MSHN
Mid-State Health Network

EQUITY UPSTREAM

An Initiative to Increase Engagement in Substance Use Services and to Reduce Overdose Deaths in Historically Underserved Communities

STATUS REPORT | MARCH 2026

Table of Contents

Acknowledgements

An initiative of this scope, complexity and duration wouldn't have been possible without a broad team effort whose time and dedication to this project deserve recognition.

First, our thanks to the Learning Collaborative (LC) Pilot participants themselves: staff and leadership at Correctional Assessment & Treatment Services (CATS), Catholic Charities of Ingham, Eaton and Clinton (CCIEC), LifeWays, Mid-Michigan Recovery Services (MMRS), Peer 360 Recovery Alliance, Professional Psychological & Psychiatric Services (PPPS), and Victory Clinical Services. Their engagement, focus and hard work made this pilot possible, and we hope they are a shining light for others who share their commitment to eliminating health disparities.

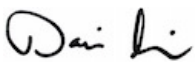
Second, we're grateful to the individuals in recovery who generously shared their perspectives, struggles and successes. These include but are not limited to the 106 focus group participants as well as other client advisory groups and individuals who contributed their time as we designed a pilot framework to increase engagement in SUD services for historically underserved communities of color in our region. Thanks too to the individuals who were willing to share their powerful stories in our "Celebrating Strength" anti-stigma campaign.

Third, we want to also acknowledge community partners from the University of Michigan, the Michigan Primary Care Association, Redhead Creative Consultancy, Our Space Creative, the Dorothy Johnson Center at Grand Valley State University, MSHN's Regional Equity Advisory Committee for Health (REACH) members, Vicki Rosenberg & Associates, Vital Strategies, Michigan Health Endowment, Michigan Department of Health & Human Services (MDHHS) and many others. We owe thanks as well to the national experts and panelists who participated in the 2023 *Equity Upstream* Spring Virtual Lecture Series, a resource that remains publicly accessible here on MSHN's website.

Fourth, many thanks are owed to MSHN's staff who supported equity-focused priorities and *Equity Upstream* in particular from the beginning. Leading this effort was MSHN's Substance Use Disorder (SUD) Clinical Team, and they were supported by multiple staff from other MSHN departments: IT, Finance, Integrated Health, and Quality in particular. MSHN's Executive Leadership has supported this prioritization of *Equity Upstream* and more broadly "better equity" for several years, support without which *Equity Upstream* could never have launched.

Lastly, we are indebted to the people we serve in Region 5. Their resilience amidst often staggering odds inspires and fuels MSHN's dedication to ensuring that *all* residents of our 21 counties have access to the quality behavioral health services we are charged with ensuring is available to all Region 5 communities.

For inquiries, please reach out to me directly at the email below.



Dani Meier, PhD, MSW, MA
MSHN Chief Clinical Officer
Dani.Meier@midstatehealthnetwork.org

Executive Summary

Mid-State Health Network (MSHN) launched *Equity Upstream* in 2023 to address longstanding racial and ethnic health disparities in access to substance use disorder (SUD) services and negative health outcomes as a result. This report summarizes the FY25 results of the *Equity Upstream* Learning Collaborative (LC), a structured pilot initiative involving seven SUD providers in four of MSHN's most diverse counties: Ingham, Saginaw, Jackson, and Isabella.

Key findings include:

- Admission penetration rates for people of color (POC) across all six LC treatment providers increased from 34% (FY19) to 38% (FY25).
- The LC treatment providers saw a 26% decline in new admissions across all populations, a decline that mirrors declining enrollment for *all* Region 5 SUD treatment providers.
- Peer 360 Recovery Alliance, the LC's sole Community Recovery Organization, grew total participation by 54% (FY19–FY25) and more than doubled participation for people of color from 11% to 24% of all recovery activity attendees.
- LC providers consistently outperformed a control group of comparable, non-LC SUD providers. In the most pronounced case, the LC provider outperformed by 11 percentage points in engagement gains for people of color.
- Effective strategies included intentional hiring of Peer Recovery Coaches (PRCs) from communities of color, culturally grounded outreach, ongoing training in bias and cultural humility, and low-barrier service models.
- American Rescue Plan Act (ARPA) funding cuts of $354,000 in March 2025 significantly constrained resources; LC partners adapted and continued meaningful progress despite this setback.

At a Glance: FY25 Highlights

Initiative	• *Equity Upstream* Learning Collaborative (LC) Pilot began in FY23. • Seven SUD pilot providers participated across Ingham, Saginaw, Jackson, & Isabella counties with formal implementation of their action plans in FY25.
Goals	• Increase engagement of people of color in SUD treatment & recovery services. • Reduce racial disparities in overdose mortality across Region 5.
LC Partners	• Six outpatient treatment agencies & one Community Recovery Organization. • Grand Valley State University Dorothy Johnson Center (evaluation & coaching). • Redhead Creative Consultancy (Celebrating Strength anti-stigma campaign).
Key Wins	• POC penetration rate for new admissions rose from 34% (FY19) to 38% (FY25) • Peer 360 tripled Saginaw County participation & grew Isabella County POC to 66%

Challenges	• Overall SUD treatment enrollment for LC providers declined by 26% (admissions) and by 15% (persons served) from FY19-FY25. • Hostile federal posture towards equity work. • ARPA funding cut of $354,000 mid-year (March 2025). • Narrow parameters to access other grant-based funding streams.

Next Steps	• Share & publish LC implementation guide for MSHN's broader provider network • Grow MSHN's *Celebrating Strength* campaign to four new rural Region 5 counties with a high overdose and/or Substance Use Vulnerability Index (SUVI) risk • Expand *Equity Upstream* lessons learned to all Region 5 counties including those with underserved rural, poor, White communities

Background & Context

Origins of the Initiative

Mid-State Health Network (MSHN) is the Medicaid Managed Care Organization for a 21-county region in Michigan (Region 5) responsible for overseeing high-quality behavioral health services for individuals with Substance Use Disorders (SUD), Serious and Persistent Mental Illness (SPMI), Serious Emotional Disturbances (SED), and Developmental Disabilities (DD). (*See Appendix 1*)

The COVID-19 pandemic exposed and deepened longstanding regional and national health disparities. Over 1.2 million Americans ultimately died from the coronavirus, with people of color (POC), particularly Black, Indigenous, and Hispanic communities being disproportionately impacted. Concurrent national attention on racial justice following the deaths of Breonna Taylor and George Floyd accelerated MSHN's decision to strengthen and formalize its health equity commitments.

MSHN's vision has always aspired to "continual improvement in the health of our communities," but its commitment to serving *all* communities equitably became far more explicit in the wake of these crises' peak in 2020. MSHN made its health equity goals explicit that year when we developed our FY21-FY23 Substance Use Disorder (SUD) Strategic Plan. The following year, in 2021 MSHN adopted "Better Equity" as a top organizational priority and embedded explicit health equity goals into its FY21-FY23 SUD Strategic Plan. These commitments laid the foundation for the *Equity Upstream* initiative which formally launched with a virtual lecture series in 2023, followed by a Learning Collaborative pilot launch in FY25 as overdose death rates were declining for White Americans, but continued to rise in Black, Hispanic, and Native American communities.

