

CITY OF MUSKEGON

LEGISLATIVE POLICY COMMITTEE

MEETING

May 27, 2026 @ 5:30 PM

CITY OF MUSKEGON, ROOM 204

933 TERRACE STREET, MUSKEGON, MI 49440

- CALL TO ORDER:**
- ROLL CALL:**
- APPROVAL OF MINUTES:**
 - A. Approve the minutes of February 25, 2026. City Clerk**
- OLD BUSINESS:**
- NEW BUSINESS:**
 - A. Modular Vehicle Barrier System Fees DPW- Parks and Recreation**
 - B. Beach Shuttle Promotion Manager's Office**
 - C. Opioid Settlement Funding Agreement with the County Manager's Office**
 - D. State and Federal Legislative Update Manager's Office**
 - E. USS Silversides Exploring a Move Manager's Office**
 - F. Muskegon Social Equity Program Planning**
- ANY OTHER BUSINESS:**
- PUBLIC COMMENT:**
- ADJOURNMENT:**

AMERICAN DISABILITY ACT POLICY FOR ACCESS TO OPEN MEETINGS OF THE CITY OF MUSKEGON AND ANY OF ITS COMMITTEES OR SUBCOMMITTEES

To give comment on a live-streamed meeting the city will provide a call-in telephone number to the public to be able to call and give comment. For a public meeting that is not live-streamed, and which a citizen would like to watch and give comment, they must contact the City Clerk's Office with at least a two-business day notice. The

participant will then receive a zoom link which will allow them to watch live and give comment. Contact information is below. For more details, please visit: www.shorelinecity.com

The City of Muskegon will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed materials being considered at the meeting, to individuals with disabilities who want to attend the meeting with twenty-four (24) hours' notice to the City of Muskegon. Individuals with disabilities requiring auxiliary aids or services should contact the City of Muskegon by writing or by calling the following:

Ann Marie Meisch, MMC. City Clerk. 933 Terrace St. Muskegon, MI 49440. (231)724-6705.
clerk@shorelinecity.com



Agenda Item Review Form

Muskegon Legislative Policy Committee

Commission Meeting Date: May 27, 2026	Title: Approve the minutes of February 25, 2026.															
Submitted by:	Department: City Clerk															
Brief Summary:																
Detailed Summary & Background:																
<u>Goal/Action Item:</u>																
Is this a repeat item?: Explain what change has been made to justify bringing it back to Commission:																
Amount Requested:	Budgeted Item: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%;">No</td> <td style="width: 25%;">N/A</td> <td style="width: 25%;"></td> </tr> </table>	Yes	No	N/A												
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Recommended Motion:																
Approvals:	<u>Name the Policy/Ordinance Followed:</u>															
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CITY OF MUSKEGON

LEGISLATIVE POLICY COMMITTEE

MEETING

February 25, 2026 @ 5:30 PM
CITY OF MUSKEGON, ROOM 204
933 TERRACE STREET, MUSKEGON, MI 49440

MINUTES

CALL TO ORDER

ROLL CALL

Present: Mayor Ken Johnson, Vice Mayor Destinee Keener, Commissioners Katrina Kochin, Willie German, Jr., Kiley Jackson, Jay Kilgo, and Rebecca St. Clair. City Manager Jonathan Seyferth, and City Clerk Ann Marie Meisch

APPROVAL OF MINUTES

A. Approval of Minutes Clerk's Office

Approve the minutes of the December 1, 2026 Legislative Policy Committee Meeting.

Motion by Commissioner Kilgo, second by Commissioner St. Clair, to Approve the minutes..

ROLL VOTE: Ayes: Jackson, Kochin, St.Clair, Johnson, Kilgo, Keener, and German
Nays: None

MOTION PASSES

A. City Commission Handbook Manager's Office

Staff is requesting guidance on the new commission handbook and the associated policies.

Several suggested changes are in the final document for the City Commission to be considered at a future Commission Meeting. Some changes include keeping all videos of meetings indefinitely, zooming into non-televised meetings upon request, and the Mayor excusing Commissioners for cause.

A. MGT Final Workplace Culture Report Manager's Office

Beginning in July of 2025, the MKG Core Team worked with MGT to assess the impact of the city's policies, programs, and practices on city staff. Focus

groups were conducted, and the final results of the work with MGT were included in a report that covers the all-employee survey, policy audit, and impacts on staff. A summary of the report was presented by Donald Nunez, the MKG Core Team Chair.

Commissioners questioned why there wasn't more participation. Staff indicated that they were anonymous, so there is not a way to ask those individuals.

MGT offered three key recommendations to advance the work already carried out by the city. They are:

1. Strengthen transparency and communication.
2. Foster cross-departmental collaboration.
3. Support career pathways.

B. Clarifying Charter Amendment Language Manager's Office

In November 2025, 58% of voters supported instituting term limits for the Muskegon City Commission.

This added language to the City Charter, which states in part, " A person may not serve on the City Commission for terms or partial terms that combined total more than 12 years." This language conflicts with the City Charter, as it does not prohibit someone from running, only from serving. Additionally, this creates a conflict with State Law, specifically the Home Rule City Act (MCL 117.5(1)(d)) which states "...the term of a public official shall not be shortened or extended beyond the period for which the office is elected or appointed, unless he or she resigns or is removed for cause, if the office is held for a fixed term."

Please see the attached letters from the Governor's and Attorney General's offices, which provide additional context on this conflict.

Would the City Commission like to put a clarifying amendment on the ballot that would prohibit someone from running if they've served more than 12 years? City Commissioners can put Charter Amendments on the ballot with a three-fifths majority vote (5 of 7 members). A petition process would not be involved.

This is for discussion only and staff will act accordingly following this discussion.

The Commissioners decided this would be a topic for a later discussion.

Commissioner Kilgo indicated he would like to make a change that a citizen must live in the city for one year, not in the ward.

C. State & Federal Legislative Update Manager's Office

Pete Wills shared updates on State and Federal issues and their impact on the City of Muskegon.

D. RxKids Community Champions & Financial Support Manager's Office

The City of Muskegon is being asked to contribute \$50,000 per year for three years (total \$150,000) to support the expansion of Rx Kids, a statewide maternal and infant cash support program.

The Muskegon/Muskegon Heights Rx Kids program will provide direct, unconditional cash payments to pregnant residents and infants during the first six (6) months of life. Families receive a \$1,500 prenatal payment and \$500 per month during infancy, helping stabilize households during a critical period of development.

The Community Foundation for Muskegon County has already committed \$150,000 over three years, equal to the \$150,000 we're being asked to consider. Additional local partners are expected to contribute, bringing total annual local support to approximately \$288,000 (the required match by the state of Michigan). The three-year local match is about \$866,000 dollars.

This local investment will leverage more than \$2.3 million in state funding for Muskegon County each year, totaling more than \$6.9 million over the three-year life of the program.

Staff is recommending that we take the \$150,000 from a portion of the City's Committed Fund Balance that has been set aside for the Social Equity Program but has not been spent. Currently, \$382,000 sits in this committed account. Using \$150,000 over three years would still leave more than \$230,000 for Social Equity Programming.

It is important to note that committed funds do not count toward the City's unassigned fund balance. So this action would not impact the uncommitted fund balance.

In addition to financially contributing to the program, the City of Muskegon will also serve as the Community Champion. Those responsibilities include:

Leading outreach and community engagement to ensure families know about and enroll in the program.

- Helping raise awareness about *Rx Kids* and elevate the stories of participating families.

- Hosting community events to build connections and visibility.
- Working with a network of local stakeholders to maintain program integrity and long-term support for families.
- Verifying residency of participants (participants must live in the city of Muskegon or Muskegon Heights).

Our Communications team has reviewed these engagement requirements and are confident they can deliver the needed requirements.

Residents of Muskegon and Muskegon Heights will be eligible to participate.

