

**Substance Use Disorder (SUD)
Oversight Policy Board Meeting
June 17, 2026 ~ 4:00 p.m.**

*Community Mental Health Association of Michigan
507 S. Grand Ave.
Lansing, MI 48933*

*Members of the public and others unable to attend in person can participate in
this meeting via Zoom Videoconference
Meeting URL: <https://us02web.zoom.us/j/5624476175>
and Teleconference
Call 1.312.626.6799 Meeting ID: 5624476175#*

- 1) Call to Order
- 2) Roll Call
- 3) **ACTION ITEM:** Approval of the Agenda for June 17, 2026
- 4) **ACTION ITEM:** Approval of Minutes of April 15, 2026 *(Page 3)*
- 5) Public Comment
- 6) Board Chair Report
 - A. **ACTION ITEM:** Approval of FY2027 Board Calendar *(Page 6)*
- 7) Deputy Director Report *(Page 7)*
- 8) Chief Financial Officer Report
 - A. FY26 PA2 Funding & Expenditures by County *(Page 21)*
 - B. FY26 PA2 Use of Funds by County and Provider *(Page 25)*
 - C. FY26 SUD Financial Summary Report of April 2026 *(Page 27)*
- 9) **ACTION ITEM:** FY26 Substance Use Disorder PA2 Contract Listing *(Page 28)*
- 10) Reduce Underage Drinking Presentation (.05 Saves Lives)
- 11) SUD Operating Update *(Page 31)*
 - A. FY26 Q2 SUD County Reports *(Page 34)*
- 12) Other Business
- 13) Public Comment
- 14) Board Member Comment
- 15) Adjournment

**MSHN SUD Oversight Policy
Board Officers**

Chair: Bryan Kolk (Newaygo)
Vice-Chair: Irene Cahill (Ingham)
Secretary: Dwight Washington
(Clinton)

MEETING LOCATION:

Community Mental Health
Association of Michigan
507 S. Grand Ave.
Lansing, MI 48933

VIDEOCONFERENCE:

<https://us02web.zoom.us/j/5624476175>
Meeting ID: 5624476175

TELECONFERENCE:

Call 1.312.626.6799
Meeting ID: 5624476175#

Should special accommodations be necessary to allow participation, please contact MSHN Executive Support Specialist, Sherry Kletke, at 517.253.8203 as soon as possible.

UPCOMING FY26

**SUD OVERSIGHT POLICY BOARD
MEETINGS**

August 19, 2026
CMHAM
507 S. Grand Ave
Lansing, MI 48933

UPCOMING FY27

**SUD OVERSIGHT POLICY BOARD
MEETINGS**

Pending board approval
October 21, 2026
CMHAM
507 S. Grand Ave
Lansing, MI 48933

All meetings will be held from 4:00-
5:30 p.m.

MSHN Board Approved Policies
May be Found at:

<https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies>

FY26 MSHN SUD Oversight Policy Board Roster

Current as of 05/20/2026

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Cahill	Irene	icahill@ingham.org	irenecahill@icloud.com	517.488.1486		Ingham	2026
Caswell	Bruce	bcaswell@frontier.com		517.425.5230	517.523.3067	Hillsdale	2026
Gross	Jacob	grossj@clareco.net		989.506.2163		Clare	2027
Harrington	Christina	charrington@saginawcounty.com		989.758.3818		Saginaw	2028
Hemminger	Charlean	chemminger@ioniacounty.org		989.855.5235		Ionia	2028
Hunter	John	hunterjohn74@gmail.com		989.673.8223	989.551.2077	Tuscola	2028
Kolk	Bryan	bryank@newaygocountymi.gov		616.780.5751		Newaygo	2027
Link	Karen	karenl@huroncmh.org		989.269.1109	989.269.9293	Huron	2026
Mahar	Charlie	cmahar@greenridge.com		616.205.6435	616.302.6009	Montcalm	2027
Moreno	Jim	jmoreno@isabellacounty.org		989.954.5144		Isabella	2027
Rayburn	Emily	emily@childadvocacy.net		989.763.3436	989.463.1422	Gratiot	2028
Schumacher	Pamela	pschumacher82@gmail.com		989.415.9497		Bay	2028
Smith	Alaynah	asmith@co.midland.mi.us		989.832.6389		Midland	2027
Strong	Jerrilynn	jeristrong64@gmail.com		989.382.5452		Mecosta	2027
Thalison	Kimberly	kthalison@eatonresa.org		517.541.8711		Eaton	2028
Turner	David	davidturner49665@gmail.com		231.908.0501		Osceola	2027
Vacant	Vacant					Shiawassee	2026
Vallad	Rachel	rachel.vallad87@gmail.com		989.798.4743		Arenac	2029
Visnaw	Mike	mvisnaw@gladwincounty-mi.gov		281.323.2214	989.709.5622	Gladwin	2028
Washington	Dwight	washindwi@gmail.com		517.974.1658		Clinton	2026
Woods	Ed	ejw1755@yahoo.com		517.392.8457		Jackson	2026

Alternates:

Briggs	Margery	briggsmmb@sbcglobal.net		517.647.4747		Ionia-Alternate	2028
DeLaat	Ken	kend@nearnorthnow.com		231.414.4173		Newaygo-Alternate	2027
Fickes	Nicole	fickesn@clinton-County.org		517.899.9307		Clinton - Alternate	2026
Howard	Linda	lhoward8305@gmail.com		989.560.8305		Mecosta-Alternate	2027
Merritt	Christa	cmerritt@mmdhd.org		616.302.4379		Montcalm-Alternate	2027
Mott	Jim	jmott@eatoncounty.org		517.749.4236		Eaton-Alternate	2025
Murphy	Joe	jmurphy0504@comcast.net		989.670.1057		Huron-Alternate	2026
Pratt	Tanya	tpratt@ingham.org	tpratt624@gmail.com	810.919.1542		Ingham-Alternate	2026
Salgat	Lisa	lsalgat@arenacountymi.gov		989.820.0640		Arenac-Alternate	2029
Snyder	Jeanette	jsnyder@co.midland.mi.us		989.430.1020	989.832.6381	Midland-Alternate	2027
Thume	Melanie	mthume@gladwincounty-mi.gov		989.426.4821		Gladwin-Alternate	2028

Administration:

Ittner	Amanda	amanda.ittner@midstatehealthnetwork.org		517.253.7551			
Sedlock	Joe	joseph.sedlock@midstatehealthnetwork.org		517.657.3036			
Thomas	Leslie	leslie.thomas@midstatehealthnetwork.org		517.253.7546			
Kletke	Sherry	sheryl.kletke@midstatehealthnetwork.org		517.253.8203			

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, April 15, 2026, 4:00 p.m.

CMH Association of Michigan (CMHAM)

507 S. Grand Ave.

Lansing, MI 48933

Meeting Minutes

1. Call to Order

Chairperson Bryan Kolk called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Meeting to order at 4:01 p.m. Mr. Kolk reminded members participating virtually may not participate in or vote on matters before the board unless absent due to military duty, disability, or health-related condition and also provided a reminder that only one vote is allowed per county for those counties that have the member and alternate present.

Board Member(s) Present: Irene Cahill (Ingham), Jacob Gross (Clare), John Hunter (Tuscola), Bryan Kolk (Newaygo), Karen Link (Huron), Jim Moreno (Isabella), Pamela Schumacher (Bay), Kim Thalison (Eaton), Mike Visnaw (Gladwin), Dwight Washington (Clinton), and Ed Woods (Jackson)

Board Member(s) Remote: Emily Rayburn (Gratiot)-Ithaca, MI and Rachel Vallad (Arenac)-Standish, MI

Board Member(s) Absent: Bruce Caswell (Hillsdale), Christina Harrington (Saginaw), Charlean Hemminger (Ionia), Charlie Mahar (Montcalm), Alaynah Smith (Midland), Jerrilynn Strong (Mecosta), and David Turner (Osceola)

Alternate Member(s) Present: Christa Merritt (Montcalm)

Alternate Member(s) Remote: Nicole Fickes (Clinton)-Laingsburg, MI-arrived at 4:05 p.m.

Staff Members Present: Amanda Ittner (Deputy Director), Dr. Trisha Thrush (Director of Substance Use Disorder Services and Operations), Sarah Andreotti (Prevention Administrator), and Sherry Kletke (Executive Support Specialist)

Staff Members Absent: Leslie Thomas (Chief Financial Officer) and Dr. Dani Meier (Chief Clinical Officer)

Staff Members Remote: Joe Sedlock (Chief Executive Officer), Sarah Surna (Prevention Specialist)

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

2. Roll Call

Mr. Dwight Washington provided the Roll Call for Board Attendance and informed the Board Chair, Bryan Kolk, that a quorum was present for board meeting business.

3. Approval of Agenda for April 15, 2026

Board approval was requested for the Agenda of the April 15, 2026 Regular Business Meeting, as presented.

MOTION BY JOHN HUNTER, SUPPORTED BY IRENE CAHILL, FOR APPROVAL OF THE APRIL 15, 2026 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

4. Approval of Minutes from the February 18, 2026 Regular Business Meeting

Board approval was requested for the draft meeting minutes of the February 18, 2026 Regular Business Meeting.

MOTION BY PAM SCHUMACHER, SUPPORTED BY IRENE CAHILL, FOR APPROVAL OF THE MINUTES OF THE FEBRUARY 18, 2026, MEETING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

5. Public Comment

There was no public comment.

6. Board Chair Report

Mr. Bryan Kolk announced new member Alaynah Smith and alternate member Jeanette Snyder both have been appointed from Midland County but unfortunately were not able to attend today's meeting. Mr. Kolk also offered well wishes to Jerri Strong who is recovering from surgery.

7. Deputy Director Report

Ms. Amanda Ittner provided an overview of the report included in the board meeting packet, and available on the MSHN website, highlighting:

Regional Matters:

- Michigan Department of Health and Human Services (MDHHS) Prepaid Inpatient Health Plan (PIHP) Procurement Update
- Provider Network Adequacy Assessment – FY25
- Utilization Management and Access Department Update
- FY25 Fiscal Review of Prevention and State Opioid Response Funds

8. Chief Financial Officer Report

Ms. Amanda Ittner provided an overview of the financial reports included in board meeting packets:

- FY2026 PA2 Funding and Expenditures by County

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

- FY2026 PA2 Use of Funds by County and Provider
- FY2026 Substance Use Disorder (SUD) Financial Summary Report of February 2026

9. SUD Operating Update

Dr. Trisha Thrush provided an overview of the written SUD Operations Report, highlighting the below and referenced the FY26 Q1 SUD County reports, both included in the board meeting packet:

- MPDS System has opened
- Updated Annual Planning Documents for FY27
- Prevention Conference May 6-7, 2026 in Frankenmuth
- Response to Proposed Changes to LARA SUD Administrative Rules
- Development of the FY27 Treatment Annual Plan
- Continued Implementation of the MDHHS Recovery Incentive Pilot
- [Equity Upstream Status Report](#) and [Learning Collaborative Implementation Guide and Checklist](#)

10. Other Business

There was no other business.

11. Public Comment

Board members provided information on community activities in their counties.

12. Board Member Comment

Board members provided a reminder of the Prevention Conference and if interested in attending to contact Sarah Andreotti, MSHN Prevention Administrator.

13. Adjournment

Chairperson Bryan Kolk adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 4:38 p.m.

*Meeting minutes submitted respectfully by:
MSHN Executive Support Specialist*



TENTATIVE

FY27 MID-STATE HEALTH NETWORK
 SUBSTANCE USE DISORDER (SUD)
 OVERSIGHT POLICY BOARD

(All meetings are scheduled to convene at 4:00 p.m. unless otherwise noted)

Meeting Date	Meeting Location
October 21, 2026	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933
December 16 2026	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933
February 17, 2027	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933
April 21, 2027	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933
June 16, 2027	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933
August 18, 2027	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933

Calendar is tentative until Board approved

Mid-State Health Network | 530 W. Ionia Street, Suite F | Lansing, MI 48933 | 517.253.7525

www.midstatehealthnetwork.org

Please contact Sherry Kletke, Executive Assistant, with questions related to the MSHN Board of Directors at sheryl.kletke@midstatehealthnetwork.org

Community Mental Health
Member Authorities

Bay Arenac
Behavioral Health



CMH of
Clinton.Eaton.Ingham
Counties



CMH for Central
Michigan



Gratiot Integrated
Health Network



Huron Behavioral Health



The Right Door for
Hope, Recovery &
Wellness (Ionia County)



LifeWays CMH



Montcalm Care Center



Newaygo County
Mental Health Center



Saginaw County CMH



Shiawassee
Health & Wellness



Tuscola Behavioral
Health Systems

Board Officers

Edward Woods

Chairperson

Irene O'Boyle
Vice-Chairperson

Deb McPeek-McFadden
Secretary

**REPORT OF THE MSHN DEPUTY DIRECTOR
TO THE MSHN SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD
(SUD OPB)**

April - May

MSHN/REGIONAL MATTERS

Michigan Department of Health and Human Services (MDHHS) Procurement Update

Nothing much has changed related to the Pre-paid Inpatient Health Plan (PIHP) procurement by MDHHS. MSHN has heard that MDHHS remains committed to pursuing procurement and is revising the request for proposal for a future release date. No official communication has been received from MDHHS aside from the announcement on January 29, 2026, to cancel the current Request for Proposal (RFP).