> **Note on Terminology:** *Due to variability in the ways racial and ethnic data is collected on local and state levels across multiple systems, it is not always possible to reliably isolate separate racial and ethnic groups within treatment provider data sets, including Medicaid claims data. For the purposes of this initiative therefore, when talking about LC treatment providers' admissions and engagement, MSHN has aggregated Black, Native American, Hispanic and multi-racial demographic groups under the admittedly broad umbrella of "people of color" and contrasted their representation in treatment services relative to the majority White population.*

Health Disparities Education (2020–2022)

From 2020 through 2022, MSHN developed and delivered multiple trainings for Region 5 stakeholders, providers, community coalitions, and community partners. Topics addressed underrecognized disparities in SUD care, including access inequities, dosing and discharge disparities in Medication-Assisted Treatment (MAT) and Medication for Opioid Use Disorder (MOUD), disproportionate arrest and

incarceration rates for people of color for drug possession, and racial disparities in overdose mortality. Building on this foundation, MSHN launched a didactic training initiative featuring nationally recognized authorities in health equity, resulting in the 2023 Equity Upstream virtual lecture series. More than 500 SUD and mental health professionals participated in the live webinars from across Region 5 and the state of Michigan and many others have since viewed the lectures on MSHN's website. The lecture series drew its name from a parable by 20th-century medical sociologist Irving Zola, which frames effective public health as going upstream to address the root causes of health crises, not merely responding to health emergencies one person at a time.

Learning Collaborative Structure

Pilot Design

Parallel to the didactic lecture series, MSHN established a seven-provider SUD Learning Collaborative (LC) to move from expanding knowledge in our provider network to structured community action (Eight providers were initially recruited from Region 5's most diverse counties, but one withdrew early due to logistical constraints). These seven SUD services providers—six outpatient treatment agencies and one peer-led Community Recovery Organization—are listed below.

Provider	County	Type
Correctional Assessment & Treatment Services (CATS)	Ingham	Jail-based Outpatient SUD Treatment
Catholic Charities of Ingham, Eaton & Clinton (CCIEC/Cristo Rey)	Ingham	Outpatient SUD Treatment
Mid-Michigan Recovery Services (MMRS)	Ingham	Multi-level SUD Treatment
Professional Psychological & Psychiatric Services (PPPS)	Saginaw	Outpatient SUD Treatment
Victory Clinical Services	Saginaw	Opioid Treatment Provider (OTP/MAT/MOUD)
LifeWays	Jackson	Community Mental Health / SUD
Peer 360 Recovery Alliance	Isabella & Saginaw	Peer-led Recovery Organization

Data Sources: Focus Groups & Claims Data

To ground action planning in lived experience, MSHN partnered with LC providers to conduct 15 focus groups, reaching 106 participants, primarily people of color, at various stages of treatment and recovery (for more detail, see Appendix 2).

Focus Group Characteristics	Focus Group Detail
Total Participants	106 individuals across 15 focus groups
Gender	Two-thirds male; one-third female
Race/Ethnicity	60% Black · 16% Hispanic · 9% Native American · 8% White · 4% Biracial
LGBTQ+ & Two-Spirit Identified	13%

Participants described experiencing discrimination based on skin color, appearance, dress, and Medicaid status. They described barriers to seeking SUD treatment as lack of awareness of available services, insurance barriers, long wait times, limited transportation and translation services, fear of Child Protective Services (CPS) involvement or legal consequences, stigma from faith communities, and negative perceptions of MAT/MOUD.

In addition to MSHN's distillation of qualitative data from the focus groups, MSHN also shared claims data from FY19 and FY22 with each LC treatment provider, establishing pre- and post-pandemic baselines for admissions and engagement rates for people of color. For most providers, POC were significantly underrepresented relative to the communities those providers served.

Action Planning

MSHN encouraged each LC provider to synthesize insights from the lecture series, focus group data, and claims data into agency-specific action plans, aiming to go-live by October 1, 2024 (the beginning of FY25). Grand Valley State University's Dorothy Johnson Center (DJC) provided technical assistance and coaching in co-designing SMART goals and evaluated progress at quarterly and year-end milestones.

Shared strategies across the LC providers included:

- Trainings in cultural humility and stigma-reduction for provider staff
- Community outreach to increase awareness of SUD services and to build trust
- Intentional hiring practices to increase staff diversity, with emphasis on Peer Recovery Coaches (PRCs) from Black, Hispanic, and Native American communities
- Advocacy on behalf of PRCs who face limited employment options due to past legal problems
- Establishment of client feedback loops through advisory groups composed of people of color in SUD services
- Expansion of Ingham County's Sobriety Court into a full Drug Treatment Court

It must be acknowledged here that equity-focused health initiatives faced significant new barriers in 2025 as federal priorities shifted and funding for public health and health equity programs in particular were slashed. In March 2025, midway through the fiscal year, $354,000 in American Rescue Plan Act (ARPA) funds were cut from MSHN's budget. ARPA had been the primary funding stream for *Equity Upstream* activities, and no revenue source replaced it. It is a testament to the Learning Collaborative partners' commitment that meaningful progress continued in this constrained and challenging environment.

Celebrating Strength: Anti-Stigma Media Campaign

MSHN and our Learning Collaborative partners were aware that stigma towards individuals with an SUD (and towards SUD treatment itself) remains an obstacle for many, but reducing stigma at the community level exceeds what any single provider can accomplish alone. MSHN partnered, therefore, with Redhead Creative Consultancy to develop *Celebrating Strength*, a multimedia anti-stigma campaign targeting Saginaw, Ingham, Jackson, and Isabella counties.

The campaign featured shareable social media videos, billboards, posters, along with radio and streaming PSAs. Central to its design was authentic storytelling: Native American, Hispanic, Black, and biracial individuals in various stages of recovery shared their personal sources of strength—faith, culture, family—that sustained their journey *(see Appendix 3).*

Recognizing that rural White communities are also underserved and also face high overdose death rates, MSHN is expanding the *Celebrating Strength* campaign in FY26, first, to four new rural Region 5 counties with elevated overdose death rates and/or high Substance Use Vulnerability Index (SUVI) scores. It will then further expand *Celebrating Strength* to Region 5's remaining 13 counties later in FY26.

Results & Outcomes

At a Glance: Context	
	• As a system, SUD *treatment* providers (including the LC providers) saw declining enrollment. • By contrast, engagement in *recovery* activities with CROs saw increases FY19-FY25.

System-wide Decline in Overall Enrollment in SUD Treatment Services

As noted earlier, COVID-19 disrupted healthcare services resulting in declines in healthcare utilization as stress, fear, mistrust, and isolation increased across all demographic groups. Post-pandemic data from FY22 and FY25, for example, reveal a marked overall decline in SUD treatment initiation and engagement relative to pre-pandemic FY19 levels. Several factors were involved: First, SUD service access and availability shrunk when several SUD providers shut down, especially those who had struggled to attract, hire, and retain staff at all levels of support. Though workforce deficits predated the pandemic, the pandemic exacerbated staff shortages. FY25 closures in Region 5 were the highest in MSHN's history *despite* MSHN's offering financial stabilization funds and other supports to keep prevention, treatment, and recovery providers afloat. In most cases, these supports were effective in sustaining provider operations. Among providers who stayed open, many had established pandemic-driven procedures and reduced their capacity to accommodate social distancing, for example, which remained a concern as COVID resurged along with RSV, Norovirus and other infectious diseases (the increased flexibility to utilize telemedicine helped many individuals safely reengage with services, but overall numbers still declined). These declines were likely also the result of the advent of Certified Community Behavioral Health Clinics (CCBHCs), three of them in LC target counties.