Other communities participating in this program across Michigan include:

City of Flint (where the program originated)

City of Kalamazoo

Eastern Upper Peninsula Counties

City of Pontiac

Clare County

Royal Oak Township

City of Hazel Park

City of Dearborn

City of Hamtramck

City of Highland Park

City of Inkster

City of Melvindale

City of River Rouge

City of Ypsilanti

Gladwin County

Roscommon County

City of Saginaw

Buena Vista Township

Bridgeport Township

City of Benton Harbor

City of Niles

City of Buchanan

Benton Charter Township

Lake County

City of Detroit

Motion by Commissioner St. Clair, second by Commissioner Vice Mayor Keener, to I move to approve funding the RxKids program out of the City's Committee Fund for the Social Equity Program in the amount of \$50,000 per year for the next three years, totaling \$150,000.

**ROLL VOTE: Ayes: Jackson, Kochin, St.Clair, Johnson, Kilgo, Keener, and German
Nays: None**

MOTION PASSES

E. Citizen's Request to Speak Form City Clerk

From time-to-time we receive a request from the media or others for contact information of someone who spoke at a meeting. We normally reach out to the individual in these cases and ask permission to share this information. By placing this statement with a checkbox on the form, would eliminate this step.

The Commission indicated they were fine with this change.

ANY OTHER BUSINESS

PUBLIC COMMENT

ADJOURNMENT

Motion by Commissioner Kilgo, seconded by Commissioner St. Clair to adjourn at 8:16 pm.

MOTION PASSES

Respectfully Submitted,

Ann Marie Meisch, MMC City Clerk



Agenda Item Review Form

Muskegon Legislative Policy Committee

Commission Meeting Date: May 27, 2026	Title: Modular Vehicle Barrier System Fees															
Submitted by: Jacqui Erny, Admin	Department: DPW- Parks and Recreation															
Brief Summary: Staff is seeking input on fees associated with road closures utilizing the new modular vehicle barrier system.																
Detailed Summary & Background: The cost of closing the road has increased significantly due to the use of the new modular vehicle barrier system (MVBS). Staff gathered historical information on road closures, the costs associated with closures, and practices regarding fee waivers to help provide context as to why the fees have changed. The presentation will include a recommendation from staff regarding a potential way to lower costs for events utilizing the MVBS.																
Goal/Action Item: 2027 Goal 1: Destination Community & Quality of Life																
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Immediate Division Head	X															
Information Technology																
Other Division Heads	X															
Communication																
Legal Review																



Agenda Item Review Form

Muskegon Legislative Policy Committee

Commission Meeting Date: May 27, 2026	Title: Beach Shuttle Promotion									
Submitted by: LeighAnn Mikesell, Deputy City Manager	Department: Manager's Office									
Brief Summary: Staff is seeking input on the commissioners' willingness to participate in beach shuttle promotions.										
Detailed Summary & Background: Commissioners tend to have a good presence and following on social media, and staff have ideas where that social media presence could highlight the beach shuttle service being offered. Commissioners are encouraged to ride the shuttle over the summer and post about your experience. Our goal is to increase awareness, drive first-time ridership, and encourage repeat use of the free service. A one page marketing strategy is included in the packet, and staff directs the commissioners' attention to the opening weekend section.										
Goal/Action Item: 2027 Goal 1: Destination Community & Quality of Life - Improved transportation connections throughout the community										
Is this a repeat item?: Explain what change has been made to justify bringing it back to Commission:										
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Information Technology	<input type="checkbox"/>									
Other Division Heads	<input type="checkbox"/>									

Communication	X	
Legal Review		

2026 Beach Shuttle Marketing Plan – One Page Summary

The City of Muskegon is launching a coordinated marketing and engagement plan to promote the 2026 Beach Shuttle during opening weekend and throughout the summer season. The goal is to increase awareness, drive first-time ridership, and encourage repeat use of the free service.

Opening Weekend Activation

- **Influencer and Community Leader Rides:** Local leaders and influencers ride the shuttle throughout the season to generate awareness and organic social media engagement.
- **Ride With the Mayor:** Mayor hosting office hours on the beach shuttle as an opportunity to engagement and connect with residents while experiencing the service.

Marketing and Outreach Strategy

The campaign uses a multi-channel approach to drive awareness and ridership:

- Paid social media advertising targeting local and regional audiences
- Radio advertising on 103.7 with Commissioner Kiley Jackson
- Partnerships with hotels, short-term rentals, and the Chamber of Commerce
- Printed materials distributed to visitor centers and community locations
- On-site beach signage and digital billboards

Objective

The primary objective is to normalize shuttle use as the preferred way to access Lake Michigan beaches, reduce parking congestion, and strengthen connections between residents, visitors, and local businesses along the route.

Budget

Total Marketing Budget: \$10,000

The 2026 Beach Shuttle marketing plan uses a mix of paid advertising, printed materials, on-site signage, and digital promotion to drive awareness, first-time ridership, and repeat use of the free shuttle service.

Planned Major Expenses

- Local Radio Advertising: \$3,000
- Printed Brochures (Hotels, STRs, Visitor Centers): \$2,000
- Digital Targeted Ads: \$1,500
- On-Bus Advertising: \$1,200
- Beach Signage (On-site kiosks and beach access points): \$1,500



Agenda Item Review Form

Muskegon Legislative Policy Committee

Commission Meeting Date: May 27, 2026	Title: Opioid Settlement Funding Agreement with the County
Submitted by: Peter Wills, Director of Governmental Relations	Department: Manager's Office
Brief Summary: Staff seeking input from the Commission about changing how we use our Opioid Settlement Funds. Currently, we have an agreement with the county to distribute the funds as grants to third parties. We would like to explore using the funds for recovery housing opportunities in the community - including related to helping the unhoused.	
Detailed Summary & Background: Since November 26, 2024, the city has allocated a portion of our federal opioid settlement funding to the county's existing opioid settlement grant program. In 2025, the city approved two project applications. The first was to Fresh Coast Alliance in the amount \$55,000, and the second was to Life Align in the amount of \$32,283 for a total of \$87,283. Both organizations were able to utilize this funding for projects that "supported the development, implementation, enhancement, or expansion of opioid prevention, harm reduction, treatment, and recovery programs and services" for the benefit of city residents. The city is expected to receive \$605,256.92 through 2040 from multiple national class action settlements. To-date, the city has received \$210,843.26 and has a balance of \$123,560.26. The city continues to support these and other organizations that are providing critical services throughout our community. However, the city is researching recovery housing opportunities that could more fully maximize these settlement funds in the long term. Recovery housing services are an eligible use of these settlement funds. Therefore, staff is seeking feedback from the commission about the possibility of ending the Opioid Settlement Funds Agreement with the county and redirecting the city's settlement allocation to explore recovery housing opportunities in the community.	
Goal/Action Item: 2027 Goal 1: Destination Community & Quality of Life	
Is this a repeat item?: Explain what change has been made to justify bringing it back to Commission: Opportunity for greater uses of these settlement funds in the long term.	
Amount Requested: NA	Budgeted Item:

Yes		No		N/A	X	
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Fund(s) or Account(s):

NA

Budget Amendment Needed:

Yes		No		N/A	X	
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Recommended Motion:

staff will move forward as directed by the commission.

Approvals:

Immediate Division Head	X	
Information Technology		
Other Division Heads		
Communication		
Legal Review	X	

Name the Policy/Ordinance Followed:

**CITY USE OF OPIOID SETTLEMENT FUNDS
FUNDING AND MANAGEMENT AGREEMENT
BETWEEN
THE CITY OF MUSKEGON
AND
THE COUNTY OF MUSKEGON**

THIS AGREEMENT made and entered into by and between the **CITY OF MUSKEGON**, a municipal corporation and political subdivision of the State of Michigan, **990 Terrace St, Muskegon, Michigan 49442**, hereinafter referred to as the “City”), and **The County of Muskegon** (hereinafter referred to as the “Recipient”). Collectively, the signatories are referred to as the Parties, and individually, as a Party.