As an update to the PIHP/MDHHS lawsuit, MSHN along with the other plaintiffs, filed an appeal with the State of Michigan Court of Appeals on May 13, 2026, in response to the final order issued on April 23, 2026 from the Court of Claims earlier order dated October 14, 2025. It is unclear the timeframe for which the Court of Appeals will process the appeal request.

In the meantime, our Community Mental Health Service Program (CMHSP) and PIHP partners continue to evaluate system-wide improvements and appreciate any feedback from our boards, providers and communities.

MSHN Issues Rate Increase for SUD Treatment Providers

On April 24, 2026, Mid-State Health Network (MSHN) implemented a 2.5% increase to most substance use disorder (SUD) fee-for-service reimbursement codes. The new rates will be effective from 5.1.26 – 9.30.26 and can be found on the MSHN website [here](#). While fiscal analysis did not allow a higher increase, our goal is to offer improved rates when possible based on several factors including funding availability and market comparisons. MSHN will re-evaluate whether this temporary rate increase can be carried forward through Fiscal Year (FY) 2027 which begins 10.1.26.

MSHN thanks each of you for the exceptional services rendered to those in need and appreciate the continued partnership. Please reach out to Leslie Thomas leslie.thomas@midstatehealthnetwork.org if you have questions.

Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions

MSHN is contractually responsible for monitoring ownership and controlling interests within its provider network and disclosing criminal convictions of any staff member, director, or manager of MSHN, any individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with MSHN. Therefore, Board Members must complete an annual disclosure statement that ensures MSHN's compliance with the contractual and federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions.

Included in the Board Members' folders is the disclosure form required to be filled out, signed, and returned. For Board members not in attendance, the form will be emailed/mailed directly to the member. Common questions that arise when completing the form:

- **Do I have to provide my social security number?** 42 CFR § 455.104 requires names, address, DOB, and Social Security numbers in the case of an individual.
- **How will my information be kept confidential and secure?** MSHN maintains policies and practices that protect the confidentiality of personal information, including Social Security numbers, obtained from its providers and associates in the course of its regular business functions. MSHN is committed to protecting information about its providers and associates, especially the confidential nature of their personal information. Access to this, and other confidential documentation, is limited to MSHN staff who need to access information in order to perform their duties, relative to monitoring disclosures.
- **What does MSHN do with the information it obtains through disclosure statements?** MSHN is required to ensure it does not have a 'relationship' with an 'excluded' individual and must search the Office of Inspector General's (OIG) exclusions database to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), have not been excluded from participating in federal health care programs. MSHN must search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time new disclosure information is provided.

If Board Members have questions about the disclosures or need assistance completing the form, please feel free to reach out to Sherry Kletke or myself.

SUD Compliance Oversight Update

To ensure compliance with federal and state regulations, MSHN conducts oversight of the Medicaid, Healthy Michigan Plan, and Block Grant claims/encounters submitted within the Provider Network. This is accomplished by completing Medicaid Event Verification (MEV) reviews of claims/encounters submitted for services provided for all twelve (12) Community Mental Health Service Providers (CMHSPs) and substance use disorder (SUD) treatment providers who serve within the MSHN region.

The Medicaid Event Verification review involves a claims test where seven (7) attributes are tested. The attributes tested are as follows:

- A.) Code is an allowable service code under the contract
- B.) Beneficiary is eligible on the date of service
- C.) Service is included in the beneficiary's individual plan of service/treatment plan
- D.) Documentation of the service agrees to the claim date and time of service
- E.) Documentation of the service provided falls within the scope of the service code billed
- F.) Amount billed/paid does not exceed contractually agreed upon amount
- G.) Modifiers are used in accordance with the HCPCS/MDHHS guidelines

The following is a summary of MEV reviews conducted in Fiscal Year 2026. During Q2 of FY2026, ten (10) Medicaid Event Verification (MEV) reviews were completed, including five (5) for CMHSPs and five (5) for SUD treatment providers.

SUD MEV reviews are conducted annually. Data presented in the table below is relative to the SUD providers who had reviews completed in Q1 and Q2 (but will eventually include data for all SUD reviews for the full fiscal year, October 1, 2025 – September 30, 2026).

SUD							
	A	B	C	D	E	F	G
SUD Providers	100%	100%	98.46%	98.07%	80.62%	100%	67.28%
MSHN Average	98.41%	100%	92.23%	98.02%	86.94%	100%	83.56%

Note: SUD provider reviews are conducted annually, with a different set of providers reviewed each quarter. The percentages on the top line reflect scores from the current quarter, while the second line shows the year-to-date (YTD) average of all SUD reviews completed during FY2026.

The state technical requirement requires that a provider meets a 90% compliance standard in the MEV review. If a provider does not meet the 90% standard, a secondary MEV review is scheduled after the provider’s corrective action plan has been accepted to ensure the standard is met.

For more information on SUD compliance activities, see the link below: ***FY26 Q2 Compliance & Quality Department Report.***

Michigan Department of Health and Human Services (MDHHS) Division of Substance Use, Gambling and Epidemiology (SUGE) Site Review Results

On January 20, 2026, the Michigan Department of Health and Human Services (MDHHS) Division of Substance Use, Gambling and Epidemiology (SUGE) conducted a virtual site review with Mid-State Health Network (MSHN). MSHN was found in partial compliance with the SUGE Substance Use Disorder/Prepaid Inpatient Health Plan (PIHP) Compliance Protocol. A corrective action plan was submitted by June 8, 2026, to address the two areas under Women’s Specialty Services (WSS) and training for all professionals who will be prescribing controlled substances. MSHN will be working with specific SUD providers, updating contract and site review tools, along with related policies and the SUD manual as identified in the corrective action plan. For more details, see the attached MDHHS site review letter.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Michigan Overdose Data to Action: Surveillance Reports Available

The April 2026 overdose report is now available and has been included as attached. It uses emergency department, emergency medical services, substance use disorder treatment, and postmortem toxicology testing data to provide insight into statewide trends, demographic patterns, geographic patterns, and drug-specific patterns. The report can be viewed as a **PDF** or as an interactive **web version**.

- [Click here to view the web version.](#)
- [Click here to view the PDF report.](#)

County-level overdose data is available through the following resources:

- [MiTracking](#)
- [Michigan Substance Use Disorder Data Repository](#)
- [Michigan Overdose Data to Action \(MODA\) Dashboard](#)

Additional resources regarding overdoses are available at: [Michigan.gov/opioids](https://www.michigan.gov/opioids)

Bridge Michigan Announces: Michigan cities, counties, have spent 18% of opioid settlement funds

Michigan towns, cities, townships and counties have \$176 million sitting in bank accounts meant to fight the state's opioid crisis.

The state's first official accounting of spending by local governments of opioid settlement funds, produced by the Michigan Attorney General's Office, found that 17.7% of funds received since checks began arriving three years ago had been spent by mid-December 2025. The spending report can be found at: [Michigan opioid settlement funds](#).

The funds — Michigan's share of national settlements with drug manufacturers and distributors for their role in sparking the opioid crisis — are meant to help mitigate drug use and deaths. On average, a Michigander dies every six hours from an opioid overdose, with about 2,000 dying last year.

Michigan governments are slated to receive nearly \$1.8 billion from opioid settlements by 2040. Half of the settlement amount will be distributed directly to county, city, and township governments, with the rest distributed to the state for drug prevention services.

FEDERAL/NATIONAL ACTIVITIES

NGO Announcements/Briefings

The Public Health Communications Collaborative has released *Understanding Mental Health and Pregnancy*, a guide to prepare pregnant people for mental health conversations with trusted healthcare professionals. The guide is available at <https://publichealthcollaborative.org/resources/understanding-mental-health-and-pregnancy/>

The Opioid Response Network and the National Council "offer on June 23 a webinar featuring two experts in recovery and addiction. This session will examine the complexities of diagnosis and treating co-occurring disorders, including the added challenges of dual diagnoses in real-world clinical settings. Educational objectives include:

- Introduce integrate systems frameworks
- Reframe co-occurring disorders beyond siloed treatment models
- Highlight system-level barriers and solutions
- Discuss challenges associated with diagnosis and dual-diagnosing complexities"

Webinar registration is available at <https://thenationalcouncil-org.zoom.us/webinar/register/WN>.

Centers for Medicare and Medicaid Services (CMS)

CMS has officially published the previously reported pre-publishing interim final rule with comment period entitled Medicaid Program; Community Engagement Requirement for Certain Individuals. "This interim final rule with comment period (IFC) interprets and implements the community engagement requirement in Medicaid under section 1902(xx) of the Social Security Act. States are required to implement the new requirement no later than January 1, 2027. This IFC specifies the requirements and expectations for States, including the Medicaid applicants and beneficiaries who must demonstrate community engagement as a condition of their eligibility, the types of qualifying activities that satisfy the community engagement requirement, the criteria to meet an exception from the requirement (that is, be deemed compliant), and the criteria to meet a specified exclusion from the requirement. It also specifies requirements for verification of qualifying activities, outreach to affected populations, steps States must take if they determine individuals are noncompliant, and additional

operational considerations for States. Finally, this IFC specifies implementation timing and establishes new State reporting requirements. These regulations are effective on July 31, 2026 as are comments.”

The rule is available at <https://www.govinfo.gov/content/pkg/FR-2026-06-03/pdf/2026-11094.pdf>.

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA has announced a June 11 webinar entitled *Addressing Cannabis Use Disorder in Primary Care Settings—A Lifespan Approach*. “The prevalence of cannabis use and cannabis use disorder (CUD) is increasing in all age groups, in parallel with increasing product potency and public acceptance of use. Cannabis use has also increased among pregnant women, despite evidence linking prenatal cannabis use to adverse neonatal and maternal health outcomes.

Based on SAMHSA’s recently released Advisory: Addressing Cannabis Use Disorder in Primary Care Settings—A Lifespan Approach, this webinar provides healthcare professionals with evidence-informed guidance on cannabis use and CUD across the lifespan.” Webinar registration is available at <https://umsystem.zoom.us/webinar/register/WNregistration>.

SAMHSA has “released a new report on *Revised Regulations for Opioid Treatment Programs: Establishing a Baseline to Measure Progress Over Time*. The report and webinar examine the extent to which states and opioid treatment programs (OTPs) adopted changes after the revisions to 42 Code of Federal Regulations (CFR) part 8 were put into effect. The updated regulations promote increased access to evidence-based medications for opioid use disorder, greater retention in care by promoting practitioner’s professional judgment in providing patient-centered care and reducing barriers to services.” Additional information is available at <https://www.samhsa.gov/libraries/>

SAMHSA writes that “as we close out Mental Health Awareness Month, we turn our attention to the people who show up for others every day. We are sharing resources to help caregivers, family members, and trusted friends respond with confidence and find the help they need. Let’s remind each other that with the right support, recovery is possible for our loved ones and ourselves.” The week’s featured resources are:

- Treatment for mental illness is effective.
- How to Cope with Mental Health, Drug, and Alcohol Issues
- New Publication: A Systems-Based Approach to Supporting Individuals Who Have Experienced Grief and Loss
- New Publication: Improving Maternal Mental Health in Women with Serious Mental Illness
- Are you a faith-based organization ready to apply for a SAMHSA mental health grant?”

An option for additional information is via this site: samhsanews@samhsa.hhs.gov.

Submitted by:



Amanda L. Ittner

Finalized: 6.5.26

Attachment:

MDHHS SUGE Site Review Letter
Michigan Overdose Report – April 2026

Link:

[FY26 Q2 Compliance & Quality Department Report](#)



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

May 21, 2026

Joe Sedlock, CEO
Mid-State Health Network
530 W. Ionia St, Suite F
Lansing, MI 48933

Dear Mr. Sedlock:

On January 20, 2026, the Michigan Department of Health and Human Services (MDHHS) Division of Substance Use, Gambling and Epidemiology (SUGE) conducted a virtual site review with Mid-State Health Network (MSHN). Prior to the virtual site review, additional documents were requested. Documentation was received on January 13 and reviewed by SUGE’s site review team. Findings of the review were discussed at the January 20 meeting. Sections in the review protocol were missing supportive documentation, and at the conclusion of the site visit, MSHN was given two (2) business days to provide further documentation requested and discussed during the review. Partial documentation was provided by MSHN via email within two (2) days.