Across the six outpatient treatment providers involved in the Learning Collaborative:

- New admissions declined approximately 26% from FY19 to FY25
- Persons served declined over 15% in the same period
- No LC Treatment provider fully recovered to pre-pandemic enrollment levels by the end of FY25

Decline in Learning Collaborative Treatment Providers' enrollees (All groups)

Learning Collaborative Treatment Providers (6)	FY19	FY22	FY25	% Change
Initiation (New Admissions)	1,556	1,211	1,154	-26%
Engagement (Persons served)	2,380	2,015	2,018	-15%

The Learning Collaborative enrollment declines above mirror trends across MSHN's broader Region 5 SUD provider network where SUD admissions, for example, declined by nearly 21% from FY19-FY25.

Decline in All Region 5 SUD Treatment Provider Network enrollees (All groups)

All Region 5 SUD Treatment Network Providers	FY19	FY22	FY25	% Change
Initiation (New Admissions)	12,889	11,344	10,202	-21%
Engagement (Persons served)	17,901	16,098	14,389	-20%

In FY19, FY22 and FY25, total enrollment of individuals engaged in SUD treatment in Region 5 saw significant declines, but there is some evidence that engagement in SUD services rose from FY24 to FY25, a hopeful sign given that overdose deaths dramatically declined from 110,000 in 2022 to around 80,000 in 2024, but still continue to rise in Black, Hispanic and Native American communities, posing a significant threat to already at-risk populations.

Context: Increased Engagement in Recovery Activities

In contrast to declining SUD treatment enrollment, participation in recovery activities through Community Recovery Organizations (CROs) grew substantially over the same period. Peer 360 Recovery Alliance, the Learning Collaborative's sole CRO partner, which serves multiple counties across central Michigan, reported a 54% increase in recovery activity participation from FY19-FY25.

Peer 360 - Engagement in recovery activities (All racial/ethnic groups)

Peer 360 New Attendees (Arenac, Bay, Huron, Isabella,* Midland, Saginaw, Shiawassee, Tuscola)	FY19	FY22	FY25	% Change
	6,164	7,011	9,511	**+54%**

* Peer 360 was not active in Isabella county in 2019

An aggregate of *all* Region 5's community recovery organization (CRO) activities saw a 34% increase in new recovery activities from FY19-FY25.

All 3 Region 5 CROs– Engagement in recovery activities (All racial/ethnic groups)

All Region 5 CROs – New Attendees (Community Recovery Organizations)	FY19	FY22	FY25	% Change
	8,808	10,071	11,829	**+34%**

This enrollment divergence between formal SUD treatment and recovery supports likely reflects the comparatively lower barrier to entry for recovery activities. While formal treatment initiation involves establishing an individual's eligibility criteria with Level of Care screenings, comprehensive assessments, and routine drug testing, recovery activities have always had a lower threshold for participation. In the post-pandemic era, recovery activities became even more widely accessible, virtual and without preconditions. For communities where mistrust of the healthcare system was already elevated, pandemic-era controversies over vaccines, social distancing, and school closings created even greater mistrust generating SUD treatment gaps which were offset in part by lower-barrier peer-led recovery supports.

Aggregated LC Provider Outcomes

At a Glance: LC Treatment Provider Results	• Persons of color rose 4% as percentage of admissions to all LC treatment providers FY19-FY25. • Persons of color rose 3% as percentage of persons served to all LC treatment providers FY22-FY25.

The Dorothy Johnson Center's review of quarterly reports confirmed that, both as a group and individually, LC providers made significant progress on their action plan goals. Positive process outcomes drove positive *impact* outcomes, particularly the effect of FY25 activities on initiation and engagement rates for people of color. When aggregating all six outpatient treatment providers in the Learning Collaborative pilot, a 4% increase was found in new admissions for people of color from FY19-FY25. A 3% increase in persons served who were people of color went from a low of 29% in FY22 to 32% in FY25. While these gains aren't huge across a six-year span, it should be noted that they took place after only one year of deliberate and intentional action plan implementation in FY25.

All Learning Collaborative Treatment Providers: Change in penetration rates, FY19-25

All (6) Learning Collaborative Treatment providers Penetration Rates for POC (Black, Hispanic & Native American communities)	FY19		FY22		FY25	
Initiation/Admissions – Raw Data	POC 528	White 1,028	POC 417	White 794	POC 434	White 720
Totals	1,556		1,211		1,154	
People of Color % of New Admissions	34%		34%		38%	
Engagement/Persons Served – Raw Data	POC 734	White 1,646	POC 579	White 1,436	POC 649	White 1,369
Totals	2,380		2,015		2,018	
People of Color % of Persons Served	31%		29%		32%	

As noted earlier, treatment data sources (including Medicaid claims data) don't easily or accurately isolate distinct racial and ethnic groups in ways that are analytically reliable unlike how recovery activities are logged in MPDS by Community Recovery Organizations like Peer 360. Therefore, in the discussion of Peer 360's data below, distinct populations are separated out by race or ethnicity, but for the six SUD *treatment* providers in the Learning Collaborative, we contrasted the White population in SUD services to *people of color* (POC) which includes the *combined* Black, Native American, Hispanic and Multi-Racial demographic groups whose engagement in services we sought to increase so they'd be less vulnerable to ongoing drug use, overdose and death.

Individual Provider Outcomes

Peer 360 Recovery Alliance

At a Glance: Peer 360's Recovery Activities	
	• Persons of color engaged in recovery activities across all of Peer 360's counties increased by 13% FY19-FY25. • In Saginaw County, Peer 360 increased its percentage of Black participants in recovery activities from 25% in FY19 to 35% in FY25, a 10% increase. • Though not a target population in Saginaw, the percentage of Hispanic participants rose from 3% in FY19 to 7% in FY25, from 28 to 178 total. • In Isabella County, Peer 360 increased its Native American population engaged in recovery activities by 230% FY22-FY25.

As the LC's sole Community Recovery Organization, Peer 360 achieved significant growth across all populations, but particularly in communities of color. This growth was evident across all eight of Peer 360's service counties, in which they more than doubled the proportion of people of color from FY19 to FY25 across its total service area that includes Arenac, Bay, Huron, Midland, Saginaw, Shiawassee, Tuscola, and Isabella counties.

Peer 360 – All counties' Participants	FY19	FY22	FY25
POC Attendees	672	1,221	2,295
White Attendees	5,492	5,790	7,216
Total Attendees	6,164	7,011	9,511
POC % of Total	**11%**	**17%**	**24%**

For their *Equity Upstream* action plan, Peer 360 identified two target populations: In Saginaw, they sought to increase Black participation in recovery activities; and, in Isabella, increased Native American participation in recovery activities was also a goal.

Saginaw County (Peer 360) – In FY19, Peer 360's Black participants in recovery activities was 25% of total participants which grew to 35% in FY25, a 10% increase. In total numbers, Black participation dipped from 258 in FY19 to 224 in FY22, but rebounded to 844 in FY25, nearly quadrupling from its FY22 low. Saginaw also saw an unanticipated gain in its Hispanic population from 3% in FY19 to 7% in FY25.