RECITALS:

WHEREAS, the City has received and will continue to receive funding from defendants of the national opioid litigation (the “Opioid Litigation”) and the resulting settlement of which the City was participant. The City’s claims formed part of the basis of the national settlement and payments to plaintiffs from defendants, with some payments scheduled to continue until ca. 2040 (“Settlement Payments”). The Opioid Litigation parties have agreed to the described Settlement Payments subject to the ongoing financial viability of each of the Opioid Litigation defendants. The Opioid Litigation settlement provides for the Settlement Payments to be expended for enumerated treatment and prevention programs and services; and

WHEREAS, the Recipient developed and adopted a Plan of Implementation (the “Plan”) that prescribes how it will allocate the settlement funds for programs, services, targeted audience, intended outcomes and entities who will receive funding. Prior to adopting the Plan, the Recipient received input and review of the Plan from outside third parties and concurrence on the Plan; and

WHEREAS, the City has determined that the Recipient has the capacity to initiate and coordinate programs eligible for the use of Settlement Payments; and

WHEREAS, the Recipient operates or collaborates with a variety of programs for which opioid settlement funds can be used, and possesses the expertise or connections necessary to utilize the funds most efficiently; and

WHEREAS, the City has determined to grant funding to the “Recipient” and the funding will be directed to the Recipient’s Opioid Settlement Funding grant program. Eligible organizations shall use the funds to support the development, implementation, enhancement, or expansion of opioid prevention, harm reduction, treatment, and recovery programs and services for the benefit of City of Muskegon residents (the “Program”). Funding will be provided in amount not less than Five Hundred and 00/100 Dollars (\$500.00) on a quarterly basis (the “Award Amount”); and

WHEREAS, no more than five percent (5%) of the Award Amount shall be allocated by Recipient toward its administrative expenses, including reporting requirements; and

WHEREAS, the City has determined that the Program is consistent with the abatement strategies set forth in the Opioid Litigation settlement List of Opioid Remediation Uses, attached hereto as Exhibit B (originally marked Exhibit "E" in the settlements); and

WHEREAS, the Parties understand and acknowledge by executing this Agreement the City will not provide additional funding in excess of the Award Amount, and any costs of the Program, including any overruns or other expenses not expressly agreed to in writing prior to the expenses being incurred, will not be a liability on the part of the City, and will be the sole responsibility of the Recipient; and

WHEREAS, the Recipient, a qualified and experienced provider of the services herein.

NOW, THEREFORE, for and in consideration of the mutual covenants hereinafter contained, **IT IS HEREBY AGREED** as follows:

1. **Term and Termination**. This Agreement shall commence on its effective date and continue until it expires or is terminated as provided for herein.

A. **Effective Date**. This Agreement shall become effective on the date (the "Effective Date") that all of the following has occurred: (i) the approval of the Plan by the Board of Commissioners of the Recipient; (ii) the approval by the governing body of the City; (iii) the execution by an authorized officer of the City; and (iv) the execution by an authorized officer of the Recipient.

B. **Term and Expiration**. This Agreement shall commence on the Effective Date. This Agreement shall expire with no further action on behalf of the parties when the Plan has been implemented by the Recipient, all allowed costs have been paid by the City to the Recipient, and the Award Amount has been spent; provided, no additional extension of this agreement for continued services and requisite funding award has been executed by the Parties. The Parties may extend this Agreement for additional terms as outlined in an amendment to this Agreement.

C. **Termination without Cause**. The City or the Recipient may terminate this Agreement without cause by providing thirty (30) days written notice to the other Party.

D. **Termination for Cause**. Either Party may immediately, upon written notice to the other Party, terminate this Agreement for cause if the other Party is in breach of any provision hereof or is in breach of any provision of Applicable Law, including the failure of the City to provide all necessary assistance the Recipient requires to comply with the provisions of its related regulations and any reporting of program and service data.

2. **Scope of Services**. The services the Recipient shall provide shall be as set forth in the attached Exhibit A. The attached Exhibit A is incorporated by reference into this Agreement and made a part thereof. In the event there are conflicting terms and conditions between Exhibit

A and this Agreement, the terms of this Agreement will prevail.

The Recipient may elect to enter into sub-recipient agreements with other qualified entities. If it elects to provide some or all of the services by way of sub-recipients, the Recipient shall enter into contractual agreements incorporating the requirements contained herein.

If the Recipient intends to use Award Funds for administrative expenses, they must be included in Exhibit A. No more than five percent (5%) of the Award Amount shall be allocated by Recipient toward its administrative expenses, including reporting requirements.

3. Compensation. It is expressly understood and agreed the total compensation the Recipient is to receive under this Agreement for the services performed shall not exceed the Award Amount. Further, it is understood that the Award Amount shall equal the Settlement Payments.

The Award Amount shall be used by Recipient solely for the purposes set forth in this Agreement and must directly benefit residents of the City of Muskegon. The Award Amount may not be used to benefit non-residents. Recipient understands that the Settlement Funds are not in the City's control and may not be received on a predictable schedule. Award Amount may be lower than anticipated depending on the financial viability of defendants in the Opioid Litigation.

Payment by the City to the Recipient is subject to the availability of funds as determined by and in the sole discretion of the City.

4. Future Funding. City is not, as a result of entry into or performance by either party under this Agreement, obligated to provide future grants, program-related investments, or other financial or technical support to Recipient, or to extend the relationship with Recipient in any respect, or to engage in any other transaction or relationship with Recipient. Recipient acknowledges that City has not made to Recipient any representations, promises, or assurances about future funding or other support.

5. Reports. Recipient shall provide the City timely and reasonable access to all data and information in the Recipient's possession or control related to the Plan and/or necessary to comply with this Agreement. This includes program evaluation and reporting on clients served, including residency of clients, types of services, outputs, outcomes, daily counts, etc., as determined by the City in its sole discretion. These types of reporting obligations related to the Plan are required as the City works to measure successful outcomes and determine best uses of Settlement Funds in ensuing years and to ensure that the Award Amount is used to solely benefit City of Muskegon residents. Recipient shall provide the City or its designated agent(s) information on program services related to Award Amounts. Failure to do so in an accurate and timely manner may result in termination for cause.

6. Selection Committee. The City Manager or their designee, shall be entitled to one (1) seat on Recipient's Opioid Settlement Funding Grant Committee.

7. Right of Audit. The City or its designee may audit the Recipient to verify

compliance with this Agreement. The Recipient must retain and provide to the City or its designee and/or auditor general upon request, all financial and accounting records related to this Agreement through the Term of this Agreement and for three (3) years after the later of the date of submission of the final expenditure report for the Award Amount. If an audit, litigation, or other action involving the records is initiated before the end of the Financial Audit Period, the Recipient must retain the records until all issues are resolved. This right of audit is limited to matters within the scope of this Agreement unless there is a separate constitutional or statutory basis for such audit.

8. Right of Inspection. Within ten (10) calendar days of providing notice, the City and its authorized representatives or designees have the right to enter and inspect Recipient's premises or any other places where work is being performed under this Agreement or in any location where records are kept related to the Project, and examine, copy, and audit all records related to this Agreement. The Recipient must cooperate and provide reasonable assistance. If financial errors are revealed, the amount in error must be reflected as a credit or debit on subsequent invoices until the amount is paid or refunded. Any remaining balance at the end of this Agreement must be paid or refunded within forty-five (45) calendar days.

9. Recipient Monitoring. The Recipient will comply with the City's policy for Recipient monitoring, if any, and provide all required documentation upon request of the City including (1) written responses for Recipient services provided, (2) all financial or non-financial reporting requested by the City related to the Award, (3) written responses to internal control questionnaires.