PRESENT AT THE SITE VISIT

MSHN: Joe Sedlock, CEO
Trisha Thrush, Director
Cammie Myers, Utilization Management Administrator
Steve Grulke, Chief Information Officer
Leslie Thomas, Chief Financial Officer
Elizabeth Philpott, Integrated Health Administrator
Kim Zimmerman, Chief Quality and Compliance Officer
Amanda Ittner, Deputy Director
Rusmira Bectas, Access Administrator
Sarah Andreotti, Administrator
Skye Fletcher, Chief Population Health Officer & Access Utilization Management and Integrated Health Operations
Amy Dillon, Compliance Administrator

MDHHS: Su Min Oh, Gambling and Epidemiology Section Manager
Lisa Coleman, Prevention and Treatment Section Manager
Heather Rosales, Women’s Treatment Specialist
Lisa Miller, State Opioid Treatment Authority
Ecole Barrow-Brooks, Treatment Analyst
Madison Watts, Site Review Analyst
Kelli Dodson, Site Review Coordinator

SITE VISIT FINDINGS

After careful consideration and review of the requirements and documentation submitted, we have determined that MSHN is in partial compliance with the SUGE Substance Used Disorder/Prepaid Inpatient Health Plan (PIHP) Compliance Protocol.

Findings of Partial or Noncompliance

Below are the findings from the site visit on January 20, 2026. Please submit documentation in "Corrective Action" sections by **June 8, 2026**, unless otherwise stated, to Kelli Dodson at dodsonk@michigan.gov.

Women's Specialty Services (WSS) Federal Requirements

Requirement: Federal requirements are contained in Substance Abuse Block Grant (SABG); Interim Final Rule 45 CFR 96.124(c)(e), and may be summarized as:

Providers receiving funding from the state-administered funds set aside for pregnant and postpartum women and women with dependent children must provide or arrange for the five (5) types of services, as listed below:

1. Primary medical care, including referral for prenatal care and, while the women are receiving such services, childcare.
2. Primary pediatric care, including immunizations, for their children.
3. Gender-specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and childcare while the women are receiving such services.
4. Therapeutic interventions for children in the custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect.
5. Sufficient case management and transportation to ensure that women and their children have access to the services provided by paragraphs (e)(1) through (4) of this section.

Finding: MSHN was scored zero (0) with a possible score of two (2), which indicates noncompliance for this requirement. The following information or documentation was found to be insufficient:

- Recovery Pathways program's tracking or documentation of clinician's training was not provided. Tracking is required to ensure gender specific training specifications are met by WSS providers (see: Federal Requirement 3).
- Documentation provided by providers did not show proper documentation (e.g., strengths, child needs) at intake and other points of service.
- Enhanced Women's Specialty Services (EWSS) documentation did not distinguish Pregnant and Parenting Women are a priority population.
- Information provided did not indicate EWSS provides case management services up to three (3) years post-partum.

Corrective Action: On or before the due date, please provide corrective action plan regarding the above findings.

1115 Prevention Requirements

Requirement: Additional training for all professionals who will be prescribing controlled substances, including training of Centers for Disease Control and Prevention (CDC) prescribing guidelines (Michigan's 1115 Implementation Plan, pg. 122).

Finding: The score remains one (1) with a possible score of two (2), which indicates partial compliance. The following information or documentation was found to be insufficient:

To be in compliance the PIHP will need to include in contract and audit tool the requirement that:

1. Prescribers review the CDC prescribing guidelines.
 - a. [Guideline Recommendations and Guiding Principles | Overdose Prevention | CDC](#)
2. Prescribers complete the Medication Access and Training Expansion Act Requirements.
 - a. [Diversion Control Division | Medication Assisted Treatment.](#)

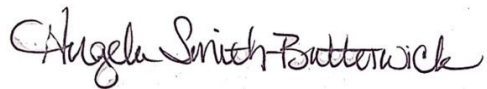
Corrective Action: On or before the due date, please provide corrective action plan regarding the above findings.

Joe Sedlock
Page 4
May 21, 2026

We greatly appreciate MSHN for their participation in the site visit and their commitment to providing our staff with the necessary documentation.

If you have any further questions, please contact Kelli Dodson, Site Review Coordinator at dodsonk@michigan.gov. Again, thank you for your cooperation.

Sincerely,



Angela Smith-Butterwick, Director
Division of Substance Use, Gambling and Epidemiology
Bureau of Specialty Behavioral Health Services
Health Services
Michigan Department of Health and Human Services

ASB/kd

cc: Su Min Oh, Gambling and Epidemiology Section Manager
Lisa Coleman, Prevention and Treatment Section Manager
Heather Rosales, Women's Treatment Specialist
Ecole Barrow-Brooks, Treatment Analyst
Lisa Miller, State Opioid Treatment Authority
Kelli Dodson, Site Review Coordinator

Michigan Monthly Overdose Update

April 2026



This report overviews recent substance use and overdose trends and patterns in Michigan and is created by the Michigan Overdose Data to Action (MODA) program. Emergency department (ED), emergency medical services (EMS), substance use disorder (SUD) treatment, and rapid toxicology data are included. See "Data Notes" page for more detail.

Report distribution: These reports are sent to subscribers of "Drug Poisoning Surveillance" on [GovDelivery](#).

Fast Facts

Figure 1. 12-Month Percent Change

Most recent vs. previous 12-month rate: May 2025-Apr 2026 vs. May 2024-Apr 2025

+1.0%	-8.5%	-2.4%
All Drug Overdose ED Visits	Probable Opioid Overdose EMS Responses	EMS Responses Mentioning Methamphetamine

Figure 2. Fatal Drug Overdoses

Counts and rates of all drug overdose deaths, finalized 12 months after year-end

2023	2,931	29.1 per 100,000
2024	1,938	19.1 per 100,000

Data in Action

University of Michigan's OPEN has updated their naloxone initiative page with a map that shows free naloxone locations including direct distribution, vending machines, wall mounted boxes, and by appointment. The link for the website can be found here: [Link to website](#).

Overdose Trends

Figure 3. All Drug Overdose ED Visit Rate per 100,000 Visits Year-to-Date Compared to Previous Year

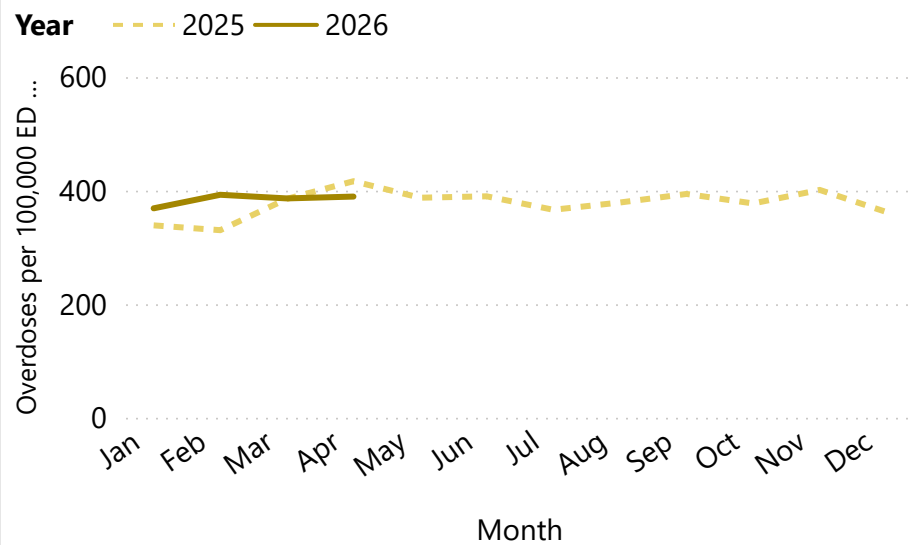
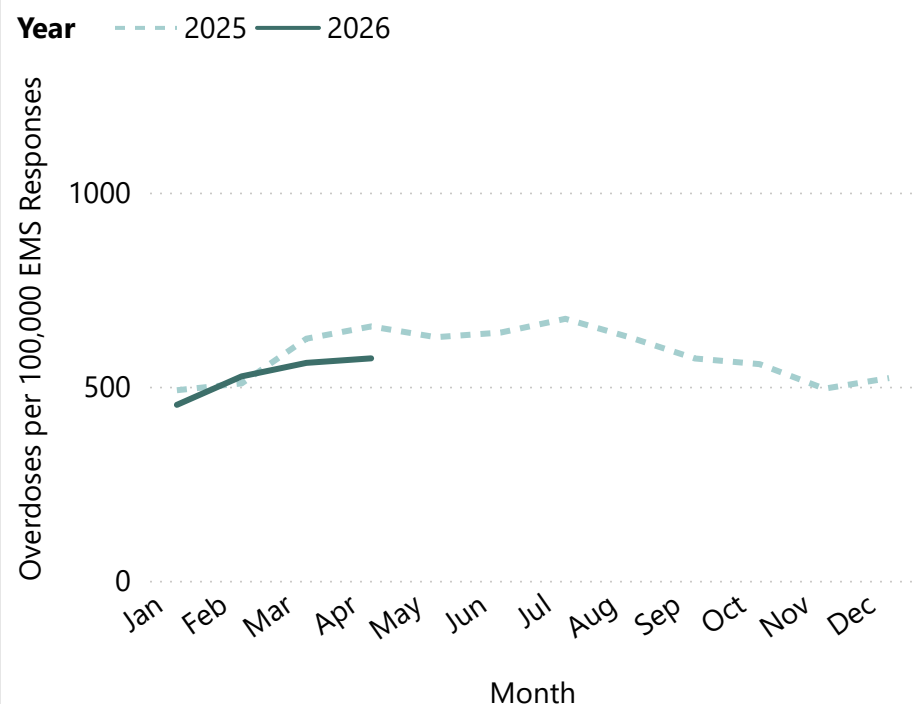


Figure 4. Probable Opioid Overdose EMS Responses per 100,000 Responses Year-to-Date Compared to Previous Year



Demographic Patterns

Figure 5. All Drug Overdose ED Visit Rate per 100,000 Visits by Demographic Group

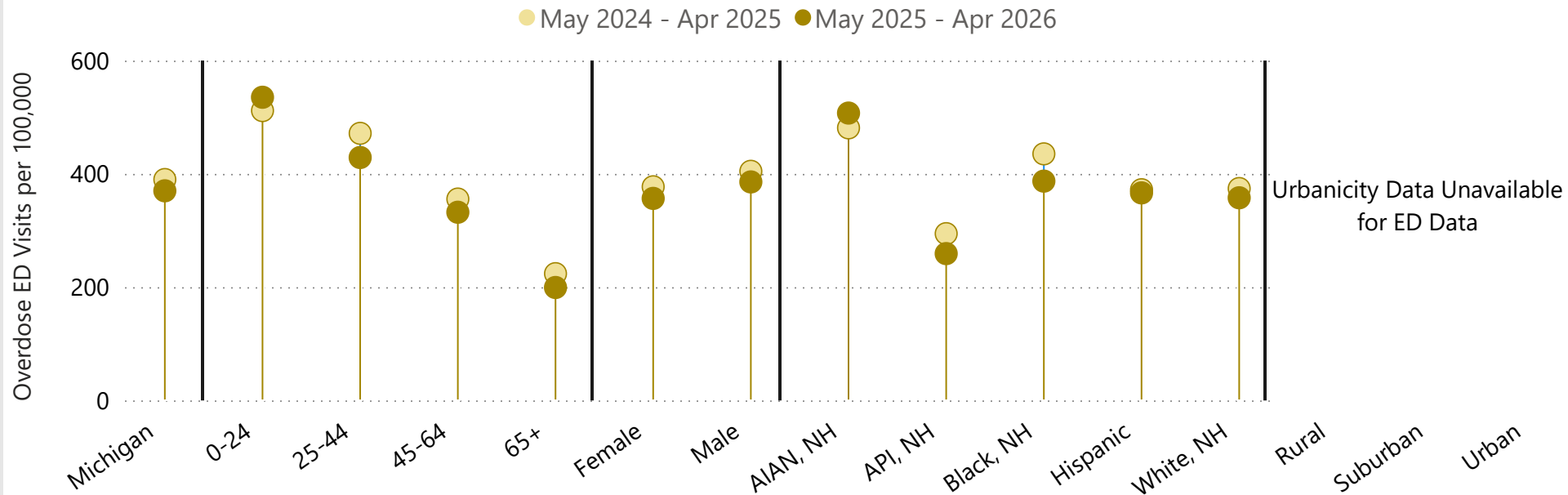


Table 1. Demographic Groups with Largest, Increasing 12-Month % Change in ED Overdose Visits

