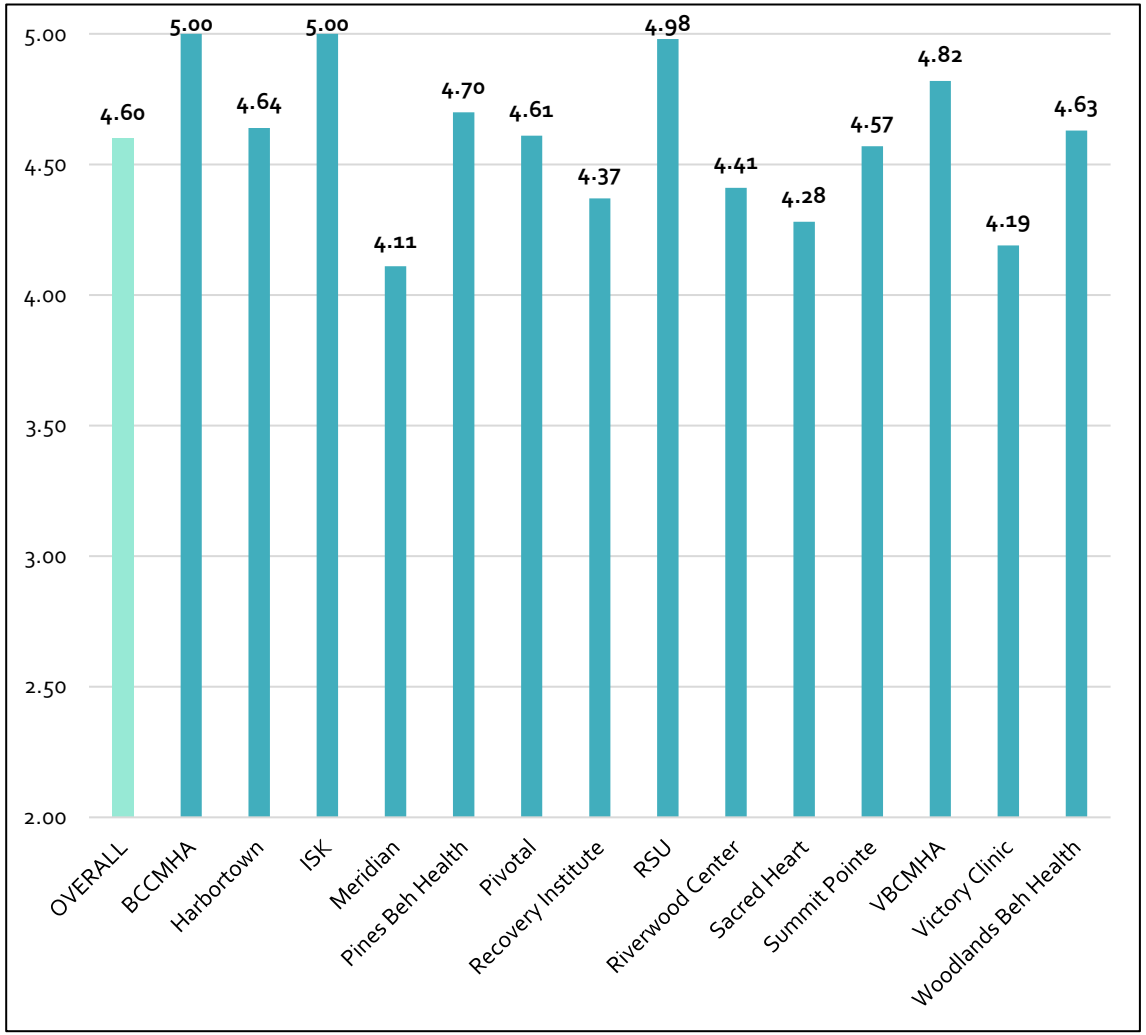
Question	**FY25 Mean Score**	FY24 Mean Score	FY23 Mean Score
Q6. Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.	**4.80**	4.79	4.72
Q10. Staff listen to and respect the decisions that program participants make about their treatment and care.	**4.75**	4.71	4.71
Q4. Program participants can change their clinician or case manager if they wish.	**4.69**	4.66	4.59
Q5. Program participants can easily access their treatment records if they wish.	**4.66**	4.66	4.59
Q27. Progress made towards an individual's own personal goals is tracked regularly.	**4.66**	4.61	4.62



Individually Tailored Services

How the provider helps persons in recovery tailor their treatment programs to their individual needs

Question	FY25 Mean Score	FY24 Mean Score	FY23 Mean Score
19. Staff work hard to help program participants to include people who are important to them in their recovery/treatment planning (such as family, friends, clergy, or an employer).	**4.65**	4.56	4.63
Q30. Staff listen, and respond, to my culture, ethnicity, lifestyle, and interests.	**4.62**	4.60	4.65
11. Staff regularly ask program participants about their interests and the things they would like to do in the community.	**4.58**	4.58	4.50
13. This program offers specific services that fit each participant's unique culture and life experiences.	**4.57**	4.46	4.54