10. Compliance with the Law. The Recipient shall administer the program and provide all the services to be performed under this Agreement in complete compliance with all applicable Federal, State and local laws, ordinances, rules and regulations. The laws of the State of Michigan will control in the construction and enforcement of this Agreement.

11. Applicable Law and Venue. This Agreement shall be subject to and construed in accordance with the laws of the State of Michigan, without regard to any Michigan choice of law rules that would apply the substantive law of any other jurisdiction to the extent not inconsistent with, or pre-empted by Federal law.

In the event any disputes arise under this Agreement, it is understood and agreed that any legal or equitable action resulting from such disputes shall be in Michigan Courts whose jurisdiction and venue shall be established in accordance with the statutes and Court Rules of the State of Michigan. In the event any action is brought in or is moved to a federal court the venue for such action shall be the Federal Judicial District of Michigan, in the district and division in which the City is located.

12. Independent Contractor. The employees, servants and agents of the Recipient or the beneficiaries of the Award Amount shall in no way be deemed to be and shall not hold themselves out as the employees, servants or agents of the City. The Recipient's employees, servants and agents shall not be entitled to any fringe benefits of the City such as, but not limited to, health and accident insurance, life insurance, paid vacation leave, paid sick leave or

longevity. The Recipient shall be responsible for paying any salaries, wages or other compensation due its employees for services performed pursuant to this Agreement and for the withholding and payment of all applicable taxes, including, but not limited to, income and social security taxes to the proper Federal, State and local governments. The Recipient shall carry workers' compensation insurance coverage for its employees, as required by law and shall provide the City with proof of said coverage.

13. Nondiscrimination. The Recipient, as required by law, shall not discriminate against a person to be served or an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment, programs and services provided, or a matter directly or indirectly related to employment because of race, color, religion, national origin, age, sex, sexual orientation, gender identity, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position or political affiliation. The Recipient shall include the language of this assurance in all subcontracts for services covered by this Agreement. Breach of any provisions of this section shall be regarded as a material breach of this Agreement.

14. Indemnification and Hold Harmless. The Recipient shall, at its own expense, protect, defend, indemnify and hold harmless the City, and its elected and appointed officers, employees and agents from all claims, damages, costs, law suits and expenses, including, but not limited to, all costs from administrative proceedings, court costs and attorney fees that they may incur as a result of any acts, omissions or negligence of the Recipient or any of its officers, employees, agents or subcontractors which may arise out of this Agreement. This includes any repayment which may be required in the event any portion of the Award Amount is not spent in conformance with this Agreement or the limitations of Exhibit B such that the City is required to return or forego any portion of the Settlement Payments.

The Recipient's indemnification responsibilities under this section shall include the sum of damages, costs and expenses which are in excess of the sum paid out on behalf of or reimbursed to the City, its officers, employees and agents by the insurance coverage obtained and/or maintained by the Recipient pursuant to the requirements of this Agreement.

15. Insurance. The Recipient shall purchase and maintain insurance not less than the limits set forth below. All coverage shall be with insurance companies licensed and admitted to do business in State of Michigan and with insurance carriers acceptable to the City.

A. Workers' Compensation Insurance. Workers' Compensation Insurance including Employers' Liability Coverage in accordance with all applicable statutes of the State of Michigan.

B. Commercial General Liability Insurance. Commercial General Liability Insurance on an "occurrence basis" only with limits of liability of not less than ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence and/or aggregate combined single limit, personal injury, bodily injury and property damage. Coverage shall include the following: (1) Broad Form General Liability Endorsement or equivalent if not in policy proper; (2) Contractual Liability; and (3) Products and Completed Operations.

C. Motor Vehicle Liability. Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage, with limits of liability of not less than FIVE HUNDRED THOUSAND AND NO/100 DOLLARS (\$500,000.00) per occurrence, and/or aggregate, combined single limit, bodily injury and property damage. Coverage shall include all owned, non-owned and hired vehicles.

D. Additional Insured. The Commercial General Liability Insurance as described above shall include the following as "Additional Insured"; the City, and all of the City's elected and appointed officials, employees and volunteers, all boards, commissions and/or authorities and board members including employees and volunteers thereof. Said insurance shall be considered to be primary coverage to the Additional Insureds, and not contributing with any other insurance or similar protection available to the Additional Insureds whether said other available coverage be primary, contributing or excess.

E. Deductibles and SIRs. The Recipient shall be responsible for paying any deductibles and self-insured retentions (SIRs) in its insurance coverages.

F. Cancellation Notice. Workers' Compensation Insurance, Commercial General Liability Insurance and Motor Vehicle Liability Insurance as described above, shall include on their certificates of insurance, which are to be submitted to the City as required below, an endorsement stating the following: "It is understood and agreed that thirty (30) days advance written notice of cancellation, non-renewal, reduction and/or material change shall be sent to: _____ City, [address]." In the event the Recipient's insurer refuses to provide such an endorsement the Recipient shall be responsible for providing the required notice.

G. Proof of Insurance. The Recipient shall provide to the City at the time this Agreement is returned by it for execution, with two (2) copies of certificates of insurance for each of the policies mentioned above. If so requested, certified copies of policies shall be furnished.

16. Waivers; Remedies. No delay on the part of any of either Party in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall any waiver on the part of the either Party of any right, power or privilege hereunder operate as a waiver of any other right, power or privilege hereunder, nor shall any single or partial exercise of any right, power or privilege hereunder preclude any other or further exercise of any other right, power or privilege hereunder. The rights and remedies herein provided are cumulative and are not exclusive of any rights or remedies which the parties hereto may otherwise have at law or in equity.

In the event the Recipient is in breach of any provision of Applicable Law, or misuses the Award Amount funding in any way, it shall immediately, upon written demand from the City, repay all of the funds previously received pursuant to this Agreement.

17. **Modifications, Amendments or Waiver of Provisions of the Agreement.** All modifications, amendments or waivers of any provision of this Agreement shall be made only by the written mutual consent of the parties hereto.

18. **Assignment or Subcontracting.** Neither Party may assign, subcontract, or otherwise engage any subrecipient to coordinate programs eligible for the use of the Award Amount, without advance written consent of the other Party.

19. **Purpose of Section Titles.** The titles of the sections set forth in this Agreement are inserted for the convenience of reference only and shall be disregarded when construing or interpreting any of the provisions of this Agreement.

20. **Complete Agreement.** This Agreement, the Exhibits A and B, and any additional or supplementary documents incorporated herein by specific reference contains all the terms and conditions agreed upon by the parties hereto, and no other agreements, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the parties hereto.

21. **Survival Clause.** All rights, duties and responsibilities of any party that either expressly or by their nature extend into the future, including warranties and indemnification, shall extend beyond and survive the end of the Agreement 's term or the termination of this Agreement.

22. **Invalid/Unenforceable Provisions.** If any clause or provision of this Agreement is rendered invalid or unenforceable because of any State or Federal statute or regulation or ruling by any tribunal of competent jurisdiction, that clause or provision shall be null and void, and any such invalidity or unenforceability shall not affect the validity or enforceability of the remainder of this Agreement. Where the deletion of the invalid or unenforceable clause or provision would result in the illegality and or unenforceability of this Agreement, this Agreement shall be considered to have terminated as of the date in which the clause or provision was rendered invalid or unenforceable.

23. **Force Majeure.** Any delay or failure in the performance by either Party hereunder shall be excused if and to the extent caused by the occurrence of a Force Majeure. For purposes of this Agreement, Force Majeure shall mean a cause or event that is not reasonably foreseeable or otherwise caused by or under the control of the Party claiming Force Majeure, including acts of God, fires, floods, epidemics, explosions, riots, wars, hurricane, sabotage terrorism, vandalism, accident, restraint of government, governmental acts, injunctions, labor strikes, that prevent the claiming Party from furnishing the materials or equipment, and other like events that are beyond the reasonable anticipation and control of the Party affected thereby, despite such Party's reasonable efforts to prevent, avoid, delay, or mitigate the effect of such acts, events or occurrences, and which events or the effects thereof are not attributable to a Party's failure to perform its obligations under this Agreement.