May 2025-Apr 2026 v. May 2024-Apr 2025

Group	% Change
American Indian/Alaska Native, NH	+5.4%
0-24	+4.6%

Figure 6. Probable Opioid Overdose EMS Response Rate per 100,000 Responses by Demographic Group

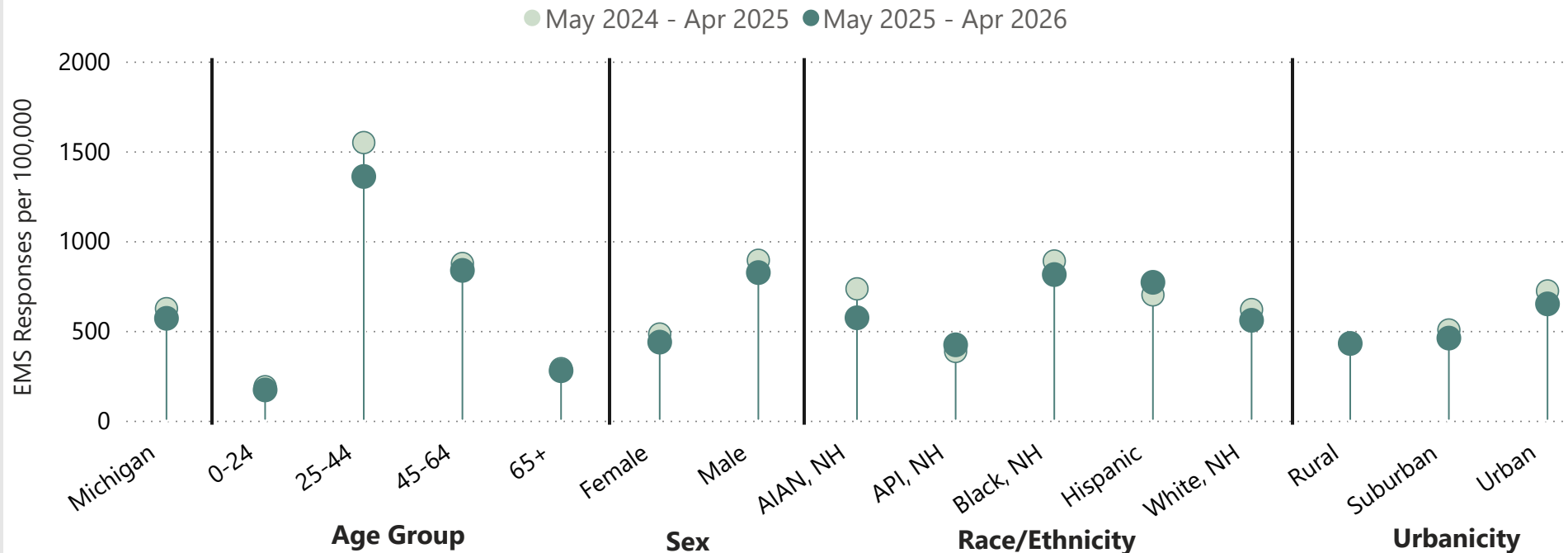


Table 2. Demographic Groups with Largest, Increasing 12-Month % Change in Probable Opioid Overdose EMS Responses

May 2025-Apr 2026 v. May 2024-Apr 2025

Group	% Change
Asian and Pacific Islander, NH	+9.5%
Hispanic	+10.0%

Abbreviations: ED=Emergency Department, EMS=Emergency Medical Services, AIAN=American Indian or Alaska Native, NH=non-Hispanic, API=Asian or Pacific Islander. **Data Sources:** MSSS (ED), MiEMSIS (EMS). **Data Missingness:** On average, approximately 24% of ED overdose data and 11% of EMS meth/opioid data are missing race/ethnicity information.

Geographic Patterns

Figure 7. All Drug Overdose ED Visit Rate per 100,000 Visits by County of Residence over Previous 12 Months*
Jan 2023-Dec 2023

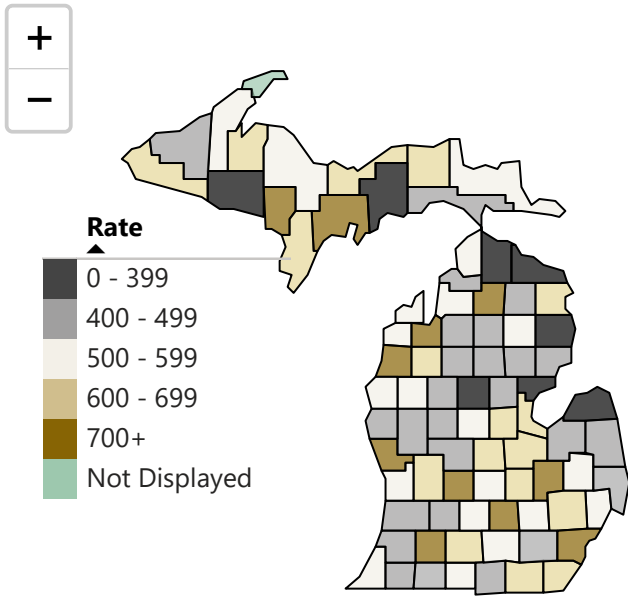
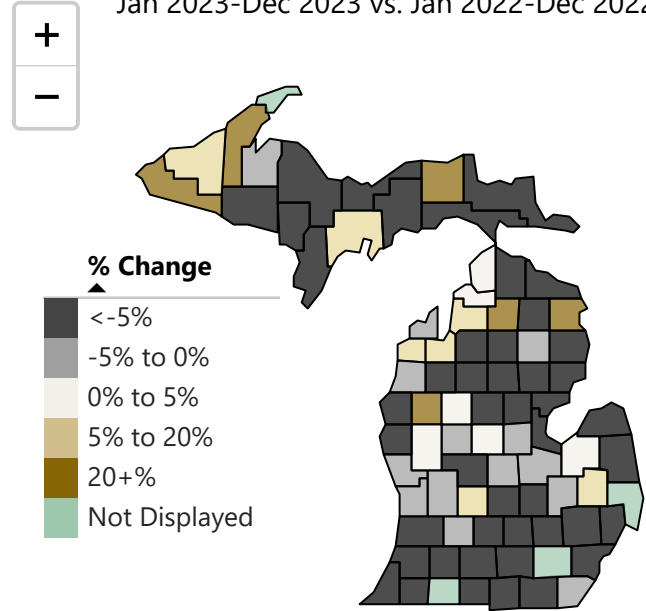


Figure 8. 12-Month Percent Change in All Drug Overdose ED Visit Rate by County of Residence*
Most recent vs. previous 12-month rate:
Jan 2023-Dec 2023 vs. Jan 2022-Dec 2022



***Data Note:** ED data on this page have a different source/timeframe from other figures in report. MSSS data are not stable at county-level. Note that the ED definition on this page differs from that on the dashboard (see data notes). Percent change in Washtenaw county is suppressed due to changing participation of a Washtenaw hospital in dataset.

Figure 9. Probable Opioid Overdose EMS Response Rate per 100,000 Responses by Region of Occurrence over Previous 12 Months
May 2025-Apr 2026

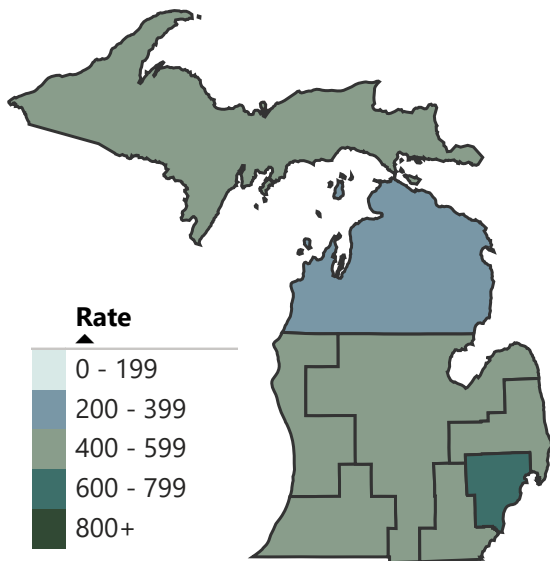
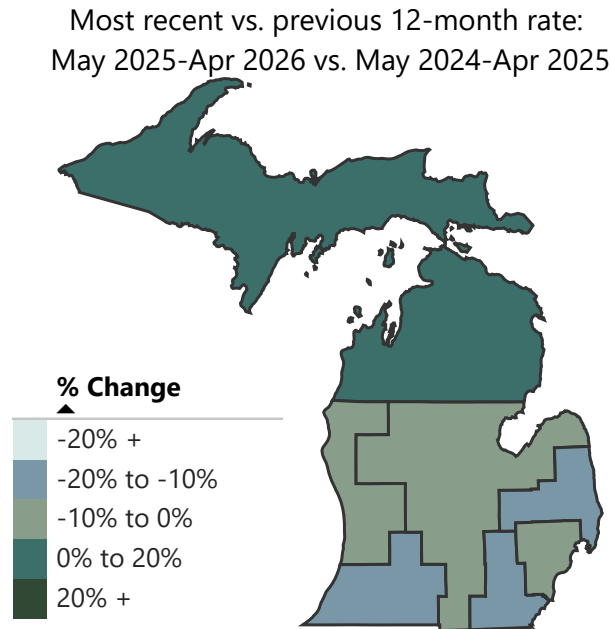


Figure 10. 12-Month Percent Change in Probable Opioid Overdose EMS Response Rate by Region of Occurrence
Most recent vs. previous 12-month rate:
May 2025-Apr 2026 vs. May 2024-Apr 2025



Abbreviations: ED=Emergency Department, EMS=Emergency Medical Services. **Data Sources:** Michigan Inpatient, Outpatient Databases (MIDB/MODB) (ED), MiEMIS (EMS). **Location:** ED map is based on patient's residence; EMS map is based on overdose location due to missingness (22.5%) of EMS residence information. **Regions:** [Prepaid Inpatient Health Plan \(PIHP\)](#) regions were used in figures 7/8, as county-level rates cannot be calculated based on overdose location. The PIHP regional grouping was chosen as PIHPs provide SUD treatment services. **Regions 7-9 are combined**

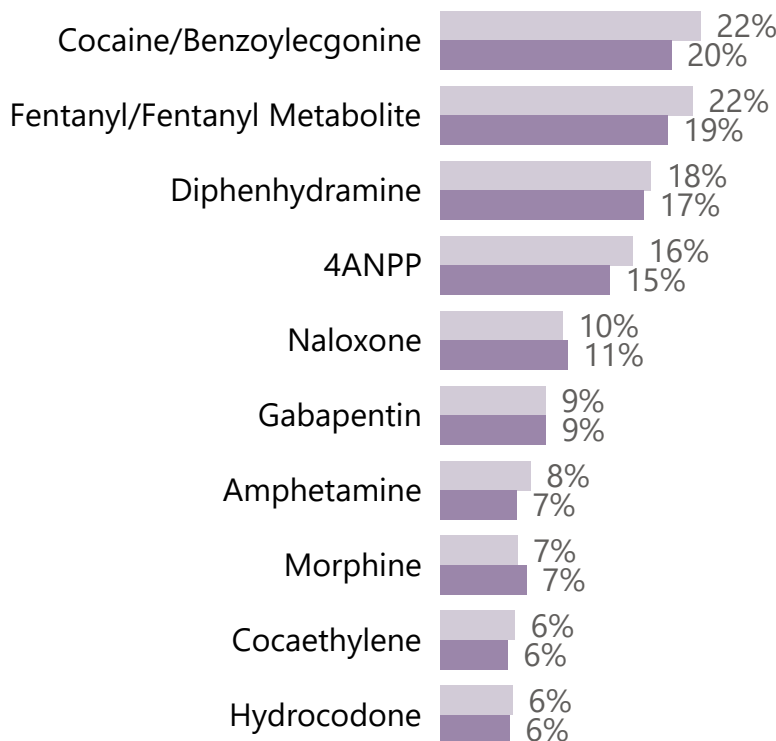
Drug-Specific Patterns

Figures 11-13 data are from toxicology testing of deaths submitted to the [Swift Toxicology of Overdose-Related Mortality \(STORM\)](#) project. Figure 14 data are from SUD treatment admissions collected by the Treatment Episode Dataset (TEDS). These data are not reflective of the entire substance-using population in Michigan; see data notes on page 5. Three-month estimates are provided to highlight emerging drug trends.