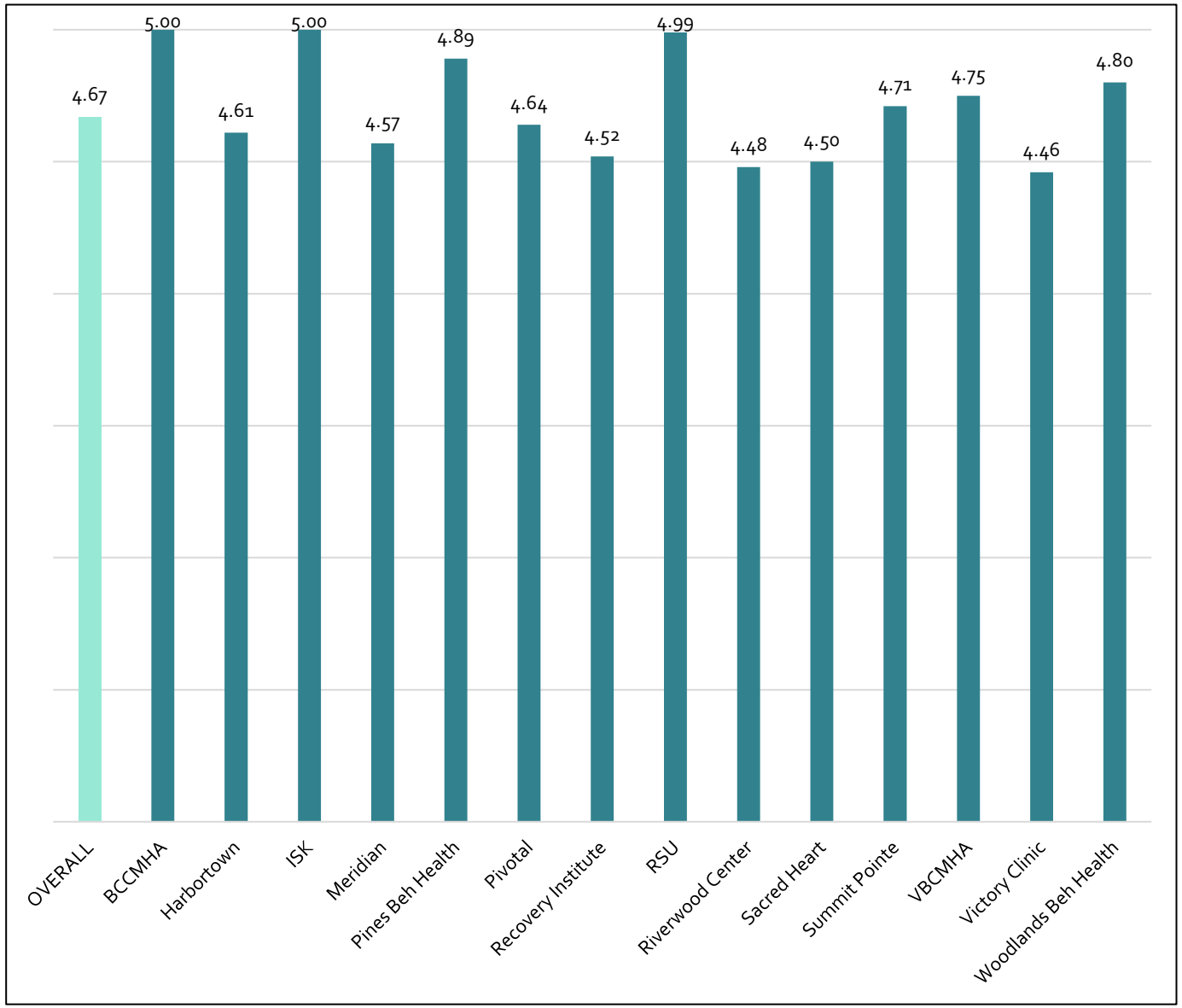


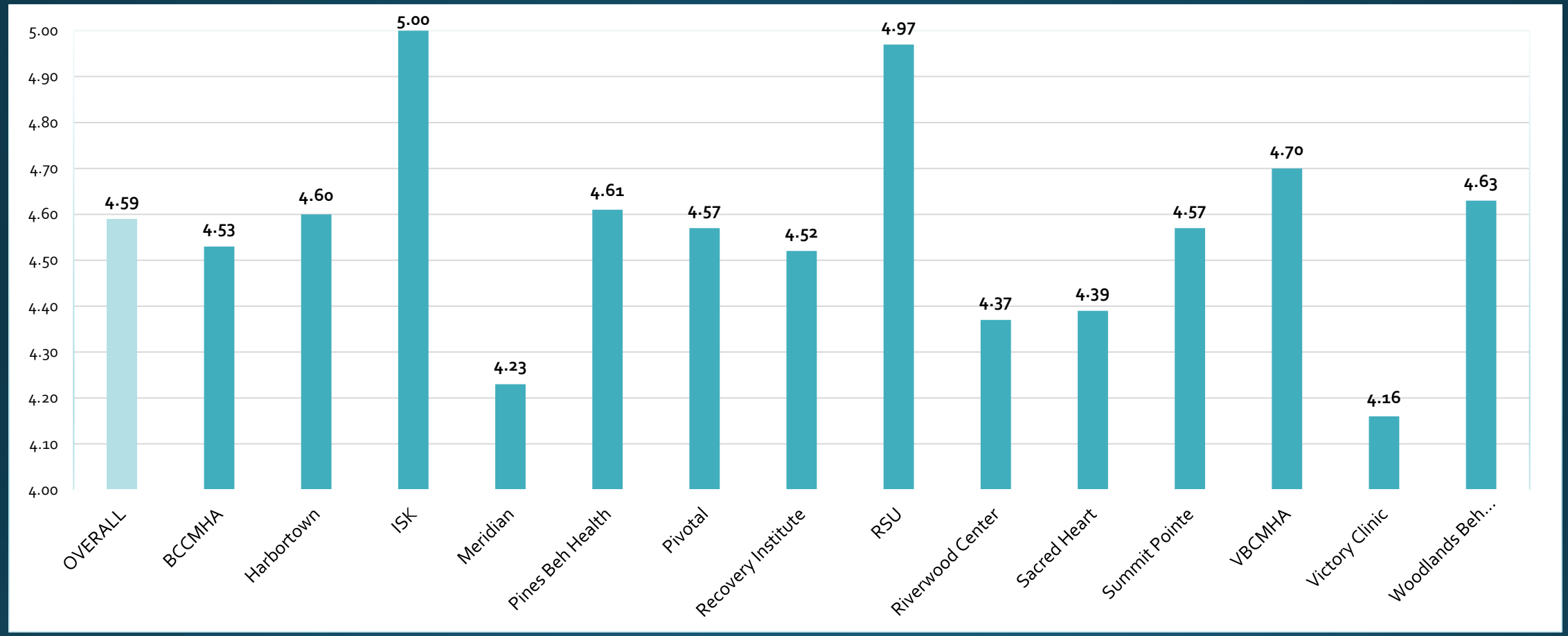
Inviting Space

**Newly added domain 2024*

How welcoming the facility and its staff are to the persons in recovery

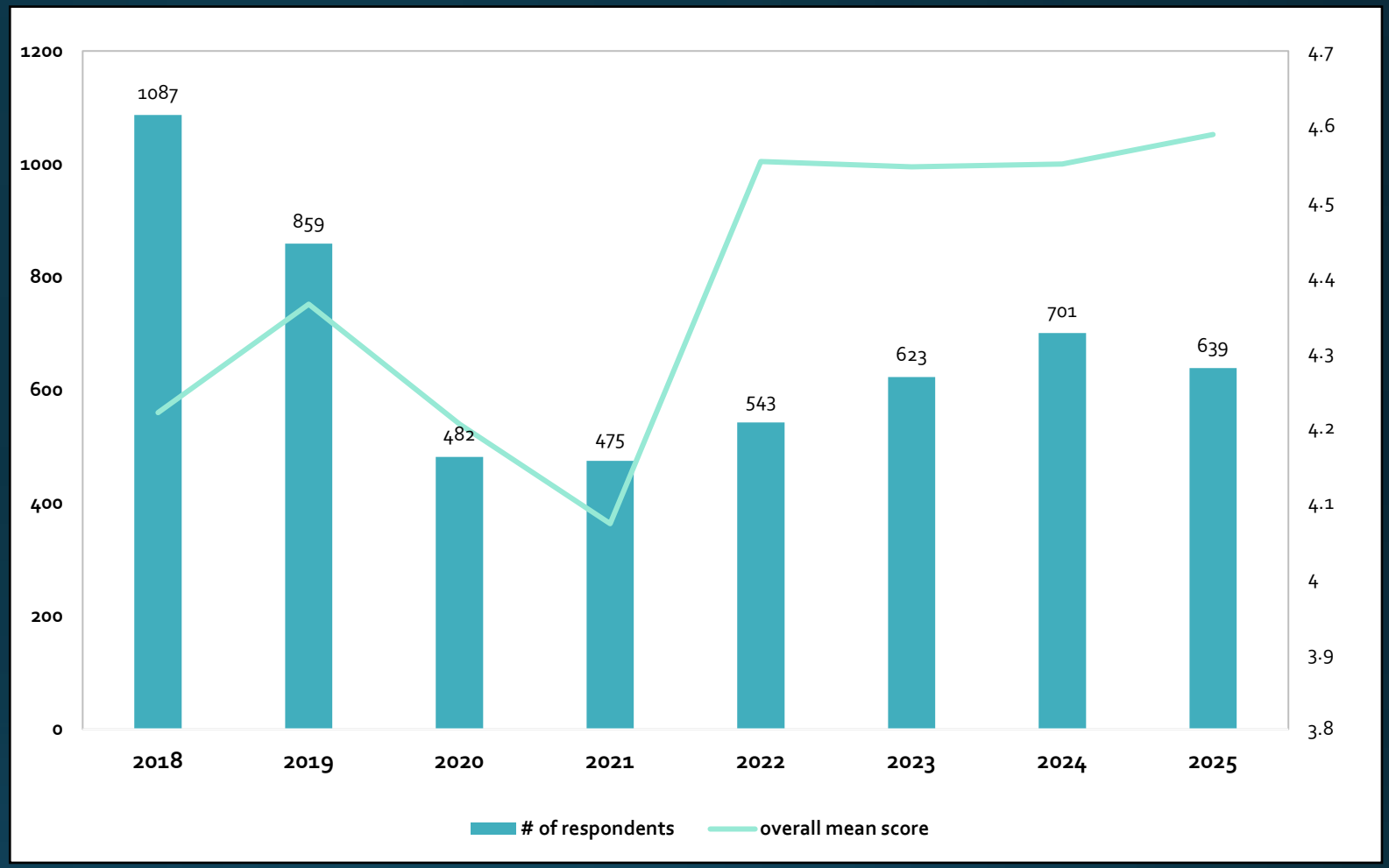
Question	**FY25 Mean Score**	FY24 Mean Score	FY23 Mean Score
Q1. Staff welcome me and help me feel comfortable in this program.	**4.80**	4.80	4.70
Q2. The physical space of this program (e.g. the lobby, waiting rooms, etc.) feels inviting and dignified.	**4.55**	4.54	4.46