24. **Non-Beneficiary Contract.** Nothing expressed or referred to in this Agreement is intended or shall be construed to give any person other than the Parties to this Agreement or their respective successors or permitted assignees any legal or equitable right, remedy or claim

under or in respect of this Agreement, it being the intention of the Parties that this Agreement and the transactions contemplated hereby shall be for the sole and exclusive benefit of such Parties or such successors and permitted assignees. The Recipient's suppliers or providers are not considered the Recipient's assignees and are not third-party beneficiaries.

25. Notice. Any and all correspondence or notices required, permitted, or provided for under this Agreement to be delivered to any Party shall be sent to that Party by either electronic mail with confirmation of receipt or by first class mail. All such written notices shall be addressed as provided below. All correspondence shall be considered delivered to a Party as of the date that the electronic confirmation of receipt is received (if notice is provided by electronic mail) or when notice is deposited with sufficient postage with the United State Postal Service. A notice of termination shall be sent via electronic mail with confirmation of receipt or via certified mail to the address specified below. Notices shall be mailed to the following addresses:

If to City: City Manager
933 Terrace St.
Muskegon, MI 49440

With Copy to:

City Attorney
Parmenter Law
601 Terrace St.
Muskegon, MI 49440

If to Recipient: Public Health – Muskegon County
1903 Marquette Avenue, S101
Muskegon, MI 49442

26. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original and all of which together shall constitute one and the same instrument. The exchange of copies of this Agreement and of signature pages by facsimile or PDF transmission shall constitute effective execution and delivery of this Agreement as to the parties hereto and may be used in lieu of the original Agreement for all purposes. Signatures of the Parties hereto transmitted by facsimile or PDF shall be deemed to be their original signatures for all purposes.

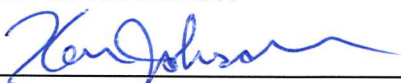
27. Entire Agreement. This Agreement sets forth the entire agreement between the Parties and supersedes any and all prior agreements or understandings between them in any related to the subject matter of this Agreement. It is further understood and agreed that the terms and conditions of this Agreement are contractual and are not a mere recital and that there are no other agreements, understandings, contracts, or representations between the Parties in

any way related to the subject matter of this Agreement, except as expressly stated in this Agreement.

28. Certification of Authority to Sign Agreement. The people signing on behalf of the parties to this Agreement certify by their signatures that they are duly authorized to sign this Agreement on behalf of the party they represent and that this Agreement has been authorized by the party they represent.

THE AUTHORIZED REPRESENTATIVES OF THE PARTIES HERETO HAVE FULLY EXECUTED THIS AGREEMENT ON THE DATE AND YEAR FIRST ABOVE WRITTEN.

CITY OF MUSKEGON

By: 
Kenneth Johnson, Mayor
City of Muskegon

Date: 11-26-2024

By: 
Ann Meisch, Clerk
City of Muskegon

Date: 11-26-2024

COUNTY OF MUSKEGON

By: 
(Signature)

Name: Kathy Moore

Title: Public Health Director

Date: 11-26-2024

Exhibit A
Scope of Work

1. Funding will be provided, from the City to the Recipient, in an amount not less than Five Hundred and 00/100 Dollars (\$500.00) on a quarterly basis (the "Award Amount").
2. The Recipient shall direct the Award Amount to the Recipient's Opioid Settlement Grant funding program each eligible grant year, unless notice is provided to terminate the Agreement.
3. Eligible organizations shall use the Award Amount to support the development, implementation, enhancement, or expansion of opioid prevention, harm reduction, treatment, and recovery programs and services for the benefit of City of Muskegon residents.
4. No more than five percent (5%) of the Award Amount shall be allocated by the Recipient to the administrative expenses, including any reporting requirements, of the Recipient's Opioid Settlement Grant funding program.
5. The Recipient shall provide to the City an accounting report of the grant program. The report shall include, but not be limited to, total funds awarded, name of the grantee, category of assistance, target audience, project summary and amounts approved.
6. The Recipient shall include the City on the Recipient's Opioid Settlement Funding Grant Committee to review and select applications originating from the City of Muskegon, as well as annually review the grant program.
7. The City may audit the Recipient to verify compliance with this Agreement.

Exhibit B
List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“Core Strategies”).

A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. MEDICATION-ASSISTED TREATMENT (“MAT”) DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

C. PREGNANT & POSTPARTUM WOMEN

1. Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with cooccurring Opioid

Use Disorder (“OUD”) and other Substance Use Disorder (“SUD”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (“NAS”)

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant/need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

**Schedule B
Approved Uses**

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("OUD") and any co-occurring Substance Use

Disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“MAT”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“ASAM”) continuum of care for OUD and any cooccurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“OTPs”) to assure evidence based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or

underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“DATA 2000”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)**

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“PAARI”);
 2. Active outreach strategies such as the Drug Abuse Response Team (“DART”) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“LEAD”) model;
 5. Officer intervention strategies such as the Leon City, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any cooccurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions (“CTI”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any cooccurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any cooccurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD

and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any cooccurring SUD/MH conditions, including, but not limited to, parent skills training.
10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. **PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS**

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that:
 1. Increase the number of prescribers using PDMPs;
 2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
 3. Enable states to use PDMP data in support of surveillance or intervention

strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer

support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any cooccurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. **FIRST RESPONDERS**

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. **LEADERSHIP, PLANNING AND COORDINATION**

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid or health-related indicators and supports as identified through collaborative

statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any cooccurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g., Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.



Agenda Item Review Form

Muskegon Legislative Policy Committee

Commission Meeting Date: May 27, 2026	Title: State and Federal Legislative Update															
Submitted by: Peter Wills, Director of Governmental Relations	Department: Manager's Office															
Brief Summary: Staff to provide an update on relevant state and federal issues impacting the City of Muskegon.																
Detailed Summary & Background: Staff to provide an update on relevant state and federal issues impacting the City of Muskegon.																
Goal/Action Item: 2027 Goal 3: Community Connection																
Is this a repeat item?: Explain what change has been made to justify bringing it back to Commission:																
Amount Requested: NA	Budgeted Item: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 25%;">No</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">N/A</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Fund(s) or Account(s): NA	Budget Amendment Needed: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 25%;">No</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">N/A</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Recommended Motion: Discussion only																
Approvals: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Immediate Division Head</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 20%;"></td> </tr> <tr> <td>Information Technology</td> <td></td> <td></td> </tr> <tr> <td>Other Division Heads</td> <td></td> <td></td> </tr> <tr> <td>Communication</td> <td></td> <td></td> </tr> <tr> <td>Legal Review</td> <td></td> <td></td> </tr> </table>	Immediate Division Head	X		Information Technology			Other Division Heads			Communication			Legal Review			<u>Name the Policy/Ordinance Followed:</u>
Immediate Division Head	X															
Information Technology																
Other Division Heads																
Communication																
Legal Review																