Figure 11. Top Ten Substances Among STORM Sample Toxicology Testing (STORM)*

Jan - Mar 2026 vs Jan - Mar 2025

Year & Quarter ● 2025 Q1 (n= 1031 deaths) ● 2026 Q1 (n= 1193 deaths)



*STORM tests for drug presence at time of death and cannot determine if the substance caused the death.

Figure 12. Postmortem Samples Positive for Multiple Substances (n=480 deaths), (STORM)

Jan - Mar 2026

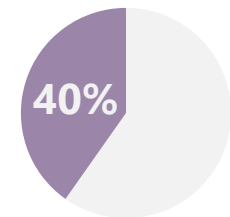


Figure 13. Most Common Drug Combinations in Polysubstance Death Samples (n= deaths), (STORM)

Jan - Mar 2026

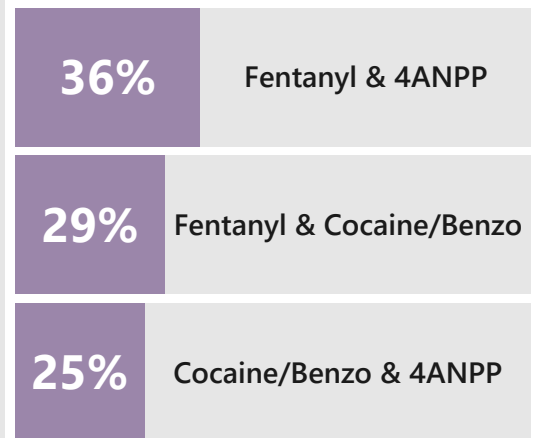
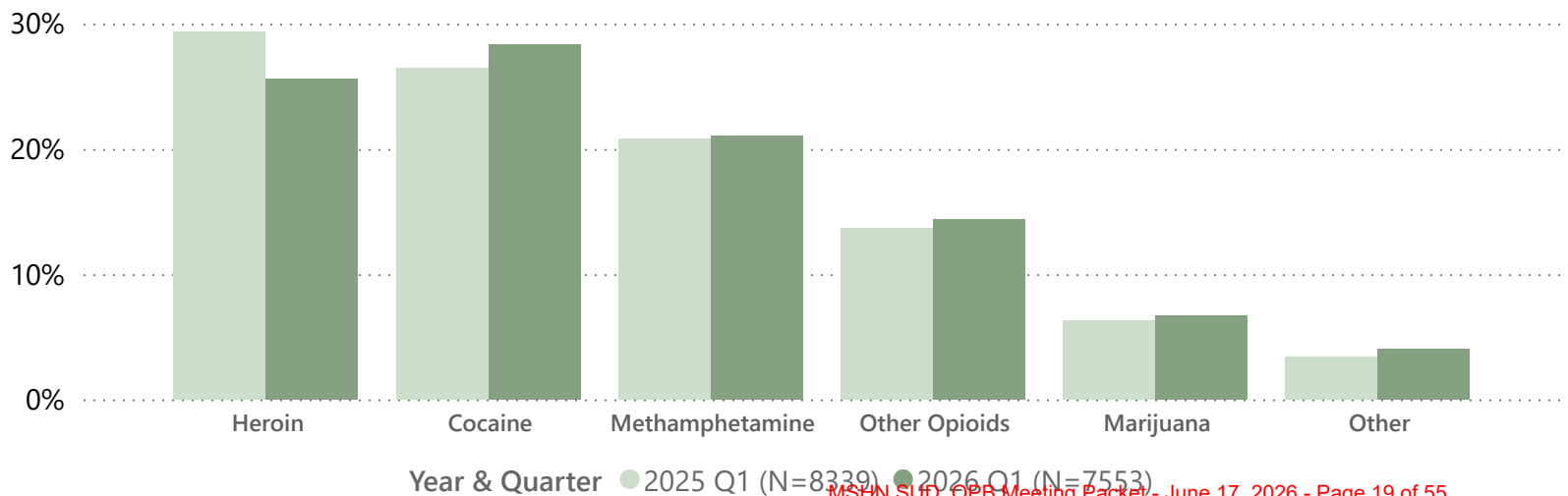


Figure 14. Drugs Self-Reported as Primary Substance of Use by Patients Entering Publicly Funded SUD Treatment (%), (TEDS)

Jan - Mar 2026 vs Jan - Mar 2025



Data Notes

Table 3. Data Sources/Case Definitions

Data Point	Source (Owner)	Case Definition
Death Data (Figure 2)	Michigan Resident Death Files (MDHHS)	Deaths of Michigan residents with a drug poisoning underlying cause of death ICD-10 code (X40-X44, X60-X64, X85, Y10-Y14).
Toxicology Testing (Figures 11-13)	STORM (Western Michigan University)	Deaths were included in the figure if they were sent to the STORM project and were positive for the noted drug(s) in toxicology testing.
Drug Overdose ED Visits (Figures 1, 3, 5, Table 1)	MSSS (MDHHS)	ED visits with a drug poisoning International Classification of Disease, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis code (T36-T50), limited to initial visits among Michigan residents.
Methamphet- amine EMS Responses (Figure 1)	MiEMSIS (MDHHS)	EMS responses in which the narrative or chief complaint mentions methamphetamine use; may capture meth-related emergencies and/or history of meth use. Excludes responses related to meth-lab accidents.
Opioid Overdose EMS Responses (Figures 1, 4, 5, 6, 9 10, Table 2)	MiEMSIS (MDHHS)	Identified through a likelihood formula that utilizes: provider impression, chief complaint, case narrative, respiratory rate, Glasgow Coma Scale, medications administered, and procedures performed. For more information, see online case definition documentation .
Drug Overdose ED Visits (Figures 7, 8)	MIDB/MODB (Michigan Health and Hospital Association)	Initial ED visits with a drug poisoning ICD-10-CM diagnosis code (T36-T50) among MI residents. Note: Minor differences may exist between this report and dashboard due to case definition differences (dashboard additionally includes emergency hospitalizations).
Self-Reported Substance of Use (Figure 14)	Treatment Episode Dataset (MDHHS)	Numerator in the percentage calculations is the number of patients self-reporting the noted drug as their primary substance of use (PSU) when entering treatment. Denominator is all SUD treatment episode admissions, excluding those for alcohol as the PSU. Limited to Michigan residents.

Statistical Methods

Rate Calculation: All rates presented are crude rates. Rates are suppressed when numerator is between 1-5 for statistical stability purposes. Rates are calculated as a overdose events per total healthcare events (ex. overdose ED visits per 10,000 total ED visits). ED facilities with reporting issues in MSSS have been dropped out of the numerator and denominator of ED visit rate calculations. The probable opioid overdose EMS response rate methodology was updated in November 2025 beginning in the October 2025 report to correct an error in the 0-24 year-old age group. Prior report rates in EMS data are inaccurate for this group. **Geographic Considerations:** ED rates by county were calculated based on patient residence. EMS rates were not calculated at the county-level due to high missingness of residence information in EMS records. EMS rates were instead aggregated at the region level, with geography based on the location of overdose incident.

Limitations

Event Data: EMS, ED, and treatment data represent events, not individuals; individuals may be in data multiple times in timeframe. **Data Location:** ED data is based on resident location. while EMS data is based on incident location; this should be considered when interpreting map data. **STORM:** STORM data are based on a subset of deaths from participating medical examiner (ME) offices. Western Michigan, Sparrow, and Genesee ME offices are the primary participants and cover 19 counties. Trends seen in STORM are not generalizable to all of Michigan. Testing for six substances (dextromethorphan, meprobamate, barbiturates, benzodiazepines, zolpidem, cannabinoids) was discontinued on March 24, 2025, due to supply issues. **Treatment Episodes:** Treatment data is based on publicly-funded treatment program admissions; it is not reflective of the entire substance-using population in Michigan. **Drug Specificity:** ED data are limited to all drug overdoses due to lack of drug specific diagnosis data in MSSS; EMS data are limited to opioid overdoses based on available case definition.

Title Page Mural: For National Recovery Month in September 2021, Muralmatics, a Lansing-based firm, created a mural (in part, featured on the first page) at the [National Council on Alcoholism and Drug Dependence \(NCADD\)](#) in Detroit, Michigan to symbolize the impact of the drug overdose crisis. Photograph taken by [Ca-Water Photography](#).

**Mid-State Health Network
FY2026 PA2 Funding Summary by County**

County	Beginning PA2 Fund Balance	Total Amount Received	PA2 Balance Available for Expenses
Arenac	51,507	11,447	62,955
Bay	328,021	61,916	389,937
Clare	120,455	16,942	137,396
Clinton	566,230	39,777	606,007
Eaton	385,175	75,339	460,514
Gladwin	72,795	11,940	84,734
Gratiot	59,166	13,925	73,091
Hillsdale	173,861	18,678	192,539
Huron	92,316	21,877	114,193
Ingham	1,364,881	215,270	1,580,151
Ionia	243,833	24,076	267,909
Isabella	222,865	40,366	263,231
Jackson	648,051	105,500	753,551
Mecosta	149,294	27,619	176,913
Midland	253,698	53,649	307,347
Montcalm	173,469	31,370	204,839
Newaygo	97,507	26,573	124,081
Osceola	56,027	10,756	66,783
Saginaw	868,784	148,490	1,017,274
Shiawassee	163,641	31,323	194,964
Tuscola	73,748	17,568	91,316
	\$ 6,165,323	\$ 1,004,400	\$ 7,169,723

**Mid-State Health Network
FY2026 PA2 Expenditure Summary by County**

County	PA2 Balance Available for Expenses	YTD Payments	Ending PA2 Fund Balance
Arenac	62,955	33,745	\$ 29,210
Bay	389,937	92,168	\$ 297,769
Clare	137,396	49,696	\$ 87,700
Clinton	606,007	69,007	\$ 537,000
Eaton	460,514	195,048	\$ 265,466
Gladwin	84,734	34,362	\$ 50,372
Gratiot	73,091	40,672	\$ 32,418
Hillsdale	192,539	-	\$ 192,539
Huron	114,193	34,877	\$ 79,316
Ingham	1,580,151	543,992	\$ 1,036,158
Ionia	267,909	69,678	\$ 198,232
Isabella	263,231	124,740	\$ 138,491
Jackson	753,551	202,816	\$ 550,735
Mecosta	176,913	69,499	\$ 107,414
Midland	307,347	150,479	\$ 156,868
Montcalm	204,839	58,800	\$ 146,039
Newaygo	124,081	45,153	\$ 78,928
Osceola	66,783	29,651	\$ 37,132
Saginaw	1,017,274	451,389	\$ 565,886
Shiawassee	194,964	93,988	\$ 100,976
Tuscola	91,316	32,645	\$ 58,671
	\$ 7,169,723	2,422,405	\$ 4,747,318

**Mid-State Health Network
FY2026 PA2 Funding Summary by County**

County	Beginning PA2 Fund Balance	Payment Amount	Date Received	Payment Amount	Date Received	Payment Amount	Date Received	Total Amount Anticipated	Total Amount Received	PA2 Balance Available for Expenses
Arenac	51,507	11,447	05.11.26					40,101	11,447	62,955
Bay	328,021	61,916	05.15.26					218,550	61,916	389,937
Clare	120,455	16,942	05.14.26					61,501	16,942	137,396
Clinton	566,230	39,777	05.15.26					145,302	39,777	606,007
Eaton	385,175	75,339	05.26.26					268,576	75,339	460,514
Gladwin	72,795	11,940	05.20.26					43,629	11,940	84,734
Gratiot	59,166	13,925	05.07.26					47,992	13,925	73,091
Hillsdale	173,861	18,678	05.05.26					73,366	18,678	192,539
Huron	92,316	21,877	05.11.26					78,814	21,877	114,193
Ingham	1,364,881	215,270						760,067	215,270	1,580,151
Ionia	243,833	24,076	05.26.26					85,384	24,076	267,909
Isabella	222,865	40,366	05.15.26					144,405	40,366	263,231
Jackson	648,051	105,500	05.11.26					392,256	105,500	753,551
Mecosta	149,294	27,619	05.11.26					95,908	27,619	176,913
Midland	253,698	53,649	05.08.26					193,774	53,649	307,347
Montcalm	173,469	31,370	05.15.26					113,153	31,370	204,839
Newaygo	97,507	26,573						94,662	26,573	124,081
Osceola	56,027	10,756	05.26.26					39,188	10,756	66,783
Saginaw	868,784	148,490	05.19.26					526,454	148,490	1,017,274
Shiawassee	163,641	31,323	05.14.26					112,602	31,323	194,964
Tuscola	73,748	17,568						61,849	17,568	91,316
	<u>\$ 6,165,323</u>	<u>\$ 1,004,400</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ 3,597,533</u>	<u>\$ 1,004,400</u>	<u>\$ 7,169,723</u>