Peer 360 – Saginaw Participants	FY19	FY22	FY25
Black / African American	258	224	844
Hispanic	28	43	178
Native American	0	10	15
Multi-Racial	7	62	48
POC Subtotal	293	339	1,085
White	765	529	1,478
Total	1,058	868	2,563
POC % of Total	**28%**	**39%**	**42%**

In total, Saginaw's percentage of POC participants in recovery activities rose from 28% in FY19 to 42% in FY25, a 14% increase. Saginaw County's population is 32% persons of color, so Peer 360's FY25 penetration rate of 42% for POC exceeded the proportion of persons of color in that county by 10%.

Peer 360's targeted community events and harm reduction work in Saginaw's Black community helped increase the participation rate for Black residents of the county. Peer 360's staff identified their intentional efforts to remain "seen" in places where they provide outreach services as crucial to their increase in African American participation in the county: *"We make ourselves available as recovery coaches, we follow up with folks, we keep folks connected to the recovery community through one-on-one engagements, and through our peer support groups."* Outreach at Saginaw's East Side Soup Kitchen, for example, and participating in local cultural events and gatherings in Saginaw along with sustaining community partnerships led to increased participation from the Black community.

Isabella County (Peer 360) - Peer 360 initiated services in Isabella County in FY21. Given the presence of the Saginaw Chippewa reservation there and the elevated overdose risk among Native American individuals, for their *Equity Upstream* pilot, Peer 360 identified Isabella county's Native American population as a target community for increased engagement. Starting from scratch in FY21, their growth in FY22 to 816 total participants, 451 of whom were Native Americans was a significant early accomplishment especially during a pandemic-recovery year. Though that number dropped to 367 in FY25, it may be that the multi-racial population (which rose FY22-FY25 from 5 to 59) in Isabella was at least *part* Native American, i.e., the largest minority in that county. That would increase the number to 426 total which would result in the Native American population remaining stable at 56% from FY22 to FY25.

Peer 360 – Isabella Participants	FY22	FY25
Native American	451	367
Hispanic	23	81
Black	18	32
Multi-Racial	5	59
POC Subtotal	497	539
White	319	277
Total	816	816
POC % of Total	**61%**	**66%**

Relative to the general population of Isabella County, Peer 360 recovery activity participants who were people of color exceeded the proportion of persons of color in that county, thanks largely to their direct, collaborative work with local tribal leaders and the Saginaw Chippewa community.

Among the effective and innovative strategies employed by Peer 360 in Isabella is Recovery on the Rez which they describe as "*a non-judgmental mutual aid [recovery] support group that welcomes all styles of recovery.*" These support groups include regular recovery supports and also incorporate elements of Native American 7 Grandfather Teachings and the Red Road to Wellbriety. Their groups are led by Peer Recovery Coaches who are versed in Native American Saginaw-Chippewa traditions and teachings (*See Appendix 4).* The reference to "welcoming all styles of recovery" is an important distinction for providers who offer recovery support groups. This explicit welcome stands in contrast to abstinence-only support groups which have had a historically unreceptive attitude towards individuals engaged in MOUD, specifically those on methadone or buprenorphine.

Initiatives like Recovery on the Rez (ROTR) and Fireside on the Rez (FOTR), recovery groups held in a traditional lodge, along with other social and cultural events have all contributed to Peer 360's ability to provide meaningful services to the tribal community and to be recognized as a trusted and valuable recovery resource. They report *"We have done so by being a part of the Saginaw Chippewa Indian Tribe (SCIT) for their annual Freedom Walk, and the annual SCIT Pow-Wow. Our first step with being involved at the SCIT PW was in 2021, as an informational booth. Since then, we have not only remained involved and able to provide support, but we have also been able to construct a "recovery safe space" (campsite) at the SCIT Pow-wow, for folks in recovery, something that has never been done before."* They intend to carry on this work in the future.

Peer 360 partnership with Great Lakes Bay Pride

In late FY24, Peer 360 partnered with Great Lakes Bay Pride, an LGBTQ advocacy organization, with whom they launched a multi-county virtual LGBTQ+ recovery group that extended into FY25, creating a dedicated safe space for individuals who might not have engaged otherwise. Though small (10 participants), this group represented a meaningful step in extending recovery supports across multiple Region 5 counties to another historically underserved population.

Catholic Charities of Ingham, Eaton & Clinton (CCIEC)

At a Glance: CCIEC Results	• Admissions for persons of color at CCIEC rose 8% FY19-FY25. • Persons served who were persons of color at CCIEC rose 6% FY19-FY25.

CCIEC is an SUD outpatient provider serving a largely Hispanic neighborhood in Lansing. POC penetration rates rose from 28% (FY19) to 40% (FY22) before settling at 36% in FY25, a net 8-percentage-point gain over the study period. Persons served showed a similar pattern: 29% → 39% → 35%, a net 6% gain.

These proportional gains occurred against a backdrop of steep overall enrollment decline: total admissions fell from 352 (FY19) to 121 (FY25), a 66% reduction. Persons served fell from 446 to 175, a 61% decline. POC admissions in absolute terms dropped from 98 to 44, a 55% decrease. CCIEC's enrollment pattern mirrors the broader trend of declining SUD treatment engagement across the region.

CCIEC: Change in penetration rates, Lansing, FY19-25

CCIEC (Lansing) Penetration Rates for POC (Black, Hispanic & Native American communities)	FY19		FY22		FY25	
Initiation/Admissions – Raw Data	POC 98	White 254	POC 78	White 116	POC 44	White 77
Totals	352		194		121	
POC as % of Total New Admissions	28%		40%		36%	
Engagement/Persons Served – Raw Data	POC 129	White 317	POC 87	White 135	POC 61	White 114
Totals	446		222		175	
POC as % of total Persons Served	29%		39%		35%	

At the end of FY25, CCIEC staff and clients offered positive responses to specific action plan interventions like modified hiring practices to attract and more closely reflect CCIEC's populations served, along with stronger cultural-responsiveness through implicit bias and cultural humility trainings, ongoing discussions about cultural practices and trauma and intentional relationship-building with community referral sources. Internal survey responses reiterated broad agreement that staff felt positively about their training in cultural issues. The organization's increases in initiation and engagement for POC noted above were coupled with higher rates of successful treatment completion among clients who were people of color.

LifeWays

At a Glance: LifeWays Results	
	• Admissions for persons of color at LifeWays rose 2% FY22-FY25. • Persons served who were persons of color at LifeWays rose 1% FY22-FY25.

LifeWays is a Community Mental Health agency that covers Jackson and Hillsdale Counties on the southern tip of Region 5's 21-county region. LifeWays added SUD outpatient services in FY22, so only FY22 and FY25 data are available for this LC review. LifeWays' focus for this Learning Collaborative pilot was exclusively in Jackson County; one of Region 5's most diverse counties.

As a relatively new SUD provider in a county with three nearby established providers in the same small city, LifeWays' SUD client volumes are low. Admissions dropped from 61 (FY22) to 51 (FY25), while persons served rose modestly from 61 to 67. With volumes this small, one or two clients can move penetration rates in ways that may not accurately reflect broader trends. For context, two additional POC individuals in FY25 increased LifeWays' engagement penetration rate from 18% to 19%.

LifeWays: Change in penetration rates, Jackson, FY19-25

LifeWays (Jackson) Penetration Rates for POC (Black, Hispanic & Native American communities)	FY22		FY25	
Initiation/Admissions – Raw Data	POC 11	White 50	POC 10	White 41
Totals	61		51	
POC as % of Total New Admissions	18%		20%	
Engagement/Persons Served – Raw Data	POC 11	White 50	POC 13	White 54
Totals	61		67	
POC as % of total Persons Served	18%		19%	

Compared to Jackson County's roughly 17% communities of color, LifeWays' penetration rate for people of color's admissions (18% in FY22 and 20% in FY25) mirrors and slightly exceeds the county's demographic distribution. The more diverse *city* of Jackson's proportion of people of color is 36%, i.e., roughly double LifeWays' admissions and engagement rates for POC in the city.