Legislative Report, May 2026

Bill #	Detail	Status
HB 4081	Amends the Land Division Act to authorize counties/municipalities to increase number of parcels resulting from division for the first 10 acres of a parent parcel from four to ten.	Senate floor
HB 4170	Income Tax cut to 4.05%	Senate comm on Finance
HB 4260-61	Public Safety Trust Fund, distribution of funds	Senate Approps since 4/26/25
HB 4311-12	Revenue Sharing Trust Fund, creation of fund	House Gov Ops since 4/15/25
HB 4410	Modifies definition of abandoned property to allow a local unit to secure the property to prevent trespass.	House Gov Ops since 5/1/25
SB 19-22	Tenant Empowerment Package for renters	Senate floor since 6/17/25
HB 4503/04	Modifies state historic preservation tax credit program	House Comm on Economic Competitiveness since 5/21/25
HB 4539/40	Modifies housing and community development fund; same as SB 239 from last session	House Comm on Economic Competitiveness since 6/4/25
HB 5073	Raises the cap of available funds in the Transformational Brownfield Program – income and property taxes may be captured up to 20-30 years after the project is completed. Current cap is \$1.8B on the state taxes that can be captured. Since 2017 and 10 funded projects there is \$30M available. The bill would increase post-construction tax capture limit to \$2.4B and extend it to 12/31/27.	House Comm on Economic Competitiveness since 9/29/25
HB 5138-40	Creates a lodging accommodations tax that includes STRs and allocates a portion of revenue back to local units. Requires online lodging platforms to collect and remit state use tax on accommodation at time of payment. Authorizes local units to levy up to a 3% accommodations tax on all lodging types including STRs.	House Comm on Economic Competitiveness since 10/28/25
HB 5304	requires that dredged materials be used for beach nourishment	House Comm on Natural Resources and Tourism

HB 5305-06	Extends the Commercial Redevelopment Act to 12/31/35 – the date after which a new commercial facilities exemption certificate may be issued. Two local projects are impacted – 356 W. Western Ave (Century Club Bldg) and 1937 Lakeshore Dr. (Harbor Theatre); staff have also had discussions with potential owners of Russell Block building. Sunsets need to be extended. PA 255	House floor 12/9/25
HB 5492-93	Flock camera, license plate readers; operator of the reader system would have to preserve plate data for at least 14 days after a preservation request is made.	2/3/26 House Judiciary
HB 5529-32, 5581-5585	Housing Readiness package – preempt local control HB 5529 – Amends land division act for parcel and lot size HB 5530 – Amends MZEA minimum residential lot size HB 5531 – Amends MZEA site plan approval and limits studies HB 5532 – Amends MZEA protest petition	3/3/26 House Gov Operations Committee
HB 5660-61	MML – HOME Program legislation - partnership between local gov and the state to improve access to housing that is attainable for residents. It supports investment to accelerate housing construction and rehabilitation, while also promoting updates to local zoning regulations.	3/4/26 House Gov Operations Comm
HB 5865	18-bill MI HOPE Zone Act – Helping Opportunity Proper Everywhere https://housedems.com/scott-unveils-legislation-to-foster-hope-revitalize-communities/ Designates economically distressed communities as special zones where tax incentives and reinvested local tax revenue can attract businesses, support job training and fund neighborhood development.	House Gov Operations, 4/22/26
HB 5872-80	House GOP property tax plan	4/23/26 House Gov Operations
SB 248-256	Creates a low-income water affordability program within DHHS to ensure eligible customers do not pay more than 30% of their household income on a water bill.	Senate floor since 11/5/25
SB 319	Reintroduction of minimum staffing legislation; making minimum staffing levels for PA 312 employees (police and fire) a mandatory topic of collective bargaining.	House Gov Operations since 6/26/25
SB 278	Modifies the housing and community development fund program. MSHDA program that makes financing available to meet the housing needs of low-income households and to finance projects in a downtown area or adjacent neighborhood in the State. The bill would make financing available to middle-income households (not more than 120% AMI) and deleting the requirement that financed projects be in a downtown area or adjacent neighborhood.	Senate Housing & Human Services since 5/1/25
SB 484/485	Provides for the exemption of certain tax delinquent property sold or otherwise conveyed by a foreclosing governmental unit and Provides for the application of tax reverted property specific tax to certain tax delinquent property sold or otherwise conveyed by a foreclosing governmental unit.	Senate Housing & Human Services since 7/17/25
SB 559-561	Create Revenue Sharing Trust Fund	4/30/26 House floor
SB 691-698	Election bills – moves primary election date to May; adds a Feb primary election date; eliminates Aug primary election date	3/18/26 House Comm on Election Integrity
SB 721-722	Extends the Commercial Rehabilitation Act to 12/31/35 – the date after which a new commercial rehab exemption certificate may be issued. Two local projects are impacted – 356 W. Western Ave (Century Club Bldg)	House Finance, 12/10/26

	and 1937 Lakeshore Dr. (Harbor Theatre); staff have also had discussions with potential owners of Russell Block building. Sunsets need to be extended; PA 210	
SB 723	Makes program changes to the Transformational Brownfield Program – projects with a total development cost of \$100M or more to provide a fiscal analysis of the anticipated fiscal benefits to the State. For projects proposed to use more than 50% of income tax capture revenue, that any affordable housing agreements include a requirement that at least 20% of the housing units be available to income qualified households. Projects approved after the bill’s effective date, the duration of a construction tax capture period would be limited to 10yrs after ground is broken. The maximum tax capture would be \$300M for any project approved after the effective date of the bill. The total tax capture of the program would increase from \$1.6B to \$3.5B.	House Comm on Economic Competitiveness
SB 792	Extends sunset on OPRA certificate to 12/31/36; obsolete property rehabilitation act	Senate Regulator Affairs, 2/19
SB 793	PA 198 abatements	Senate Regulator Affairs, 2/19
Not yet introduced	New Community Redevelopment Tax Credit to reform and restart the former Brownfield Tax Credit in the form of the CRTC – to support place-based investment and leverage private capital. The credit would be used to redevelop vacant, blighted, contaminated, and functionally obsolete buildings.	

LOCAL

ARPA Community Grants, as of 12/31/25

- 25 - approved grants (\$1.6M)
- 21 - projects paid the entirety of their grant. In-progress projects include Every Woman's Place, MI Crossroads Council-Boy Scouts, Sheldon Park NA, and Mediation & Restorative Services.
- As of 3/31/26 - \$1,569,000 of the \$1.6M has been spent.

Climate Action

- [Link](#) to updated CAP webpage, including a link to the recent Energy Performance Contract presentation to the city commission.

Muskegon Farmers Market – MDARD grant

- The commission recently approved receipt of a state grant in the amount of \$481,267 for the renovation and expansion of the Farmers Market. Grant funding will be used to expand Kitchen 242 and the Market Barn to strengthen our local food supply and provide year-round food access to our facility.
- Staff is working with a firm to perform Professional Services to prepare bid documents.
- Staff is also actively working with community partners to establish a process of identifying external funding for the project.

STATE

Michigan Attorney General Dana Nessel Muskegon visit

- On April 28th, Michigan Attorney General met with municipal officials from around Muskegon County. Topics included dam safety within the county, federal PFAS settlement funding, consumer protection and immigration issues. The attendees appreciated the opportunity to engage with the AG and where her office may be of assistance on issues impacting our community.

Property Tax Reform Package Receives Committee Hearing in the House

- Earlier this year, property tax reform legislation was introduced which includes a nine-bill package along with a proposed constitutional amendment.
- The bills would eliminate the uncapping (pop-up tax) for all property upon sale, the elimination of the State Education Tax, the elimination of the state real estate transfer tax, the elimination of all personal property taxes, and a reduction in residential utility rates.
- The constitutional amendment would eliminate the uncapping (pop-up tax) for all property upon sale.
- The final piece of the package would create a new sales tax on services. This bill would act as the revenue replacement mechanism for schools and local government due to the loss of property tax

revenue. It proposes to hold schools harmless first, then provide revenue to local units of government. If there is not enough revenue to hold local governments harmless, they would get a prorated amount based on the funds available.

The list of bills with links and short descriptions.

- [HB 5872](#) Elimination of the uncapping (pop-up tax) upon sale of a property.
- [HB 5873](#) Elimination of the State Education Tax
- [HB 5874](#) Repeal of the state real estate transfer tax.
- [HB 5875](#) Implementation legislation to repeal the state real estate transfer tax.
- [HB 5876](#) Implementation legislation to repeal the state real estate transfer tax.
- [HB 5877](#) Implementation legislation to repeal the state real estate transfer tax.
- [HB 5878](#) Elimination of all Personal Property Tax.
- [HB 5879](#) Utility rate rollback.
- [HB 5880](#) Sales tax on services.
- [HJR T](#) Constitutional Amendment to eliminate the uncapping (pop-up tax) of property upon sale

The reduction in total property tax revenue could be around \$4.9B. The amount of revenue generated by a new sales tax on services could be \$4.7B. The proposal would result in \$200M less for local units of government. The elimination of revenue generated by the pop-up and the effects could also have a compounding impact on services.