Overall Mean Score by Provider

Overall Regional Participation and Mean Score Comparison



2025: 4.59 mean score
639 respondents from 14 providers

2024: 4.55 mean score
701 respondents from 15 providers

2023: 4.55 mean score
623 respondents from 14 providers

2022: 4.55 mean score
543 respondents from 13 providers

2021: 4.07 mean score
475 respondents from 15 providers

Takeaways/ Lessons Learned

What went right?

- Survey implementation was completed earlier in the year to better align with the fiscal year and the associated Quality Plan and Evaluation requirements.
- Maintained the highest overall mean score achieved since SWMBH started implementing the survey in 2014.
- Subcategory Involvement: Historically lowest scoring domain; however, significant increase in mean score in FY25.
- Participant comments made on surveys gave providers more *qualitative* data to consider with the *quantitative* results.

- Takeaways/ Lessons Learned

What can be improved upon?

- 99% of completed surveys were done electronically (vs paper/pdf).
- In FY26, consider how consumer satisfaction will be measured for those receiving SUD services and future use of the RSA-r survey.

Interested providers can request their individual qualitative and quantitate results. SWMBH requests proof of internal review of survey results and individual Provider Survey Summary. This proof should include how the agency plans to use the survey results for improvement efforts. Please provide to SWMBH by **December 15, 2025**.

Contact Cate Pederson, SWMBH Quality Specialist, with any questions. Cate.Pederson@swmbh.org

STATE OF MICHIGAN

COURT OF CLAIMS

REGION 10 PIHP, SOUTHWEST MICHIGAN BEHAVIORAL HEALTH, MID-STATE HEALTH NETWORK, ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY, INTEGRATED SERVICES OF KALAMAZOO, and SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY,

Plaintiffs,

v

Case No. 25-000143-MB

STATE OF MICHIGAN, STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, and STATE OF MICHIGAN DEPARTMENT OF TECHNOLOGY, MANAGEMENT, AND BUDGET,

Hon. Christopher P. Yates

Defendants.
_____ /

OPINION AND ORDER RESOLVING REQUESTS FOR SUMMARY DISPOSITION

This dispute involves a decision by Defendant Michigan Department of Health and Human Services (MDHHS) to make a transition from a single-source procurement system to a competitive procurement system for furnishing public mental-health services to Medicaid beneficiaries. Even though the MDHHS concedes that this transition was not caused by any statutory amendment, the MDHHS claims existing law supports the change, which takes the form of conditions in a Request for Proposal (RFP) issued by Defendant Michigan Department of Technology, Management, and Budget (DTMB) in 2025. According to plaintiffs, which include several prepaid inpatient health plans (PIHPs) that serve some of the ten existing regions in Michigan, the terms of the 2025 RFP

conflict with Michigan law. In contrast, the MDHHS contends that Michigan law not only affords it discretion to reduce from ten to three the number of regions in the state, but also permits the shift from single-source procurement through the PIHPs to a competitive procurement system in which all of the existing PIHPs can no longer participate. The Court concludes that the MDHHS has the discretion to move from a single-source procurement system to a competitive procurement system, but the language of the 2025 RFP may run afoul of Michigan law in important respects.