Lifeways' staff reported that their intake staff demonstrated increased awareness of the agency's relatively new SUD services and appeared better equipped to connect individuals from all backgrounds to appropriate supports. Lifeways' SUD team also developed a strong culture of collaboration and mutual support, contributing to improved service delivery. LifeWays also hired a Peer Recovery Coach who is a person of color. She was a primary point of contact for SUD clients coming into LifeWays for SUD services. Clients who were people of color offered positive feedback regarding the recovery groups LifeWays offered. Lifeways reported that monthly collaboration between its SUD leadership and its access department developed marketing materials to increase awareness and referrals to services. These marketing materials offered a mechanism for outreach into Jackson's communities of color. This strategy increased staff morale and teamwork, with staff expressing they feel positively about the work they do and work to support one another. Lifeways has also noted an improvement in treatment completion due to closer collaboration with the treatment courts.

Mid-Michigan Recovery Services (MMRS)

At a Glance: MMRS Results	• Admissions for persons of color at MMRS rose 6% FY22-FY25. • Persons served who were persons of color at CCIEC rose 5% FY22-FY25.

MMRS is a Lansing-based SUD provider that provides multiple levels of care, i.e., residential, outpatient, and recovery housing. For LC purposes, the focus was on its outpatient population. POC admission penetration rates dropped slightly from 30% in FY19 to 28% in FY22, but rebounded in FY25 to 34%, a 6-point increase from the FY22 low. Engagement followed a similar pattern: 30% in FY19, 28% in FY22 and 33% in FY25, a 5% increase from the FY22 low.

MMRS: Change in penetration rates, FY19-25

MMRS (Lansing) Penetration Rates for POC (Black, Hispanic & Native American communities)	FY19		FY22		FY25	
Initiation/Admissions – Raw Data	POC 154	White 366	POC 133	White 343	POC 156	White 303
Total	520		476		459	
POC as % of Total New Admissions	30%		28%		34%	
Engagement/Persons Served – Raw Data	POC 189	White 437	POC 188	White 475	POC 203	White 413
Total	626		663		616	
POC as % of Total Persons Served	30%		28%		33%	

Compared to Ingham County's communities of color which comprise approximately 20% of the county's population, MMRS's penetration rate for people of color's admissions (30% in FY19, 28% in FY22 and 34% in FY25) exceeds the county's demographic representation for people of color. The more diverse city of Lansing's proportion of POC is 35%, which is aligned with MMRS's FY25 representation of Black, Hispanic, multi-racial and Native American clients in service.

MMRS reported the following observations from staff, clients, community members on activities that MMRS implemented in FY25. MMRS created a new schedule in FY25 to reflect the populations they serve and addressed their needs which provided increased opportunities for socialization, wellness groups, and anger management as well as groups focused on distorted thinking, trauma and MRT. Additionally, MMRS worked to increase their intake time slots providing more opportunity for individuals to choose a time to suit their own schedules and needs. Clients who are persons of color reported a positive response to these changes, which is reflected in the increase in initiation and engagement from FY22 to FY25. MMRS also reported that attention to increasing staff diversity helped ensure clients felt represented and seen in their therapeutic environment. MMRS also worked to increase staff training in cultural competency and cultural humility to support staff in working with diverse populations. MMRS also worked to increase access to non-clinical supportive services requested by clients including food, GED training and testing, medical services and transportation resources (driver and a van, bus passes). MMRS's action plan included expansion of Lansing's Sobriety Court to a full-service Drug Treatment Court, but minimal funds from the State Court Administrative Office precluded advances on that front. MMRS also took a lead in the Learning Collaborative through advocacy on behalf of Peer Recovery Coaches who had non-violent misdemeanors and felonies that created barriers to their entering the aforementioned understaffed SUD workforce.

In a new development for MMRS, it will become a new SUD Health Home in FY26 which will add a wraparound approach to services that has the potential to further engage populations of color.

Victory Clinical Services (VCS)

At a Glance: VCS Results	• Admissions for persons of color at VCS rose 4% FY19-FY25. • Persons served who were persons of color at VCS rose 5% FY19-FY25.

Victory Clinical Services is a Saginaw-based Opioid Treatment Provider (OTP) offering Medication-Assisted Treatment (MAT) including methadone, buprenorphine, and naltrexone to individuals with Opioid and/or Alcohol Use Disorder. OTPs operate under strict federal regulations, historically requiring clients to visit the clinic up to five or six times per week for supervised dosing. These burdensome requirements, combined with longstanding mistrust of healthcare institutions in communities of color, have historically created barriers to engagement at OTPs. SAMHSA's 2024 Final Rule (42 CFR Part 8) relaxed OTP dosing requirements, but its effects on community trust will take time to materialize.

Despite these challenges, Victory increased POC admissions from 12% (FY19) to 16% (FY22) and held at 16% in FY25, a net 4-percentage-point gain. POC engagement rose from 11% (FY19 and FY22) to 16% (FY25), a 5-point improvement.

Victory Clinic: Change in penetration rates, FY19-25

Victory Clinic (Saginaw) Penetration Rates for POC (Black, Hispanic & Native American communities)	FY19		FY22		FY25	
Initiation/Admissions – Raw Data	POC 98	White 190	POC 21	White 112	POC 27	White 138
Totals	288		133		165	
POC as % of Total New Admissions	12%		16%		16%	
Engagement/Persons Served – Raw Data	POC 81	White 624	POC 72	White 566	POC 126	White 683
Totals	705		638		809	
POC as % of Total Persons Served	11%		11%		16%	

At the end of FY25, VCS reported that clients, staff, and community members observed stronger client engagement, improved cultural responsiveness, better coordination among staff, reduced stigma in the community, and an overall increase in trust and satisfaction. Staff also noted that ongoing workforce development and peer support contributed to more effective interactions with clients and the community. VCS also saw higher treatment retention, shorter wait times, improved service access, greater peer support utilization, and better overall recovery outcomes.

VCS attributed these changes to expanded equity-centered and trauma-informed training, increased Peer Recovery Coach involvement, improved data systems, stronger inclusion of client voices, deeper partnerships addressing social determinants of health, and stable funding that supported sustained improvements. They also noted that some variations in outcomes were linked to staffing shortages and access barriers in certain areas.

In FY23, Victory Clinic in Saginaw became MSHN's first Opioid Health Home (now called an SUD Health Home) which offers a wraparound approach to services that has the potential to further engage populations of color.

Professional Psychological & Psychiatric Services (PPPS)

At a Glance: PPPS Results	• Admissions for persons of color at PPPS rose 7% FY22-FY25. • Persons served who were persons of color at PPPS rose 7% FY22-FY25.

PPPS is a standout within the LC pilot in that it is the only LC provider where the majority of staff are themselves people of color, primarily Black. This singular staffing element likely contributes significantly to PPPS's having the highest Learning Collaborative penetration rates for people of color. Despite funding cuts in FY25 blocking implementation of key elements of PPPS's original action plan, PPPS saw growth from FY19 to FY25. After a decline for POC in admissions from FY19 to FY22, PPPS rebounded in FY25, posting a 7% increase in POC admissions. It also rebounded its engagement rates from a low of 67% POC in FY22 to 74% in FY25.