Senate Votes Unanimously to Establish Revenue Sharing Trust Fund

- In April, the Senate voted to establish a Revenue Sharing Trust Fund and was included in the state budget proposal passed by the Senate ensuring it will be a point of negotiation going forward.

Housing Readiness package

- The Housing Readiness package (HB 5529-5532 and HB 5581-5585) would preempt local decision making on key zoning issues, including duplexes, accessory dwelling units (ADUs), minimum setbacks, lot sizes, and dwelling unit sizes.
 - Maximum Lot Sizes in metro areas (2000 sq. ft.)
 - Dwelling Size (caps min dwelling size requirements at 600 sq. ft. in metro statistical areas)
 - Setback Requirements (15 feet from front; 5 feet from sides and rear)
 - Modernize Protest Petition Process (expand petition area to 300 feet; new 60% signature threshold)
 - Parking Rules (cap mandatory parking req's at no more than one space per dwelling unit)
 - Study Requirements (create standards for local gov requests; 60 day timeline for decisions)
 - ADU's (Allow on parcels with single family homes; cap setback at 5 feet, no parking req's)
 - Duplex by Right (Permits duplexes by right in single family residential zones within or adjacent to metro statistical areas)

Community Redevelopment Tax Credit

- Michigan Community Capital (MCC) is pursuing the creation of a [Community Redevelopment Tax Credit \(CRTC\)](#) to support place-based investment and leverage private capital. The proposal would reform and restart the former Brownfield Tax Credit in the form of the CRTC. The credit would be

used to redevelop vacant, blighted, contaminated, and functionally obsolete buildings in communities across Michigan. MCC is a 501(c)(3) nonprofit that exists to promote community and economic development.

Public Safety Revenue Sharing

- In May, the State began sharing information related to the Public Safety Revenue Sharing payments and when communities could expect payments.
- For FY26, the legislature authorized the distribution of \$42,562,500 (\$35,062,500 ongoing funding + \$7,500,000 one-time funding) in Public Safety Revenue Sharing payments to cities, villages and townships (2025 Public Act 22, Section 959(1)(b) and Section 992(2)). Payments are based on each local unit’s share of violent crime counts as certified by the Michigan State Police for calendar years 2022, 2023, and 2024.
- The city is expected to receive **\$292,768 per year**. Funds can be used for operational and capital expenditures that serve the purposes of public safety. A list of Public Safety Revenue Sharing payments by city, village, and townships - [click here](#). Additional information can be found on [Treasury's website](#).
- Local units must use these funds for operational or capital expenses that serve the purposes of public safety such as recruitment or retention; training; equipment; programming; capital improvements to public safety buildings.
- Additional information can be found on [Public Safety Revenue Sharing Webpage](#)

FEDERAL

Michigan’s U.S. Senator Elissa Slotkin Muskegon visit

- On May 4th, U.S. Senator Elissa Slotkin met with municipal officials from around Muskegon County. Topics included federal funding for local projects, social services programming, and the status of the federal budget. The attendees appreciated the opportunity to engage with the Senator and how her office may be of assistance on issues impacting our community.

U.S. Department of Housing and Urban Development FY27 Budget

- The President’s FY27 budget proposal would end the Community Development Block Grant program (CDBG). The U.S. House of Representative Appropriations subcommittee on Transportation, Housing and Urban Development includes this proposal.
- On May 14th, Mayor Johnson and City Manager Jonathan Seyferth sent a letter to our federal legislative delegation encouraging their support to provide full funding for FY27 HUD CDBG, HOME, and Continuum of Care programming. [FY27 CDBG HOME City of Muskegon signed.pdf](#)

- Elimination of these essential federal programs will have an immediate and devastating effect as these initiatives deliver funding for affordable housing construction, neighborhood revitalization, small business support, and life-saving shelter and services for our most vulnerable neighbors.

Congressional Directed Spending project requests

Earlier this year, staff submitted requests for federal funding for two local projects; Central Fire roof replacement and Sherman Blvd Sanitary Sewer Upsizing

- **Sherman Blvd Sanitary Sewer Upsizing**

- Staff submitted a request for \$1.6M to modernize and upsize the Sherman Blvd gravity sanitary system to generate additional capacity to serve the City's industrial park and Trinity Health Muskegon Hospital campus, and offer more flexibility to reorient flow to other nearby sanitary lines under US-31.
- Unfortunately, this project was not recommended by our federal legislative delegation to advance in this appropriations process.

- **Central Fire Roof Replacement**

- Staff also submitted a request for \$210,000 for the replacement of the roof at the Muskegon Central Fire Station / Muskegon Central Dispatch 9-1-1 facility.
- Sen. Gary Peters recommended the project to be advanced for further consideration by the U.S. Senate appropriations subcommittee on Transportation and HUD.

U.S. Department of Energy – Energy Efficiency Community Block Grant

- In early May, the city finally received a reimbursement payment from the USDOE in the amount of \$76,45 for the 2024 acquisition of two EV side-by-side utility vehicles.



Agenda Item Review Form

Muskegon Legislative Policy Committee

Commission Meeting Date: May 27, 2026	Title: USS Silversides Exploring a Move							
Submitted by: Jonathan Seyferth, City Manager	Department: Manager's Office							
<p>Brief Summary: Earlier this year, the USS Silversides Board voted to explore the possibility of moving the ship and museum to Downtown Muskegon. The board has requested the City Commission take an affirmative position in support of exploring this move.</p>								
<p>Detailed Summary & Background: For several years, the USS Silversides Board has been discussing options for the ship's and museum's future. Earlier in 2026, the museum's board voted to explore moving the USS Silversides to Downtown Muskegon, specifically to be co-located with the USS LST 393. No final decision has been made, and only conversations are occurring.</p> <p>For decades, the ship has been located on the channel wall near Pere Marquette. The museum itself sits on City property, and there is an agreement between the City and the USS Silversides Museum for use of the property.</p> <p>Because of this agreement, the USS Silversides Board is asking the City Commission to also signal its support for exploring a move. It is simple to note that the City Commission does not object to the museum moving. Staff would recommend a stance of being supportive of whatever decision the USS Silversides Board makes, and that we have no objection to the board looking at and/or ultimately moving to another location in the City.</p> <p>The reason this is being asked for is that the Board is trying to head off any narrative that the City isn't supportive of this conversation.</p>								
<p>Goal/Action Item: 2027 Goal 1: Destination Community & Quality of Life</p>								
<p>Is this a repeat item?: Explain what change has been made to justify bringing it back to Commission:</p>								
<p>Amount Requested: n/a</p>	<p>Budgeted Item:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%;">Yes</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;">No</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;">N/A</td> <td style="width: 12.5%;">X</td> <td style="width: 12.5%;"></td> </tr> </table>	Yes		No		N/A	X	
Yes		No		N/A	X			
<p>Fund(s) or Account(s): n/a</p>	<p>Budget Amendment Needed:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%;">Yes</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;">No</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;">N/A</td> <td style="width: 12.5%;">X</td> <td style="width: 12.5%;"></td> </tr> </table>	Yes		No		N/A	X	
Yes		No		N/A	X			
<p>Recommended Motion:</p>								

Motion to support the USS Silverside's Board of Directors in its exploration of moving the ship to another location within the City of Muskegon.