I. FACTUAL BACKGROUND

The MDHHS is the state agency charged with administering the state's Medicaid program, including "specialty services and supports for eligible Medicaid beneficiaries with a serious mental illness, developmental disability, serious emotional disturbance or substance abuse disorder[,]" which are "carved out" or provided through a different delivery system than medical services that are provided by Medicaid health plans. MCL 400.109f. Currently, this delivery system involves contracts with ten regional PIHPs, which in turn administer Medicaid funds through contracts with community mental-health services programs (CMHSPs) and other service providers. For decades, the MDHHS has sought and received a waiver from the federal government allowing it to contract with PIHPs without a competitive bidding process. But the MDHHS has received no promise that its waiver will remain in place, and its current application for renewal of its waiver is now awaiting a decision from the federal government.

Michigan uses a community-based model for offering public mental-health services that is codified in chapter 2 of the Mental Health Code, MCL 330.1201 *et seq*. Each county in Michigan may establish a CMHSP either on its own or by joining with other counties and/or an institution of higher education located in the county. MCL 330.1204; MCL 330.1204a; MCL 330.1218; MCL

330.1219. Community mental-health organizations established by counties may join together to form a regional entity under MCL 330.1204b, which is how the PIHPs in this lawsuit were formed. A CMHSP's purpose is "to provide a comprehensive array of mental health services appropriate to conditions of individuals who are located within its geographic services area, regardless of the individual's ability to pay." MCL 330.1206(1). According to MCL 330.1206(1), a CMHSP must provide: (a) "[c]risis stabilization and response"; (b) "[i]dentification, assessment, and diagnosis to determine the specific needs of the recipient and to develop an individual plan of services"; (c) "[p]lanning, linking, coordinating, follow-up, and monitoring to assist the recipient in gaining access to services"; (d) "[s]pecialized mental health recipient training, treatment and support"; (e) "[r]ecipient rights services"; (f) "[m]ental health advocacy"; (g) "[p]revention activities that serve to inform and educate with the intent of reducing the risk of severe recipient dysfunction"; and (h) "[a]ny other service approved by the [MDHHS]." Also, a "community mental-health entity shall coordinate the provision of substance use disorder services in its region and shall ensure services are available for individuals with substance use disorder." MCL 330.1210(2). Under Michigan law, CMHSPs may be "designated as specialty prepaid health plans under the medicaid managed care program" and may contract with the MDHHS with respect to that. MCL 330.1232b.

A. THE 2025 RFP

On August 4, 2025, the DTMB and the MDHHS issued an RFP for bids to those interested in serving as PIHPs beginning on October 1, 2026.[1] Mandatory minimum requirements for bidders state that the organization must be a nonprofit, governmental entity, or public university. Bidders

[1] The 2025 RFP is officially identified as "Request for Proposal No. 250000002670" for "Prepaid Inpatient Health Plan (PIHP)."

"must submit proposals by region as defined in the RFP, not by individual counties," and although bidders "may bid on more than one" of the three regions, the bidders "must demonstrate the ability to be fully operational across the entire geographic area of the region for which they are submitting a proposal." As the RFP emphasizes, "[b]idders that cannot provide services throughout the entire region will not be considered." The Statement of Work in the RFP requires that the PIHP for each region "hold contracts with each [CMHSP] in its region and . . . minimize duplication of contracts and reviews for providers contracting with multiple CMHSPs . . . ." The contractors are "expected to provide managed care functions to beneficiaries," and all those functions "cannot be delegated to contracted network providers with the exception of Preadmission screening for emergency intervention services per Mental Health Code MCL 330.1409 which shall be performed by the CMHSP with Contractor authorization of inpatient admissions as indicated by the preadmission screening unit." "Managed care functions include, but are not limited to, eligibility and coverage verification, utilization management, network development, contracted network provider training, claims processing, activities to improve health care quality, and fraud prevention activities." The PIHPs selected through the RFP "may not directly provide or deliver health care services beyond these managed care functions."

The chosen PIHPs must provide services in one or more of three regions pre-determined by the MDHHS.[2] Each PIHP is responsible for "development of the service delivery system and establishment of sufficient administrative capabilities to carry out the requirements and obligations of the Contract" without any discrimination. Each PIHP is "not required to contract with providers beyond the number necessary to meet the needs of its beneficiaries and is not precluded from using

[2] In contrast, the existing system divides the State of Michigan into ten regions.

different practitioners in the same specialty." Each PIHP has to notify the state of any significant changes in its provider network both in and out of network. Also, each PIHP is "solely responsible for the composition, compensation and performance of its contracted provider network." The RFP requires PIHPs to work collaboratively with Medicaid Health Plans (MHPs) "to regularly identify and coordinate the provision of services to shared beneficiaries who have significant behavioral health issues and complex physical comorbidities," and to work with the MHPs to "identify and coordinate the provision of services to shared beneficiaries who have significant behavioral health issues and complex physical comorbidities," as well as to "provide care management services. . . to shared beneficiaries." Each PIHP has an exclusive right to serve Medicaid beneficiaries within its service area. But "[i]n a region with a single Contractor, Medicaid beneficiaries are mandatorily enrolled with the single Contractor" unless the covered service or a provider is not available in the network.