PPPS: Change in penetration rates, Saginaw - FY19-25

PPPS (Saginaw) Penetration Rates for POC (Black, Hispanic & Native American communities)	FY19		FY22		FY25	
Initiation/Admissions – Raw Data	POC 58	White 21	POC 27	White 13	POC 47	White 16
Totals	79		40		63	
POC as % of Total New Admissions	73%		68%		75%	
Engagement/Persons Served – Raw Data	POC 109	White 33	POC 32	White 16	POC 54	White 19
Totals	142		48		73	
POC as % of Total Persons Served	77%		67%		74%	

Relative to the population of Saginaw County which has 32% of its residents who are persons of color, PPPS exceeds that population distribution across all years for both admissions and engagement with penetration rates for POC ranging from a low of 67% in FY22 to FY25's 75% new admissions for people of color and POC were 74% of PPPS's persons served in FY25.

These strong penetration rates reflect PPPS's intentional hiring practices aimed at recruiting from the community they serve. This staffing model has resulted in strong engagement among African American clients who report greater comfort and have lower no-show rates and higher completion rates. PPPS also expanded telehealth access and employs a "no wrong door" approach, deepening community ties through in-kind services that go beyond strictly clinical needs. PPPS's staff orientation includes reviewing community resource directories to ensure employees can connect individuals and families to appropriate services whether or not they are active clients receiving SUD or mental health treatment. Furthermore, PPPS engages in ongoing outreach through presentations to schools, community centers, churches, and participation in community forums and prevention partner activities.

PPPS will become a new SUD Health Home in FY26 which will add a wraparound approach to services that has the potential to further engage populations of color.

Correctional Assessment & Treatment Services (CATS)

At a Glance: CATS Results	• Admissions for persons of color at CATS rose 3% FY22-FY25. • Persons served who were persons of color at CATS rose 2% FY22-FY25.

CATS operates within the Ingham County Jail, a uniquely constrained environment in which people of color are already disproportionately represented. This context distinguishes CATS from all other LC providers and makes direct comparisons to community-based outpatient programs inherently limited. As with other providers, CATS' *overall* enrollment declined across all populations. Admissions fell from 389 (FY19) to 295 (FY25), persons served dropped from 461 to 374. The ratio of POC admitted rose from 48% (FY22) to 51% (FY25), while the ratio of POC engaged in treatment rose from 49% (FY19/FY22) to 51% (FY25). These gains must be interpreted carefully given the small overall numbers, in which a shift of just three persons of color from FY22 to FY25 produced a 3-percentage-point change in penetration rates. In Ingham county, people of color are 20% of the population. By contrast, CATS' penetration rate for POC at roughly 50% is more than twice that percentage of the county's general population.

CATS: Change in penetration rates, FY19-25

CATS (Ingham County Jail) Penetration Rates for POC (Black, Hispanic & Native American communities)	FY19		FY22		FY25	
Initiation/Admissions – Raw Data	POC 192	White 197	POC 147	White 160	POC 150	White 145
Totals	389		307		295	
POC as % of Total New Admissions	49%		48%		51%	
Engagement/Persons Served – Raw Data	POC 226	White 235	POC 189	White 194	POC 192	White 182
Totals	461		383		374	
POC as % of Total Persons Served	49%		49%		51%	

Several factors influenced the changes outlined above:

- CATS' decreases in admissions and persons served from FY19 to FY25 were impacted by 2021 changes to Michigan's misdemeanor sentencing laws aimed at jail reform. These led to a decline in court-ordered referrals to CATS for treatment after COVID-19. Despite fewer referrals, this trend is viewed positively, indicating a reduction in jail commitments for treatment.
- From 2020 to 2024, COVID lockdowns limited movement and CATS' capacity to offer services.
- In February 2023, Ingham County Jail moved to a new facility which reduced CATS' flexibility in providing services due to less space, restricted inmate movement, and clients' availability.
- Services funded by Substance Abuse Block Grant (SABG) became time-limited at the start of FY24, restricting clients' access to treatment. Clients who wished to re-engage with CATS services upon learning their release date could no longer do so. This limitation affected client admissions and continued treatment engagement. CATS' Equity Resource Advisory group (comprised of self-identified POC in the jail) lent support for equity activities that weren't previously available.

Positive outcomes include:

- Recently, clients from the Equity Resource Advisory group reported being engaged in treatment, working, studying, and securing housing. They credited their success to the resources introduced during the group, reflecting a promising trend.
- Despite the discontinuation of federal funds for attendance incentives (gift cards), CATS continued to provide them which clients reported helped address basic needs upon reentry to the community.

At a Glance:	

Control Group Results	LC treatment and recovery providers saw higher POC percentage rate growth FY19-FY25 when contrasted to SUD service providers who were not in the LC pilot.

Control Group of SUD Providers Not in the LC Pilot

To ensure LC gains were not simply a reflection of regional trends, i.e., that increased POC engagement would have occurred even in the absence of the LC providers' interventions, MSHN compared LC providers' FY25 outcomes to comparable non-LC outpatient SUD providers in similar communities.

Results confirmed that the LC's efforts drove above-average results. While some non-LC providers also saw increases in POC engagement, LC providers exceeded those gains, often by double or triple other providers' penetration rate percentages over time. In the most pronounced comparison, a non-LC provider increased its POC penetration rate by 2% from FY22 to FY25, while the comparable LC provider achieved a 13% gain over the same period.

Perhaps fueling other Region 5 providers' increases in engagement for POC, MSHN has actively communicated health equity priorities to its full 21-county provider network since 2020 through trainings, regional and statewide meetings, and one-on-one provider engagement. This diffusion of health equity awareness may explain why some SUD providers in Region 5 also showed improvement though they weren't participants in the Learning Collaborative pilot. The most rigorous comparison would involve providers from a different PIHP region, but given the coordination requirements and provider contracting constraints, in-region comparison was the most feasible approach for this report.

That said, the data strongly suggests that the LC's structured, intentional interventions drove meaningful results beyond what broad awareness alone would produce. The diffusion of equity-focused practices to the broader MSHN network will lay an even stronger foundation for future expansion.

At a Glance: Impactful Strategies & Opportunities	A number of strategies implemented by the Learning Collaborative pilot members helped to increase engagement and participation for Black, Native American, Hispanic and multi-racial populations. These follow below.

Strategies, Opportunities & Recommendations

Despite the headwinds of SUD providers' post-pandemic closures, declines in SUD treatment enrollment, funding cuts, and a hostile regulatory environment at the federal level, LC providers' developed equity-focused strategies that successfully increased engagement among Black, Hispanic, Native American, multi-racial and other historically underserved populations. The strategy areas below emerged as primary drivers of improved outcomes.

Engage Leadership's Support

As with any new organizational initiative, preliminary conversations must include executive leadership who have decision-making authority within their agency. MSHN first broached creating a Learning Collaborative pilot in discussions with the agencies' leaders. Their endorsement of prioritizing equity work was critical. Leaders can bring along employees who might not understand the purpose of equity work. MSHN can assist with resources like this *Kellogg Foundation study*, for example, that highlights the *business* case for racial equity work for staff who don't see the *moral* imperative to improve access and quality care for *all* local communities.