Approvals:

Immediate Division Head		
Information Technology		
Other Division Heads		
Communication		
Legal Review		

Name the Policy/Ordinance Followed:



Agenda Item Review Form

Muskegon Legislative Policy Committee

Commission Meeting Date: May 27, 2026	Title: Muskegon Social Equity Program							
Submitted by: Mike Franzak, Planning Director	Department: Planning							
<p>Brief Summary: The City has received \$541,155 in Marihuana Excise Tax money for this year. This is down from the \$700,753 the City received last year. For the past several years, the Commission has set aside 25% of this money to go towards the Muskegon Social Equity Program. If the same 25% is set aside this year, that would equal \$135,288.75.</p> <p>Staff is proposing to fund three programs through the Muskegon Social Equity Program this year. These include:</p> <ol style="list-style-type: none"> 1. Expungement Clinics provided by G.U.N.S. (\$45,000) 2. Counseling services through Mediation & Restorative Services (\$55,000) 3. A housing intervention program used in conjunction with money from the opiod settlement (\$35,288.75) 								
<p>Detailed Summary & Background: The City has received \$541,155 in Marihuana Excise Tax money for this year. This is down from the \$700,753 the City received last year. For the past several years, the Commission has set aside 25% of this money to go towards the Muskegon Social Equity Program. If the same 25% is set aside this year, that would equal \$135,288.75.</p> <p>Staff is proposing to fund three programs through the Muskegon Social Equity Program this year. These include:</p> <ol style="list-style-type: none"> 1. Expungement Clinics provided by G.U.N.S. (\$45,000) 2. Counseling services through Mediation & Restorative Services (\$55,000) 3. A housing intervention program used in conjunction with money from the opiod settlement (\$35,288.75) 								
<p>Goal/Action Item: 2027 Goal 1: Destination Community & Quality of Life</p>								
<p>Is this a repeat item?: Explain what change has been made to justify bringing it back to Commission:</p>								
<p>Amount Requested: \$135,288.75</p>	<p>Budgeted Item:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%; padding: 2px;">Yes</td> <td style="width: 12.5%; padding: 2px;"><input type="checkbox"/></td> <td style="width: 12.5%; padding: 2px;">No</td> <td style="width: 12.5%; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width: 12.5%; padding: 2px;">N/A</td> <td style="width: 12.5%; padding: 2px;"><input type="checkbox"/></td> <td style="width: 12.5%; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>		

Fund(s) or Account(s): Muskegon Social Equity Program	Budget Amendment Needed: <table border="1"> <tr> <td data-bbox="846 163 971 205">Yes</td> <td data-bbox="971 163 1027 205"></td> <td data-bbox="1027 163 1153 205">No</td> <td data-bbox="1153 163 1209 205">X</td> <td data-bbox="1209 163 1334 205">N/A</td> <td data-bbox="1334 163 1391 205"></td> <td data-bbox="1391 163 1544 205"></td> </tr> </table>	Yes		No	X	N/A		
Yes		No	X	N/A				

Recommended Motion:
 I move to approve the request to fund the Muskegon Social Equity Program with \$135,288,75 for the programs presented.

Approvals: <table border="1"> <tr> <td data-bbox="118 426 467 510">Immediate Division Head</td> <td data-bbox="467 426 524 510">X</td> <td data-bbox="524 426 812 510"></td> </tr> <tr> <td data-bbox="118 510 467 604">Information Technology</td> <td data-bbox="467 510 524 604"></td> <td data-bbox="524 510 812 604"></td> </tr> <tr> <td data-bbox="118 604 467 667">Other Division Heads</td> <td data-bbox="467 604 524 667"></td> <td data-bbox="524 604 812 667"></td> </tr> <tr> <td data-bbox="118 667 467 720">Communication</td> <td data-bbox="467 667 524 720"></td> <td data-bbox="524 667 812 720"></td> </tr> <tr> <td data-bbox="118 720 467 777">Legal Review</td> <td data-bbox="467 720 524 777"></td> <td data-bbox="524 720 812 777"></td> </tr> </table>	Immediate Division Head	X		Information Technology			Other Division Heads			Communication			Legal Review			Name the Policy/Ordinance Followed: Muskegon Social Equity Program
Immediate Division Head	X															
Information Technology																
Other Division Heads																
Communication																
Legal Review																

Name/Date of Fair	Eligible/Partially Eligible	Ineligible	Blank ICHATs/ ICHATs with no record of a conviction	Total number of people served
G.U.N.S/City of Muskegon Exp Fair 6-10-23	79 (44%)	71 (40%)	28(16%)	178
G.U.N.S/City of Muskegon Exp Fair 10-19-23	41 (51%)	30 (38%)	8 (10%)	79
G.U.N.S/City of Muskegon Exp Fair 2-23-24	32 (63%)	17 (33%)	2 (4%)	51
G.U.N.S/City of Muskegon Exp Fair 6-22-24	32 (61%)	14 (27%)	6 (12%)	52
G.U.N.S/City of Muskegon Exp Fair 10-10-24	39 (48%)	37 (47%)	4 (5%)	80
G.U.N.S/City of Muskegon Exp Fair 2-15-25	89 (53%)	70 (42%)	9 (5%)	168
G.U.N.S/City of Muskegon Expungement Fair 7-12-25	33 (51%)	32 (49%)	-	65
G.U.N.S/City of Muskegon Expungement Fair 9-12-25	27 (44%)	31 (51%)	3 (5%)	61
G.U.N.S/City of Muskegon Expungement Fair 3-13-26	73 (43%)	82 (49%)	13 (8%)	168
Total-9 Fairs	445 (49%)	384 (43%)	73 (8%)	902

May 4, 2026

City Commissioners and Mike Franzak,

Mediation & Restorative Services has been providing Social Equity Education and Awareness under your generous allotment of funds since June 2023. We are requesting additional funds to continue this important program for City of Muskegon residents. Below are a few highlights of what we do with the cannabis tax dollars to help reduce and prevent underage cannabis use including safe storage information for families:

- Offered a variety of virtual and in-person family awareness info sessions at various times
- Partnered with local cannabis stores to have pop-up events and family sessions with them
- Presented/attended/reached out to all Neighborhood Associations
- Attended meetings with schools, courts, area agencies and the MAISD
- Delivered outreach material to dispensaries and local businesses
- Partnered with Public Health, MCC, STATS, ALI, AMP and Define the Line
- Vendor tables at both family, school and youth-oriented events (Halloween Trunk or Treats, PRIDE, Health, Wellness & Recovery Picnics, PRIDE, NNO, expungement clinics, end of school events and more)
- Held “office hours” at MCC’s Jayhawk Hub and the Community Resource Center
- Participated in the Social Justice Commission meetings, G.U.N.S and other community collaborations
- Met with individual parents and youth to discuss safe decisions/avoiding illegal use of cannabis
- Social Media, Newsletter and in-person outreach and marketing services
- Provided door prizes/incentives at various events to get youth/parents engaged
- Gave out lock bags, mindfulness/coping items, gift bags to HPL’s summer reading program and more
- Participated and presented at the MVP youth symposium
- Participated in youth focused Livability Lab teams
- Attended a variety of professional development trainings
- Provided trainings and presentations for various agencies at their staff meetings

M&RS has seen an increase in youth, family and community response to our engagement efforts. We are requesting a total of \$55,000 to cover the following for 12 additional months of Social Equity Education and Awareness through June 2027; however, we can increase or decrease the Coordinator’s hours depending on available funding:

- \$39,000 Social Equity Coordinator wage and fringe for 12 months (increasing from 20-40 hours/week)
- \$300 for 12 months of a cell phone stipend at \$25/month
- \$700 for 12 months of mileage
- \$1000 for office supplies
- \$4,500 for additional marketing/outreach supplies
- \$5,000 for overhead/office expenses
- \$4,500 for supervisory and programming services

Thank you for your support of this important service to the people of the City of Muskegon,
Jackie Hallberg, LMSW

Serving Muskegon, Oceana, Mason & Manistee Counties