**Mid-State Health Network
FY2026 PA2 Expenditure Summary by County**

County	PA2 Balance Available for Expenses	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	YTD Payments	Ending PA2 Fund Balance
Arenac	62,955	4,489	5,259	4,669	4,367	5,676	4,517	33,745	\$ 29,210
Bay	389,937	12,276	14,545	11,898	12,261	14,348	13,992	92,168	\$ 297,769
Clare	137,396	8,284	6,878	7,987	6,139	7,781	6,795	49,696	\$ 87,700
Clinton	606,007	8,496	10,765	9,198	8,799	10,431	9,567	69,007	\$ 537,000
Eaton	460,514	25,118	25,086	23,985	26,957	30,538	31,552	195,048	\$ 265,466
Gladwin	84,734	4,878	5,228	4,622	4,576	5,628	4,798	34,362	\$ 50,372
Gratiot	73,091	5,101	5,336	5,407	5,197	5,226	5,453	40,672	\$ 32,418
Hillsdale	192,539	-	-	-	-	-	-	-	\$ 192,539
Huron	114,193	5,327	4,726	4,790	4,849	4,901	5,144	34,877	\$ 79,316
Ingham	1,580,151	72,822	79,341	68,799	83,833	74,777	90,880	543,992	\$ 1,036,158
Ionia	267,909	9,751	15,964	9,404	8,558	11,203	10,262	69,678	\$ 198,232
Isabella	263,231	17,228	14,697	17,093	17,216	18,397	19,711	124,740	\$ 138,491
Jackson	753,551	25,293	30,150	33,417	29,093	30,452	29,575	202,816	\$ 550,735
Mecosta	176,913	9,319	10,464	9,610	9,130	10,251	10,592	69,499	\$ 107,414
Midland	307,347	19,074	13,520	24,298	24,896	24,853	24,891	150,479	\$ 156,868
Montcalm	204,839	9,314	8,085	16,097	8,753	2,625	2,963	58,800	\$ 146,039
Newaygo	124,081	5,398	6,005	7,162	6,069	7,307	7,791	45,153	\$ 78,928
Osceola	66,783	4,205	3,911	4,284	3,723	4,583	4,590	29,651	\$ 37,132
Saginaw	1,017,274	37,240	39,561	104,838	68,495	89,367	59,011	451,389	\$ 565,886
Shiawassee	194,964	22,659	12,894	12,504	13,177	12,843	13,699	93,988	\$ 100,976
Tuscola	91,316	4,059	3,601	3,651	3,695	3,735	9,987	32,645	\$ 58,671
\$ 7,169,723		\$ 310,331	\$ 316,015	\$ 383,713	\$ 349,785	\$ 374,923	\$ 365,770	2,422,405	\$ 4,747,318

Mid-State Health Network
 Summary of PA2 Use of Funds by County and Provider
 October 1, 2025 through April 30, 2026

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
Arenac				
Peer 360 Recovery			12,647	12,647
Ten Sixteen Recovery	267	20,831		21,098
Arenac Total	267	20,831	12,647	33,745
Bay				
McLaren Prevention Services		3,680		3,680
Peer 360 Recovery			30,434	30,434
Sacred Heart Rehabilitation		15,866		15,866
Ten Sixteen Recovery	4,798	25,529	11,861	42,188
Bay Total	4,798	45,075	42,295	92,168
Clare				
Ten Sixteen Recovery	11,198	38,498		49,696
Clare Total	11,198	38,498		49,696
Clinton				
Eaton Regional Education Service Agency		69,007		69,007
Clinton Total		69,007		69,007
Eaton				
Eaton Regional Education Service Agency		140,444		140,444
Wellness, InX	22,442		32,162	54,604
Eaton Total	22,442	140,444	32,162	195,048
Gladwin				
Ten Sixteen Recovery	7,742	26,620		34,362
Gladwin Total	7,742	26,620		34,362
Gratiot				
Gratiot County Child Advocacy Association		36,430		36,430
Ten Sixteen Recovery	4,242			4,242
Gratiot Total	4,242	36,430		40,672
Huron				
Peer 360 Recovery			34,877	34,877
Huron Total			34,877	34,877
Ingham				
Child and Family Charities		84,528		84,528
Cristo Rey Community Center		51,099		51,099
Eaton Regional Education Service Agency		61,171		61,171
Ingham County Health Department		71,958		71,958
Lansing Syringe Access, Inc			56,791	56,791
Wellness, InX	133,088		85,357	218,445
Ingham Total	133,088	268,756	142,148	543,992
Ionia				
County of Ionia		69,678		69,678
Ionia Total		69,678		69,678
Isabella				
Peer 360 Recovery			28,802	28,802
Ten Sixteen Recovery	6,574	37,978	51,386	95,938
Isabella Total	6,574	37,978	80,188	124,740

Mid-State Health Network
 Summary of PA2 Use of Funds by County and Provider
 October 1, 2025 through April 30, 2026

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
Jackson				
Big Brothers Big Sisters of Jackson County, Inc		8,963		8,963
Family Service and Childrens Aid (Born Free)		123,974		123,974
Henry Ford Allegiance		1,400		1,400
Home of New Vision			68,478	68,478
Jackson Total		134,338	68,478	202,816
Mecosta				
Ten Sixteen Recovery	11,992	18,399	39,108	69,499
Mecosta Total	11,992	18,399	39,108	69,499
Midland				
Peer 360 Recovery			55,328	55,328
Ten Sixteen Recovery	20,813			20,813
The Legacy Center for Community Success		74,338		74,338
Midland Total	20,813	74,338	55,328	150,479
Montcalm				
Mid-Michigan District Health Department		6,196	7,604	13,800
Randy's House of Greenville, Inc.			45,000	45,000
Montcalm Total		6,196	52,604	58,800
Newaygo				
Arbor Circle		45,153		45,153
Newaygo Total		45,153		45,153
Osceola				
Ten Sixteen Recovery	10,294	19,357		29,651
Osceola Total	10,294	19,357		29,651
Saginaw				
Face Addiction Now			83,993	83,993
First Ward Community Service		129,831		129,831
Peer 360 Recovery			59,973	59,973
Sacred Heart Rehabilitation		12,899		12,899
Saginaw County Youth Protection Council		94,804		94,804
Women of Colors		69,889		69,889
Saginaw Total		307,423	143,966	451,389
Shiawassee				
Catholic Charities of Shiawassee and Genesee		53,665		53,665
Peer 360 Recovery			32,950	32,950
Shiawassee County		7,373		7,373
Shiawassee Total		61,038	32,950	93,988
Tuscola				
List Psychological Services		6,067		6,067
Peer 360 Recovery			26,578	26,578
Tuscola Total		6,067	26,578	32,645
Grand Total	233,450	1,425,625	763,330	2,422,405

Mid-State Health Network
Summary of SUD Revenue and Expenses as of April 2026 (58.3% of Budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	5,510,320.72	10,251,692.00	4,741,371.28	53.75%
SOR and Other Grants	802,127.99	1,872,246.00	1,070,118.01	42.84%
Medicaid	11,234,753.10	19,683,336.00	8,448,582.90	57.08%
Healthy Michigan	16,394,076.50	28,411,794.00	12,017,717.50	57.70%
PA2	2,422,404.85	4,991,869.00	2,569,464.15	48.53%
Totals	36,363,683.16	65,210,937.00	28,847,253.84	55.76%
Direct Expenses				
Block Grant	5,510,320.72	10,251,692.00	4,741,371.28	53.75%
SOR and Other Grants	802,127.99	1,872,246.00	1,070,118.01	42.84%
Medicaid	9,046,163.92	18,561,816.00	9,515,652.08	48.74%
Healthy Michigan	16,867,545.36	30,000,000.00	13,132,454.64	56.23%
PA2	2,422,404.85	4,991,869.00	2,569,464.15	48.53%
Totals	34,648,562.84	65,677,623.00	31,029,060.16	52.76%
Surplus / (Deficit)	1,715,120.32			

Surplus / (Deficit) by Funding Source	
Block Grant	-
SOR Grants	-
Medicaid	2,188,589.18
Healthy Michigan	(473,468.86)
PA2	-
Totals	1,715,120.32

Actual revenue greater than budgeted revenue
Actual expenses greater than budgeted expenses

Surplus/(Deficit) by Funding Source - Please Note: A surplus or deficit listed above only relates to SUD. MSHN uses the amounts above in conjunction with behavioral health surpluses and deficits to determine a regional total. MSHN then applies MDHHS's set formula to calculate the portion of surplus dollars we can retain.

Mid-State Health Network
FY2026 PA2 Funding Recommendations by Provider
June 2026 Oversight Policy Board

Provider	Provider Funding Total Requested	MSHN Funding Recommended	PA2 Amount Recommended*
Arbor Circle			
Big Brothers Big Sisters of Jackson			
Boys and Girls Club of Bay County			
Catholic Charities of Shiawassee and Genesee Counties			
Child Advocacy Center			
Child and Family Charities			
Cristo Rey Community Center			
District Health Department #10			
Eaton Regional Education Service Agency (RESA)			
Families Against Narcotics (FAN)			
Family Services and Children's Aid			
First Ward Community Center			
Henry Ford Allegiance Health			
Home of New Vision			
Huron County Health Department			
Ingham County Health Department			
Ionia County Health Department			
Lansing Syringe Services			
LifeWays			
List Psychological Services			
McLaren Prevention Services			
Mid-Michigan District Health Department			
Peer 360 Recovery			
Pinnacle Recovery Group	6,815	3,175	3,175
Punks with Lunch			
Randy's House			
Sacred Heart Rehabilitation Center			
Saginaw County Health Department			
Saginaw Youth Protection Council			
Shiawassee County Court			
Ten Sixteen Recovery Network			
The Legacy Center			
Wellness, Inx			
Women of Colors			
GRAND TOTAL	6,815	3,175	3,175

*Refer to *Comparison by County and Provider* report for details by county

**Mid-State Health Network
FY2026 PA2 Funding Recommendations by County**

County	Beginning Reserve Balance	Projected FY2026 Treasury Revenue*	OPB Approved PA2 Provider Funding	MSHN Funding Recommendations June	Projected Ending Reserve Balance
Arenac	51,507	40,101	56,776		34,832
Bay	328,021	218,550	331,174		215,397
Clare	120,455	61,501	99,675		82,281
Clinton	566,230	145,302	134,185		577,347
Eaton	385,175	268,576	385,377		268,374
Gladwin	72,795	43,629	70,101		46,323
Gratiot	59,166	47,992	74,300		32,858
Hillsdale	173,861	73,366	70,000		177,227
Huron	92,316	78,814	112,205		58,925
Ingham	1,364,881	760,067	1,136,223	3,175	985,550
Ionia	243,833	85,384	132,050		197,167
Isabella	222,865	144,405	225,305		141,965
Jackson	648,051	392,256	462,792		577,515
Mecosta	149,294	95,908	144,700		100,502
Midland	253,698	193,774	293,823		153,649
Montcalm	173,469	113,153	142,599		144,023
Newaygo	97,507	94,662	130,135		62,034
Osceola	56,027	39,188	56,400		38,815
Saginaw	868,784	526,454	848,455		546,783
Shiawassee	163,641	112,602	170,093		106,150
Tuscola	73,748	61,849	97,829		37,768
Total	\$ 6,165,324	\$ 3,597,533	\$ 5,174,197	\$ 3,175	\$ 4,585,485

Mid-State Health Network
Comparison of FY2025 and FY2026 PA2 by County and Provider

County	Provider	FY2025 OPB	FY2026 MSHN	New Provider / Renewal Contract*	Coalition	Detail of Services Provided for FY2026 Requests
		Approved PA2 Provider Funding	Funding Recommendations February		Reviewed; New Providers (Yes/No)	
Ingham						
	Pinnacle Recovery Group			New Provider		Peer Recovery Coach Training for five peers
		PA2	-	3,175	No	
		Grants	-	-		
		Total	-	3,175		
	County Total	-	-	3,175		
	Grand Total	-	-	3,175		

*New Provider / Renewal Contract:

New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2025

Grants refers to Community Grant and State Opioid Response Grant

Coalition does not review annual plans and budgets. Coalition reviews new providers only.