B. THIS SUIT CHALLENGING THE 2025 RFP

On August 29, 2025, plaintiffs – including several of the existing PIHPs covering some of the ten existing regions in the state - filed this action seeking a declaratory judgment and injunctive relief concerning the 2025 RFP. Plaintiffs contend that MCL 330.1204b authorizes a CMHSP to form a regional entity with another CMHSP and then contract as a PIHP for the designated service areas of the participating CMHSPs, that the 2025 RFP's "full-region bid requirement" contravenes that authority "by precluding bids confined to a regional entity's designated service area," and that by issuing the 2025 RFP, both the DTMB and the MDHHS exceeded their statutory authority and violated MCL 330.1204b.

Plaintiffs note that the 2025 RFP solicits competitive bids from non-profit, governmental, and educational institutions that are interested in contracting with the MDHHS to serve as PIHPs in one of three regions beginning in fiscal year 2027. The RFP represents a significant, structural change in the delivery of Medicaid funds for public mental-health services in Michigan. There are currently ten PIHPs serving ten geographic regions, and several of them are plaintiffs in this case. None of the ten current PHIPs can satisfy the requirements to bid under the 2025 RFP, so all ten of them will be dismantled after fiscal year 2026. Other plaintiffs in this case are CMHSPs created under the Mental Health Code, and specifically MCL 330.1204. Those CMHSPs have contracts with the current PIHPs and receive Medicaid funds to carry out their duties prescribed by Michigan law. They, too, support the existing single-source procurement system based on ten regions, which would be upended by the 2025 RFP.

Plaintiffs not only filed the complaint demanding declaratory and injunctive relief, but also moved for a preliminary injunction to prevent the MDHHS and the DTMB from "proceeding with and awarding any bids" submitted in response to the 2025 RFP. Defendants opposed injunctive relief and requested summary disposition under MCR 2.116(C)(8) and (10), claiming that the 2025 RFP was developed pursuant to the MDHHS's authority under state and federal law. In response, plaintiffs opposed defendants' request for summary disposition and demanded such relief in their own right under MCR 2.116(I)(2). The Court agreed to address all of the motions on an expedited basis. Hence, on October 9, 2025, the Court conducted oral argument on the competing requests for summary disposition. The Court also took testimony on plaintiffs' motion for injunctive relief. In this opinion, however, the Court shall focus exclusively on the parties' competing requests for summary disposition. Plaintiffs' motion for a preliminary injunction will be resolved in a separate opinion and order.

II. LEGAL ANALYSIS

Defendants moved for summary disposition under MCR 2.116(C)(8) and (10). Plaintiffs responded by requesting similar relief under MCR 2.116(I)(2), which provides that, "[i]f it appears to the court that the opposing party, rather than the moving party, is entitled to judgment, the court may render judgment in favor of the opposing party." A motion requesting summary disposition "under MCR 2.116(C)(8) tests the *legal sufficiency* of a claim based on the factual allegations in the complaint." *El-Khalil v Oakwood Healthcare, Inc*, 504 Mich 152, 159; 934 NW2d 665 (2019). In contrast, a summary disposition motion under MCR 2.116(C)(10) "tests the *factual sufficiency* of a claim." *Id.* at 160. Because the parties supplied materials to the Court to consider as part of the competing requests for summary disposition, the Court shall consider whether relief is proper under MCR 2.116(C)(10). See *Cary Investments, LLC v Mount Pleasant*, 342 Mich App 304; 312-313; 994 NW2d 802 (2022). Summary disposition under MCR 2.116(C)(10) may be granted only if "there is no genuine issue of material fact." *El-Khalil*, 504 Mich at 160. Such a genuine issue of material fact exists "'when the record leaves open an issue upon which reasonable minds might differ.'" *Id.* With these standards in mind, the Court will first consider whether the MDHHS has the legal authority to shift from a single-source procurement system to a competitive procurement system. Next, the Court will decide whether the MDHHS violated Michigan law by reducing the number of PIHP regions from ten to three. Finally, the Court will evaluate whether the 2025 RFP conforms to the requirements of Michigan law.

A. THE SHIFT IN THE PROCUREMENT SYSTEM

By all accounts, the 2025 RFP shifts Michigan from a single-source procurement model to a competitive procurement model. Plaintiffs argue that Michigan law disallows such a transition,

but the Court concludes that a competitive procurement system is not only compatible with state law, but also regarded as the preferred nationwide model. The federal preference for competitive procurement is so strong that, for years, the MDHHS has had to obtain federal authorization in the form of a waiver of governing provisions the Social Security Act, "under which the State operates the Managed Specialty Services and Supports Program," to maintain its single-source procurement system. See Plaintiffs' Exhibit 2 (letter to James K. Haveman, Jr., dated February 20, 2001). The state's most recent request for a waiver is still pending, and the MDHHS has no assurance that its request will be granted. Thus, the MDHHS is simply taking proactive steps to bring Michigan into compliance with the federal mandate of competitive procurement.