Client Voice & Feedback Integration

Clients feeling seen and heard are more likely to develop trust. Programs that formalized mechanisms for client feedback through surveys, listening sessions, or informal client advisory groups showed improvements in engagement durability. Where these approaches were established, Black, Hispanic, Native American, and LGBTQ+ participants described greater psychological safety which aligned with their representation increasing in agency caseloads.

Peer Recovery Coach Expansion & Culturally Representative Staffing

Peer Recovery Coaches (PRCs) were a consistent driver of improved penetration rates for historically underserved populations, especially when providers were intentional about recruitment and integration of PRCs with roots in local communities. Programs where PRCs were embedded at intake and available throughout each client's episode of care showed strong patterns of treatment initiation and retention and/or participation in recovery activities.

Prioritize Diverse Hiring & Welcoming Environments

LC providers found that staff diversity enhanced trust, especially when paired with culturally resonant messaging in their communications and public-facing physical spaces. When clients see themselves represented in SUD providers' staff but also in posters and signage within providers' lobbies, for example, no-shows were reduced and follow-up with referrals improved leading to stronger continuity of care. Environments perceived as respectful and culturally responsive supported longer engagement and stronger referral-based entry over time.

Culturally Grounded Community Outreach

Programs that established and sustained a visible presence in community spaces, tribal gatherings, and urban neighborhood or rural events drove stronger initial and ongoing engagement than did clinic-centered approaches or episodic outreach efforts. Relational trust-building (not merely service availability) proved to be a key factor in increased utilization of SUD services.

Ongoing Workforce Training

Sustained professional development in implicit bias, trauma-informed care, stigma reduction, and cultural humility improved staff confidence which also improved client trust. Providers that embedded equity conversations into daily supervision, intake processes, and program design demonstrated more consistent implementation than those relying on one-time modules. Training that addressed culturally specific issues such as intergenerational trauma within particular communities was especially valued.

Low-Barrier & Flexible Service Models

Flexibility in service delivery—such as peer-led supports, harm reduction, virtual services and simplified access points—reduce barriers for people who might otherwise eschew engaging in SUD services, as does helping where possible with transportation and childcare which are challenges for many in vulnerable communities. These models improve resilience and participation, particularly among underserved populations.

Diversify Funding to Sustain Equity-Focused Services

In a climate of reduced federal funding, braided and diversified funding strategies are essential. PIHPs have experienced funding cuts for years and have attempted to manage these cuts with available grant opportunities. MSHN will continue to support equity activities with available funds. The funding landscape now includes opportunities for individual providers to access resources like Opioid Settlement Funds that do not come through MSHN.

Conclusion & Call to Action

The *Equity Upstream* Learning Collaborative pilot launched with a clear and urgent purpose: to develop scalable pathways to ensure the SUD prevention, treatment and recovery systems in Region 5 serve *all* individuals and *all* communities regardless of race, ethnicity, religion, gender identity, sexual orientation, or any other characteristic. Based on *declining* overdose death rates in the White population but *rising* overdose deaths in Black, Hispanic and Native American communities, the FY25 pilot focused on increasing engagement in those populations. Despite a challenging post-pandemic environment, funding cuts, and broader systemic challenges, LC providers consistently outperformed their peers in engaging people of color in SUD services and recovery activities.

In FY26, MSHN intends to grow the *Equity Upstream* initiative to additional Region 5 counties where rural, poor, and predominantly White residents have also been historically underserved. In March 2026, MSHN began seeking providers from across the region to participate in equity-focused efforts to engage members of their local communities who may be unaware of, afraid of, or simply unable to participate in SUD services. The *Celebrating Strength* campaign will also expand to four mostly rural counties, Clare and Gladwin among them, and will eventually spread to the remaining thirteen Region 5 counties. MSHN has developed an implementation guide that was shared in March 2026 across its SUD provider network as a starting point for individual providers to engage in this work.

The path forward, especially under the current administration in Washington, remains problematic though frankly achieving genuine equity has never been easy. That said, with the right strategies, the right partners, and sustained commitment, we *can* build an equitable behavioral health system that reaches every individual in every community that we're charged with ensuring have access to services that we oversee.

Region 5 residents are *our* people: our neighbors, our family, our friends and community members. They deserve every opportunity to lead their best and healthiest lives.

References

1. Eghaneyan, B., Sanchez, K., Haeny, A., Montgomery, L., Lopez-Castro, T., Burlew, A., Rezaeizadeh, A., Killian, M. (2020) "Hispanic participants in the National Institute on Drug Abuse's Clinical Trials Network: A scoping review of two decades of research," *Addictive Behaviors Reports*, Vol. 12. Published online at Science Direct here.

2. "Ending Radical And Wasteful Government DEI Programs And Preferencing" (2025) Presidential Executive Order published online at White House.gov here.

3. Frank D., Mateu-Gelabert P., Perlman D., Walters S., Curran L., Guarino, H. (2021) "It's like 'liquid handcuffs': The effects of take-home dosing policies on Methadone Maintenance Treatment (MMT) patients' lives." *Harm Reduction Journal*. 14;18(1):88. Published online at PubMed/NCBI here.

4. Gore, J. (2026) "Black Medicaid patients face deadly delays in opioid treatment" *Minnesota Spokesman Recorder Multimedia Group*. Published online here.

5. Hansen, H., Netherland, J., Herzberg, D. (2023) "Whiteout: How Racial Capitalism Changed the Color of Opioids in America." University of California Press. Published online here.

6. Harris, M., Laks J., Stahl N., Bagley SM., Saia, K., Wechsberg, W. (2022) "Gender Dynamics in Substance Use and Treatment: A Women's Focused Approach." *Med Clin North Am*. 106(1): 219-234. Published online at National Library of Medicine here.

7. Hill, L., Artiga, S. (2022) "COVID-19 Cases and Deaths by Race/Ethnicity: Current Data and Changes Over Time." Published online at Kaiser Family Foundation here.

8. Hubbard RL, Craddock SG, Anderson J. (2003) "Overview of 5-year followup outcomes in the drug abuse treatment outcome studies (DATOS)." *Journal of Substance Abuse Treatment*. 25(3):125-34. Published online at National Library of Medicine here.

9. Mathieu, E., Ritchie, H., Rodés-Guirao, L., Appel, C., Gavrilov, D., Giattino, C., Hasell, J., Macdonald, B., Dattani, S., Beltekian, D., Ortiz-Ospina, E., Roser, M. (2020) "COVID-19 Pandemic." Published online at OurWorldinData here.

10. Post, L., Ciccarone D., Unick, GJ., et al. (2025) "Decline in US Drug Overdose Deaths by Region, Substance, and Demographics." *JAMA Network Open*. 8(6): e2514997. Published online at JAMA Network Open here.

11. SAMHSA (Updated January 2026) "42 CFR Part 8 - Expanding Access and Flexibility for Patients." Published online at SAMHSA here.