OPB Operational Report June 2026

Several Clinical Team functions and activities are ongoing year-round while others are specific to requirements of that quarter's place in the fiscal year cycle or situation-specific demands prompted by new federal, state, or local mandates or regulations, shifts in epidemiological trends, etc. The activities below are separated accordingly.

Prevention & Community Recovery

- MDHHS Tobacco Section will be increasing the Tobacco grant funding to \$6000 for FY27. MSHN submitted a workplan to run a video campaign proposed to reach 230,000 people in November 2026 to coincide with the Great American Smokeout on November 19 that is aimed at youth and parents.
- Offered technical assistance to providers for completing FY27 Annual Plan and Budget documents for submission by June 1, 2026
- DYTURs concluded Vendor Education and non-Synar compliance checks. They received their random sample draw from the state to begin their formal Synar compliance checks. The MSHN region has 85 compliance checks throughout all 21 counties this year.
- Held annual MSHN Region Prevention Conference with partner agency Eaton RESA. The conference was held May 6-7 with nearly 100 attendees and offered up to 10.5 CEUs
- Continued working with coalitions and providers to offer technical assistance for overdose prevention activities, while encouraging engagement with county Opioid Settlement committees
- Inter-regional coordination ongoing through Prevention Coordinators around the state
- Review of prevention providers' entries into MPDS (Michigan Prevention Data System) and on spreadsheets where prevention providers log their activities, persons served, etc.
- Provision of technical assistance and training to existing providers on best practices for prevention and on how to document those in MPDS/tracking sheets
- Attending coalition meetings across Region 5's 21 counties
- Continued implementation of FY24-26 SUD Strategic Plan

Treatment, Recovery Housing, & Overdose Prevention

- Supported FY27 annual planning with treatment, recovery housing, and harm reduction/overdose prevention providers. Review of budgets and cost reimbursement requests for FY27 planning.
- Developed a best practice guideline for Recovery Housing providers regarding approaches to support individuals who experience a recurrence of use while in recovery housing. This was developed through partnership with the Michigan Association of Recovery Residences, who will be consulting with the National Association of recovery Residences to evaluate adding this to their resources.
- Supported FY27 updates for SUD treatment and recovery housing contracts, the SUD provider manual, training requirements, and reporting requirements.
- Supported the FY25 Network Adequacy Assessment report with updates and revisions to the SUD sections for submission to MDHHS.
- Coordinated a SOR Media Campaign for Region 5 counties to focus on overdose prevention, treatment connection, and recovery content for the remainder of FY26.
- Continued support for implementation of mobile methadone in the MSHN region. New provider and location to begin in Big Rapids (Mecosta County) tentatively in June 2026. Will offer SUD outpatient services with the combination of the FDA approved MAT/MOUD medications.

- Consultation and coordination of ASAM Criteria 4 implementation internally at MSHN and with the other 9 PIHPs through the Treatment Technologies workgroup.
- Continued implementation of the MDHHS Recovery Incentive Pilot for FY26 with supporting the onboarding and implementation activities for 3 additional Region 5 providers.
- Monitoring of Opioid Settlement Funds allocated to regional SUD providers. All SUD provider projects (by county) for OSF can be found on the MSHN website at this link: [Opioid Settlement Transparency & Accountability](#).
- MSHN currently has a total of 618 beneficiaries enrolled across eight (8) unique SUD Health Home locations. Lifeway's in Jackson and Hillsdale, as well as Sacred Heart in Saginaw, continue to focus on initiative development prior to initiating beneficiary enrollment. As of May 18, 2026, SUD Health Home beneficiary enrollment totals for the MSHN region by unique site are as follows:
 - Isabella Citizens for Health – Mt. Pleasant: 1
 - Lifeway's CMH – Jackson: 0
 - Lifeways CMH – Hillsdale: 0
 - MidMichigan Community Health Services: 24
 - Recovery Pathways – Bay City: 88
 - Recovery Pathways – Corunna: 27
 - Sacred Heart - Bay City: 15
 - Sacred Heart - Saginaw: 0
 - VCS – Jackson: 116
 - VCS – Lansing: 149
 - VCS – Saginaw: 199
 - Additionally, the Integrated Health Team is actively working with seven (7) providers to support SUDHH certification efforts for eight (8) additional location sites within the MSHN region.
- Ongoing support of technical assistance needs with SUD treatment providers.
- Continued Treatment Team attendance at county level SUD prevention coalition meetings.
- Ongoing evaluation of opportunities to expand services for specialty populations of older adults, adolescents, veterans, and military families.
- Coordinate and facilitate regional workgroups for Recovery, ROSC (Northwest, South, & East).

Additional Activities April - June:

- MSHN has expanded its [Celebrating Strength](#) anti-stigma campaign to include an individual from rural Midland county. Chancy Eastman is a Peer Recovery Coach with Peer360, and his story can be viewed [here](#). Two new stories of persons in recovery will be released later this month, July at the latest. The goal of this campaign is to address stigma towards those living with a SUD and stigma towards SUD treatment, i.e., to help individuals seeking services feel less shut down by family, friends or community members' comments like "why would you want to go be around all those drug addicts?" There's a lack of understanding about the benefits of engaging in SUD services.
- MSHN's Learning Collaborative report and implementation guide have been shared at the last SUD Provider meeting, to Region 5's CMHs through their Clinical Leadership Committee (CLC), and to the rest of the state through the SUDS Directors' monthly meeting chaired by Dr. Meier, the Opioid Task Force's Treatment Subcommittee, and the Governor's Mental Health Diversion Council (on which Dr. Meier sits).

- Federal actions—legislation and Executive Orders—continue to reverse established best practices for highly vulnerable Americans living with SUD and/or mental illness. A recent example was the late April [reversal by the Trump Administration](#) of funding distribution of fentanyl test strips (FTS), the harm reduction practice that along with Narcan distribution, reduces overdose deaths and saves lives. “The idea of harm reduction is that interventions which make drug use safer increases the possibility that users will eventually seek treatment and can survive their drug misuse until they are ready to embark on their road to recovery (see here for [2025 JAMA Network Open](#)). There’s ample research and evidence to show that harm reduction strategies like syringe service programs and FTS do not increase or enable drug use, but in the long run actually help reduce ongoing substance misuse. MSHN continues to seek ways to mitigate these setbacks for science-based best practices for SUD services.
- MSHN continues to support multiple pathways to recovery from a SUD based on each individual’s needs: These include Medication Assisted Treatment (MAT), Medication for Opioid Use Disorders (MOUD), abstinence-based approaches and faith-based treatment approaches. Underlying these options is each individual’s right to choose the treatment pathway that works best for them which requires full transparency and disclosure of a provider’s treatment philosophy at the first point of contact for services.
- MSHN continues to share training opportunities with network providers and community stakeholders. This upcoming [2-part webinar](#) on Grief in Native Communities, for example, is sponsored by the Suicide Prevention Resource Center but there’s evidence that overdose deaths sometimes are intentional acts driven by depression and hopelessness about their addiction and their life circumstances. Through its *Equity Upstream* initiative, MSHN has seen the value in engaging tribal communities in SUD services through traditional Native American healing practices which has the potential to be helpful as well in reducing suicide deaths.

OPB Quarterly Report For FY26Q2

For Individuals Open and Admitted
1/1/2026-3/31/2026



Arenac

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

1041

Total Attendees

150

of Activities

Admitted

Service	Adult
Outpatient	9
Residential	8
Withdrawal	2

WSS

Adult

1

MAT

Adult

2

Served

Service	Adult
Outpatient	44
Residential	8
SUDHH	13
Withdrawal	2

WSS

Adult

3

MAT

Adult

5

Primary Substance at Admission Adult

Alcohol	12
Heroin	1
Methamphetamine / Speed	3
Other Opiates / Synthetics	3

Secondary Substance Adult

Cocaine	2
Marijuana/Hashish	4
Methamphetamine / Speed	1
Other Opiates / Synthetics	3
Other Sedatives / Hypnotics	1

Bay

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

20766

Total Attendees

1613

of Activities

Admitted

Service	Adult	Minor
Outpatient	108	7
Residential	61	
SUDHH	30	
Withdrawal	32	

WSS

Adult

12

MAT

Adult

31

Served

Service	Adult	Minor
Outpatient	428	24
Residential	80	
SUDHH	119	1
Withdrawal	35	

WSS

Adult

76

MAT

Adult

89

Primary Substance at Admission

Primary Substance at Admission	Adult	Minor
Alcohol	85	1
Benzodiazepines	5	
Cocaine	32	
Heroin	19	
Inhalants	1	
Marijuana/Hashish	4	6
Methamphetamine / Speed	27	
Other Amphetamines	1	
Other Drugs	2	
Other Opiates / Synthetics	24	
Other Stimulants	1	

Secondary Substance

Secondary Substance	Adult	Minor
(None)	23	1
Alcohol	16	2
Benzodiazepines	1	
Cocaine	41	1
Heroin	6	
Marijuana/Hashish	28	1
Methamphetamine / Speed	16	
Other Amphetamines	2	
Other Drugs	5	
Other Opiates / Synthetics	13	
Over-the-Counter Medications	1	

Clare

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

1648

Total Attendees

106

of Activities

Admitted

Service	Adult
Outpatient	33
Residential	39
Withdrawal	9

WSS

Adult

2

MAT

Adult

6

Served

Service	Adult
Outpatient	97
Residential	50
SUDHH	12
Withdrawal	12

WSS

Adult

4

MAT

Adult

25

Primary Substance at Admission Adult

Alcohol	34
Cocaine	3
Heroin	5
Methamphetamine / Speed	36
Other Opiates / Synthetics	3

Secondary Substance Adult

(None)	1
Alcohol	3
Cocaine	1
Heroin	3
Marijuana/Hashish	21
Methamphetamine / Speed	4
Other Drugs	1
Other Opiates / Synthetics	4

Clinton

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

622

Total Attendees

31

of Activities

Admitted

Service	Adult
Outpatient	10
Residential	11
Withdrawal	9

WSS

Adult

1

MAT

Adult

5

Served

Service	Adult	Minor
Outpatient	67	1
Residential	18	
SUDHH	4	
Withdrawal	10	

WSS

Adult

1

MAT

Adult

18

Primary Substance at Admission Adult

Alcohol	18
Cocaine	1
Heroin	5
Methamphetamine / Speed	6

Secondary Substance Adult

(None)	1
Barbiturates	1
Benzodiazepines	1
Cocaine	5
Heroin	1
Marijuana/Hashish	3
Methamphetamine / Speed	2
Other Drugs	1

Eaton

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

1428

Total Attendees

91

of Activities

Admitted

Service	Adult	Minor
Outpatient	72	1
Residential	38	
SUDHH	2	
Withdrawal	18	

WSS

Adult

| 9

MAT

Adult

| 20

Served

Service	Adult	Minor
Outpatient	211	3
Residential	49	
SUDHH	14	
Withdrawal	19	

WSS

Adult

| 15

MAT

Adult

| 54

Primary Substance at Admission

Substance	Adult	Minor
Alcohol	54	
Cocaine	5	
Heroin	15	
Marijuana/Hashish	5	1
Methamphetamine / Speed	36	
Other Amphetamines	1	
Other Drugs	4	
Other Opiates / Synthetics	6	
Other Stimulants	2	

Secondary Substance

Substance	Adult
(None)	6
Alcohol	10
Cocaine	23
Heroin	9
Marijuana/Hashish	5
Methamphetamine / Speed	10
Other Drugs	1
Other Opiates / Synthetics	6

Gladwin

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

763

Total Attendees

61

of Activities

Admitted

Service	Adult
Outpatient	20
Residential	22
Withdrawal	2

WSS

Adult

|

MAT

Adult

| 3

Served

Service	Adult
Outpatient	89
Residential	27
SUDHH	9
Withdrawal	2

WSS

Adult

| 4

MAT

Adult

| 10

Primary Substance at Admission Adult

Alcohol	19
Benzodiazepines	1
Cocaine	2
Heroin	1
Marijuana/Hashish	1
Methamphetamine / Speed	18
Other Opiates / Synthetics	2

Secondary Substance Adult

(None)	1
Alcohol	2
Benzodiazepines	1
Cocaine	1
Heroin	5
Marijuana/Hashish	6
Methamphetamine / Speed	2
Other Opiates / Synthetics	3

Gratiot

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

2433

Total Attendees

189

of Activities

Admitted

Service	Adult
Outpatient	13
Residential	12
Withdrawal	9

WSS

Adult

MAT

Adult

8

Served

Service	Adult
Outpatient	60
Residential	14
SUDHH	1
Withdrawal	9

WSS

Age Count

MAT

Adult

31

Primary Substance at Admission Adult

Alcohol	3
Cocaine	2
Heroin	7
Methamphetamine / Speed	10
Other Opiates / Synthetics	11
Over-the-Counter Medications	1