Plaintiffs insist that the shift from single-source procurement to competitive procurement cannot be squared with Michigan law, which contemplates the formation and support of CMHSPs, see MCL 330.1202(1); 330.1204(1), and expressly permits "a combination of community mental health organizations or authorities to establish a regional entity" in the form of a PIHP. See MCL 330.1204b(1). To be sure, Michigan law requires CMHSPs and allows for PIHPs, but the approach in the 2025 RFP to move to a competitive procurement system meets the requirements of Michigan law by maintaining CMHSPs and PIHPs, albeit in a modified configuration that provides for three PIHPs, but no more than that.

Plaintiffs' principal complaint rests on the fact that no existing PIHP can bid for a contract under the 2025 RFP because each existing PIHP covers one of the ten existing geographic regions, whereas the 2025 RFP recognizes only three larger geographic regions, so the existing PIHPs will not be able to provide services across any of the three newly recognized regions. But that concern has nothing to do with the legality of the competitive procurement system. Instead, the complaint arises from the existing PIHPs' inability to qualify as a bidder under the 2025 RFP, which explains

that "[b]idders that cannot provide services throughout the entire region will not be considered." In other words, although plaintiffs describe their own treatment as impermissible under Michigan law, they cannot establish that the shift from a single-source procurement system to a competitive procurement system impermissibly alters the structure of PIHPs and CMHSPs. Consequently, the Court must turn to the propriety of the alteration of the regions accomplished by the 2025 RFP to ascertain whether plaintiffs are entitled to relief.

B. THE REDUCTION FROM TEN REGIONS TO THREE REGIONS

Without question, the 2025 RFP divides the state into just three regions, and each region is substantially larger than any of the existing ten regions. Reduction of the number of regions is not unprecedented. In 2013, the MDHHS reduced the number of regions from 18 to ten, and that was done without creating significant concerns. To be sure, plaintiffs insist that that was accomplished through a truly collaborative process, whereas the reduction of regions mandated by the 2025 RFP appears to be the unilateral work of the MDHHS. Moreover, the requirement in the 2025 RFP that "[b]idders that cannot provide services throughout the entire region will not be considered" has an adverse impact on the existing PIHPs, which are effectively foreclosed from bidding because they lack the capacity to provide services throughout any of the three new regions. But those facts do not render the reduction of regions from ten to three incompatible with Michigan law.

Under MCL 330.1204b(1), "[a] combination of community mental health organizations or authorities may establish a regional entity" in the form of a PIHP, but no Michigan statute sets the number of regions that must exist or defines the geographic boundaries of such regions. Therefore, the MDHHS has no statutory mandate to maintain the existing regions. Divesting the established PIHPs of their coverage areas, and concomitantly closing those PIHPs out of the bidding process

by mandating that bidders must serve the entirely a new region, seems unwise given the history of those existing PIHPs with the program and their strong connections with CMHSPs and providers. But assessing the wisdom of such changes is a matter of policy reserved for the MDHHS, not the courts. Indeed, as our Legislature made clear in MCL 400.109f(1), "Medicaid-covered specialty services and supports shall be managed and delivered by specialty prepaid health plans chosen by the department" of Health and Human Services. However unwise the changes may seem, nothing in Michigan law precludes the MDHHS from making them. Thus, the Court lacks the authority to invalidate the changes in the number and geographic scope of the regions serviced by PIHPs.

C. THE PARTICULAR REQUIREMENTS OF THE 2025 RFP

Having acknowledged the authority of the MDHHS to make the structural changes at issue, the Court must consider the propriety of the specific requirements set forth in the 2025 RFP. One particular aspect of the 2025 RFP gives rise to a genuine issue of material fact, which prevents the Court from awarding summary disposition to either side on plaintiffs' challenge to the 2025 RFP. Michigan law does not empower the MDHHS to rewrite the Mental Health Code by permitting a PIHP to directly provide or contract out services that a CMHSP is statutorily obligated to provide. In its current form, the Statement of Work (that is Schedule A to the 2025 RFP) states that PIHPs "are expected to provide managed care functions to beneficiaries[,]" and "[t]hose functions cannot be delegated to contracted network providers" as a general matter. See Statement of Work, § 1.1. That assignment of non-delegable functions to PIHPs appears to conflict with MCL 330.1206(1), which assigns those functions to CMHSPs, rather than PIHPs.

Beyond that, nothing in the 2025 RFP itself or the attached Statement of Work requires a PIHP to provide Medicaid funds to a CMHSP for services that the CMHSP is obligated to provide.