Secondary Substance Adult

Alcohol	2
Benzodiazepines	1
Cocaine	5
Heroin	3
Inhalants	1
Marijuana/Hashish	3
Methamphetamine / Speed	4

Hillsdale

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

163

Total Attendees

20

of Activities

Admitted

Service	Adult
Outpatient	21
Residential	13
Withdrawal	7

WSS

Adult

4

MAT

Adult

3

Served

Service	Adult
Outpatient	66
Residential	18
SUDHH	3
Withdrawal	7

WSS

Adult

5

MAT

Adult

13

Primary Substance at Admission Adult

Alcohol	12
Cocaine	1
Heroin	8
Methamphetamine / Speed	17
Other Opiates / Synthetics	2
Other Stimulants	1

Secondary Substance Adult

(None)	4
Alcohol	5
Cocaine	6
Heroin	3
Marijuana/Hashish	1
Methamphetamine / Speed	1

Huron

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

1868

Total Attendees

189

of Activities

Admitted

Service	Adult
Outpatient	9
Residential	7
Withdrawal	4

WSS

Adult

2

MAT

Adult

1

Served

Service	Adult
Outpatient	46
Residential	8
SUDHH	3
Withdrawal	5

WSS

Adult

6

MAT

Adult

7

Primary Substance at Admission Adult

Alcohol	8
Benzodiazepines	1
Cocaine	5
Heroin	2
Marijuana/Hashish	1
Methamphetamine / Speed	3

Secondary Substance Adult

Alcohol	1
Benzodiazepines	2
Marijuana/Hashish	3
Methamphetamine / Speed	1
Other Drugs	3
Other Stimulants	1

Ingham

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

4798

Total Attendees

565

of Activities

Admitted

Service	Adult
Outpatient	297
Residential	225
SUDHH	27
Withdrawal	134

WSS

Adult

6

MAT

Adult

109

Served

Service	Adult	Minor
Outpatient	1115	3
Residential	301	
SUDHH	122	
Withdrawal	143	

WSS

Adult

13

MAT

Adult

346

Primary Substance at Admission Adult

Alcohol	291
Barbiturates	1
Benzodiazepines	4
Cocaine	86
Heroin	111
Inhalants	1
Marijuana/Hashish	20
Methamphetamine / Speed	93
Non-prescription methadone	1
Other Amphetamines	2
Other Drugs	4
Other Opiates / Synthetics	40
Other Stimulants	1

Secondary Substance Adult

(None)	49
Alcohol	54
Barbiturates	1
Benzodiazepines	9
Cocaine	70
Hallucinogens	3
Heroin	22
Marijuana/Hashish	65
Methamphetamine / Speed	75
Non-prescription methadone	1
Other Amphetamines	4
Other Drugs	11
Other Opiates / Synthetics	29
Other Stimulants	3

Ionia

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

4526

Total Attendees

222

of Activities

Admitted

Service	Adult	Minor
Outpatient	13	3
Residential	9	1
Withdrawal	7	

WSS

Adult

MAT

Adult

5

Served

Service	Adult	Minor
Outpatient	121	5
Residential	15	1
SUDHH	1	
Withdrawal	9	

WSS

AgeBracket Count of Womens Special

MAT

Adult

14

Primary Substance at Admission	Adult	Minor
Alcohol	9	2
Heroin	2	
Marijuana/Hashish		2
Methamphetamine / Speed	16	
Other Amphetamines	1	
Other Drugs	1	

Secondary Substance	Adult	Minor
(None)	1	
Alcohol	3	
Benzodiazepines		1
Cocaine	2	
Marijuana/Hashish	2	
Methamphetamine / Speed	3	
Other Drugs	1	1
Other Stimulants	1	

Isabella

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

2805

Total Attendees

400

of Activities

Admitted

Service	Adult
Outpatient	30
Residential	25
SUDHH	1
Withdrawal	13

WSS

Adult

MAT

Adult

19

Served

Service	Adult
Outpatient	170
Residential	30
SUDHH	4
Withdrawal	14

WSS

Adult

3

MAT

Adult

83

Primary Substance at Admission Adult

Alcohol	22
Cocaine	2
Heroin	11
Methamphetamine / Speed	18
Non-prescription methadone	1
Other Drugs	1
Other Opiates / Synthetics	13

Secondary Substance Adult

(None)	5
Alcohol	4
Benzodiazepines	1
Cocaine	7
Heroin	5
Marijuana/Hashish	5
Methamphetamine / Speed	6
Other Opiates / Synthetics	2

Jackson

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

8239

Total Attendees

1087

of Activities

Admitted

Service	Adult
Outpatient	147
Residential	109
SUDHH	14
Withdrawal	32

WSS

Adult

24

MAT

Adult

31

Served

Service	Adult
Outpatient	519
Residential	152
SUDHH	116
Withdrawal	38

WSS

Adult

56

MAT

Adult

237

Primary Substance at Admission Adult

Alcohol	95
Benzodiazepines	2
Cocaine	25
Heroin	49
Inhalants	1
Marijuana/Hashish	11
Methamphetamine / Speed	82
Other Amphetamines	1
Other Drugs	1
Other Opiates / Synthetics	19
Other Stimulants	2

Secondary Substance Adult

(None)	18
Alcohol	12
Benzodiazepines	5
Cocaine	26
Hallucinogens	1
Heroin	6
Marijuana/Hashish	36
Methamphetamine / Speed	48
Other Amphetamines	1
Other Drugs	4
Other Opiates / Synthetics	15
Other Stimulants	1

Mecosta

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

1437

Total Attendees

250

of Activities

Admitted

Service	Adult
Outpatient	23
Residential	16
Withdrawal	9

WSS

Adult

|

MAT

Adult

| 6

Served

Service	Adult
Outpatient	85
Residential	18
Withdrawal	9

WSS

Adult

| 1

MAT

Adult

| 20

Primary Substance at Admission Adult

Alcohol	26
Cocaine	2
Heroin	3
Marijuana/Hashish	2
Methamphetamine / Speed	12
Other Opiates / Synthetics	3

Secondary Substance Adult

(None)	1
Alcohol	2
Cocaine	2
Heroin	1
Marijuana/Hashish	15
Methamphetamine / Speed	6
Other Drugs	1
Other Opiates / Synthetics	2

Midland

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

3733

Total Attendees

287

of Activities

Admitted

Service	Adult	Minor
Outpatient	31	
Residential	31	1
SUDHH	7	
Withdrawal	11	

WSS

Adult

5

MAT

Adult

13

Served

Service	Adult	Minor
Outpatient	151	1
Residential	39	1
SUDHH	32	
Withdrawal	11	

WSS

Adult

15

MAT

Adult

28

Primary Substance at Admission

Substance	Adult	Minor
Alcohol	35	
Cocaine	4	
Heroin	9	
Marijuana/Hashish	1	1
Methamphetamine / Speed	10	
Other Opiates / Synthetics	14	

Secondary Substance

Substance	Adult	Minor
(None)	6	
Alcohol	10	1
Benzodiazepines	1	
Cocaine	4	
Heroin	2	
Marijuana/Hashish	5	
Methamphetamine / Speed	7	
Other Amphetamines	2	
Other Drugs	1	
Other Opiates / Synthetics	4	

Montcalm

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

1229

Total Attendees

86

of Activities

Admitted

Service	Adult	Minor
Outpatient	42	2
Residential	27	
Withdrawal	9	

WSS

Adult

3

MAT

Adult

5

Served

Service	Adult	Minor
Outpatient	124	2
Residential	45	
SUDHH	2	
Withdrawal	9	

WSS

Adult

7

MAT

Adult

29

Primary Substance at Admission

Substance	Adult	Minor
Alcohol	25	
Cocaine	5	
Heroin	5	
Marijuana/Hashish	4	2
Methamphetamine / Speed	30	
Other Opiates / Synthetics	7	
Other Stimulants	2	

Secondary Substance

Substance	Adult
(None)	2
Alcohol	4
Cocaine	5
Hallucinogens	2
Heroin	2
Marijuana/Hashish	5
Methamphetamine / Speed	6
Other Drugs	6
Other Opiates / Synthetics	3
Other Sedatives / Hypnotics	1

Newwaygo

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

1499

Total Attendees

231

of Activities

Admitted

Service	Adult
Outpatient	10
Residential	15
Withdrawal	1

WSS

Adult

2

MAT

Adult

6

Served

Service	Adult
Outpatient	40
Residential	21
Withdrawal	2

WSS

Adult

6

MAT

Adult

18

Primary Substance at Admission Adult

Alcohol	11
Heroin	2
Methamphetamine / Speed	9
Other Opiates / Synthetics	4

Secondary Substance Adult

Heroin	3
Marijuana/Hashish	1
Methamphetamine / Speed	2

Osceola

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

1360

Total Attendees

100

of Activities

Admitted

Service	Adult
Outpatient	6
Residential	18
Withdrawal	1

WSS

Adult

MAT

Age Count

Served

Service	Adult
Outpatient	28
Residential	21
Withdrawal	2

WSS

AgeBracket Count of Womens Special

MAT

Adult

12

Primary Substance at Admission Adult

Alcohol	6
Cocaine	4
Marijuana/Hashish	1
Methamphetamine / Speed	13
Other Amphetamines	1

Secondary Substance Adult

Alcohol	2
Benzodiazepines	1
Cocaine	2
Heroin	1
Marijuana/Hashish	6
Methamphetamine / Speed	1
Other Opiates / Synthetics	1

Saginaw

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

4854

Total Attendees

587

of Activities

Admitted

Service	Adult
Outpatient	107
Residential	115
SUDHH	15
Withdrawal	71

WSS

Adult

12

MAT

Adult

43

Served

Service	Adult	Minor
Outpatient	520	2
Residential	141	
SUDHH	136	
Withdrawal	76	

WSS

Adult

75

MAT

Adult

185

Primary Substance at Admission Adult

Alcohol	131
Barbiturates	1
Benzodiazepines	2
Cocaine	69
Heroin	33
Marijuana/Hashish	10
Methamphetamine / Speed	12
Other Opiates / Synthetics	34
Other Stimulants	1

Secondary Substance Adult

(None)	23
Alcohol	26
Benzodiazepines	2
Cocaine	63
Heroin	7
Marijuana/Hashish	44
Methamphetamine / Speed	14
Other Drugs	5
Other Opiates / Synthetics	13
Other Sedatives / Hypnotics	2
Over-the-Counter Medications	1

Shiawassee

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

2086

Total Attendees

530

of Activities

Admitted

Service	Adult	Minor
Outpatient	31	1
Residential	18	
SUDHH	11	
Withdrawal	11	

WSS

Adult

7

MAT

Adult

7

Served

Service	Adult	Minor
Outpatient	162	2
Residential	23	
SUDHH	39	
Withdrawal	12	

WSS

Adult

21

MAT

Adult

32

Primary Substance at Admission

Primary Substance at Admission	Adult	Minor
Alcohol	25	
Cocaine	6	
Heroin	5	
Marijuana/Hashish		1
Methamphetamine / Speed	18	
Other Opiates / Synthetics	5	
Other Stimulants	1	

Secondary Substance

Secondary Substance	Adult	Minor
(None)	2	
Alcohol	10	1
Benzodiazepines	2	
Cocaine	2	
Heroin	1	
Marijuana/Hashish	7	
Methamphetamine / Speed	2	
Other Drugs	3	
Other Opiates / Synthetics	2	

Tuscola

FY26 Q2

Count of intervention/Prevention programs/activities during the period

- Reduce underage drinking:
- Reduce prescription and over-the-counter drug abuse, including opiates:
- Reduce youth access to tobacco:
- Reduce substance use in older adults:
- Reduce youth cannabis use:

1645

Total Attendees

207

of Activities

Admitted

Service	Adult
Outpatient	15
Residential	9
SUDHH	2
Withdrawal	6

WSS

Adult

4

MAT

Adult

5

Served

Service	Adult
Outpatient	100
Residential	13
SUDHH	11
Withdrawal	7

WSS

Adult

12

MAT

Adult

16

Primary Substance at Admission Adult

Alcohol	15
Benzodiazepines	2
Cocaine	3
Heroin	5
Methamphetamine / Speed	2
Other Opiates / Synthetics	3

Secondary Substance Adult

(None)	1
Cocaine	8
Heroin	1
Marijuana/Hashish	2
Methamphetamine / Speed	3
Other Opiates / Synthetics	1