Medicaid funding presumably is just one source of the CMHSP's funding, but Medicaid funds are vital to CMHSPs in carrying out their responsibilities. Indeed, nothing in the record even suggests that a CMHSP can exist and operate without Medicaid funds. Without question, the MDHHS has discretion to select a PIHP, see MCL 400.109f(1), but the MDHHS cannot exercise that discretion in a manner that renders CMHSPs unable to carry out their statutory obligations. The record does not enable the Court to determine whether CMHSPs are actually or potentially fatally impaired by the language of the 2025 RFP (including the Statement of Work), so the Court cannot yet enter an order awarding summary disposition to either side of this dispute.[3]

III. CONCLUSION

Defendants are granted summary disposition under MCR 2.116(C)(10) on the claims that the MDHHS may switch from a single-source procurement system to a competitive procurement system and that the MDHHS may reduce the number of PIHP regions from ten to three. Summary disposition is denied to both sides with regard to the legality of the terms in the 2025 RFP.

IT IS SO ORDERED.

This is not a final order because it does not resolve the last pending claim.

Dated: October 14, 2025

Hon. Christopher P. Yates (P41017)
Judge, Michigan Court of Claims

[3] The lingering concerns primarily involve CMHSPs, not PIHPs, but those concerns can be raised by several plaintiffs in this case. Thus, the Court must resolve those concerns before declaring a winner in this dispute. See *Associated Builders and Contractors of Mich v Dep't of Technology, Mgt, and Budget*, ___ Mich ___, ___; ___ NW3d ___ (2024) (Docket No. 363601); slip op at 5 (holding that "standing to sue for declaratory relief" exists when "bidders on state contracts" seek "declaratory relief against a policy" that they claim is "in contravention of state law").

Court affirms legality of competitive bid restructure plan to Michigan's mental health system

Katherine Dailey, Oct 15, 2025

Michigan's Department of Health and Human Services was given the green light by the Court of Claims to go forward with a competitive bidding process for the state's prepaid inpatient health plan providers and a plan to reduce the number of regions for those plans, which ensure access to mental health services for Medicaid beneficiaries, from 10 to three.

In a set of two opinions issued on Tuesday, Court of Claims Judge Christopher Yates denied a preliminary injunction to a set of those service managers and providers that would have prevented the department from continuing the bidding process for the selection of those prepaid inpatient health plans in three regions across the state.

The decision "seems unwise given the history of those existing PIHPs with the program and their strong connections with CMHSPs and providers," Yates wrote in the first order issued. "But assessing the wisdom of such changes is a matter of policy reserved for the MDHHS, not the courts."

That order stated that the department's plan to restructure the prepaid unpaid health plan to a competitive system is "not only compatible with state law, but also regarded as the preferred nationwide model."

The change had previously drawn heavy criticism from mental health advocates, who said that it would lead to increased privatization of the system.

Former U.S. Sen. Debbie Stabenow (D-Lansing), said in September, "We're talking about a proposal that would replace a managed care system that is transparent and cost about 2% for a private managed system that is not transparent and will cost more like 15% tell me about the math on that one, resulting in $500 million in additional [overhead] costs."

And in August, CEO of the Community Mental Health Association of Michigan Robert Sheehan wrote in a press release praising the lawsuit, saying it "illegally eliminates the public managed care organization … entrusted with managing the care for some of the most vulnerable and resilient members of our communities."

The Community Mental Health Association declined to comment on the recent court orders.

The providers filing suit claimed that, because the new structure would require each provider to cover an entire region of the three — and these existing providers had previously only covered one region of 10 — it would essentially force them out of business.

Yates did not dispute this, but wrote, "That concern has nothing to do with the legality of the competitive procurement system."

“In other words, although plaintiffs describe their own treatment as impermissible under Michigan law, they cannot establish that the shift from a single-source procurement system to a competitive procurement system impermissibly alters the structure of PIHPs and CMHSPs,” he added.

Yates did not rule on one element of the case in his orders — the legality of the language in the Request for Proposal put forth by the Michigan Department of Technology, Management, and Budget to collect bids for these these contracts.

In his second order denying the injunction, Yates wrote, “Only when declaratory relief has failed should the courts even begin to consider additional forms of relief in these situations.”

Because of the remaining question about the Request for Proposal language, Yates said that that the question of injunctive relief could be reconsidered once a decision had been made on that final portion of the case.

https://www.iosconews.com/news/state/article_788204d1-ae7f-5c1a-914a-9c5f05508d4f.html

Southwest Michigan Behavioral Health (SWMBH)

2025 Substance Use Disorder Oversight Policy Board (SUDOPB) Attendance

Name	January	March	May	July	September	November
Marsha Bassett (Barry)						
Alex R. Ott (Berrien)						
Rayonte Bell (Berrien)						
Randall Hazelbaker (Branch)						
Dominic Oo (Calhoun)						
Matt Saxton (Calhoun)						
RJ Lee (Cass)						
Jonathan Current (Kalamazoo)						
Allyn Witchell (Kalamazoo)						
Jared Hoffmaster (St.Joe)						
Paul Schincariol (Van Buren)						
Richard Godfrey (Van Buren)						

v. 9/15/25

Green = present

Red= absent

Black=not a member at that time

Grey=Meeting cancelled