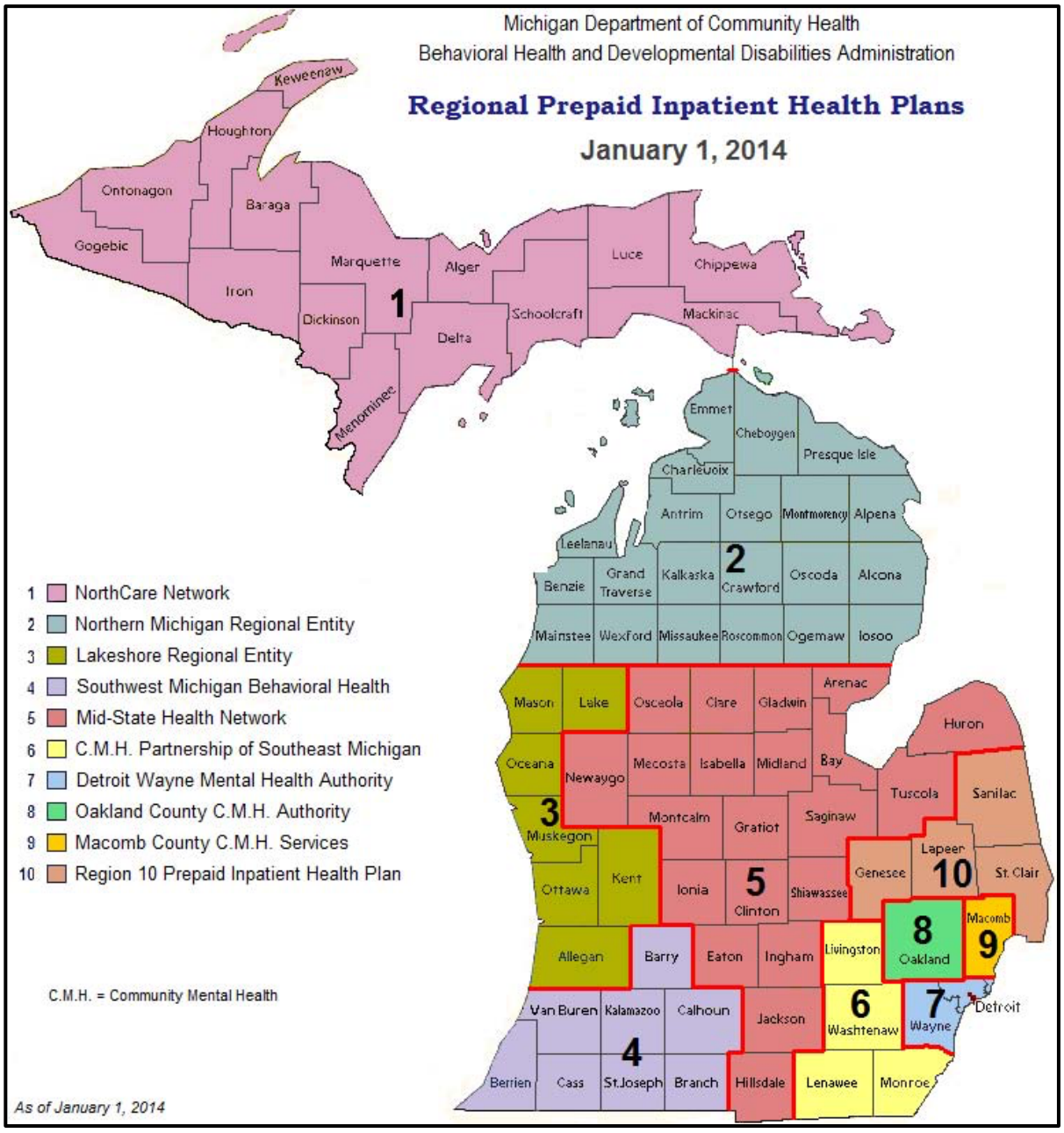
12. Spencer, M., Garnett, M., Miniño, A. (2024) "Drug Overdose Deaths in the United States, 2002–2022." CDC National Center for Health Statistics. Data Brief No. 491. Published online at NCHS here.

13. Turner, A. “The Business Case for Racial Equity: A Strategy For Growth.” (2018) Kellogg Community Foundation/Alturm. Published online here.

14. Yancy, C., Hill Golden, S., Dzau, V., (2025) “A Call for Broadening the Lens on Health Disparities” National Academy of Medicine. Published online at National Library of Medicine here.

Appendices

Appendix 1 - All PIHP regions. MSHN oversees Region 5 shaded red below.

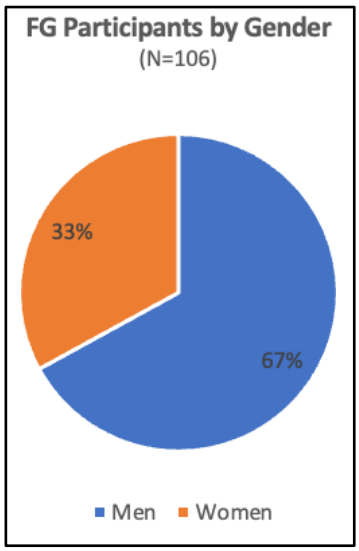


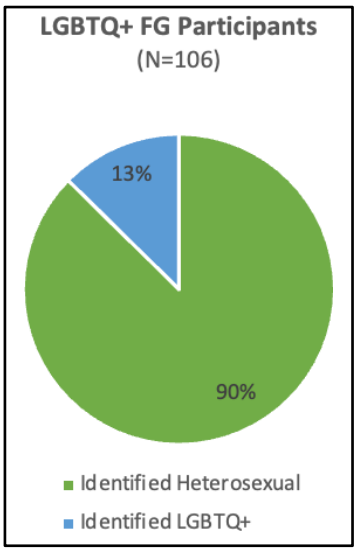
Appendix 2 – Focus Group Aggregated Responses/Themes

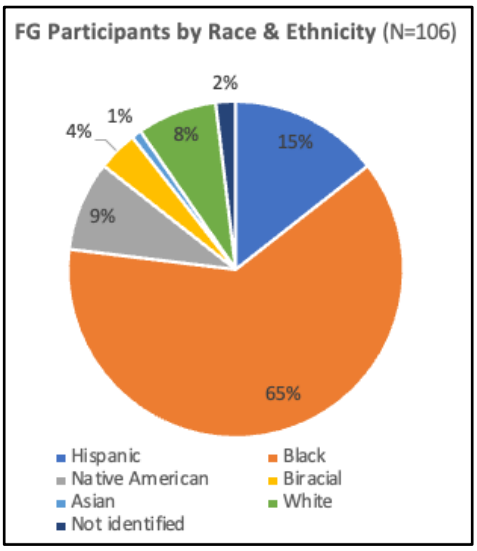
Between November 2023 and January 2024, *Equity Upstream* Learning Collaborative partners conducted 15 focus groups with a total of 106 individuals, most of them currently in substance use disorder (SUD) treatment, living in Saginaw, Ingham, Jackson, Isabella, Tuscola and Bay counties (see demographic composition below). A summary of themes and patterns follow on the next page.

Focus Group Demographics

DEMOGRAPHICS	Peer 360	CATS	MMRS	PPPS	Cristo Rey	VCS	SPD-FAN	HNV	TOTAL	%
Female	12	-	3	2	2	9	1	6	35	33%
Male	6	25	2	4	3	9	9	13	71	66%
LGBTQ	10	1	N.I.	N.I.	N.I.	1	-	1	13	12%
Hispanic	-	5	-	1	2	4	4	-	16	15%
Black	6	20	5	5	2	9	6	9	65	61%
Native American	8	-	-	-	-	1	-	-	9	9%
Biracial	1	-	-	-	1	1	-	1	4	4%
Asian	-	1		-	-	-	-	-	1	1%
White	9	-	-	-	-	-	-		9	8%
Not identified									2	2%
Age range	22-64	21-62	27-63	25-37	32-63	31-73	32-56	20-71	20-73 Range	
Totals:	18	25	5	6	5	18	10	19	Total: **106**	



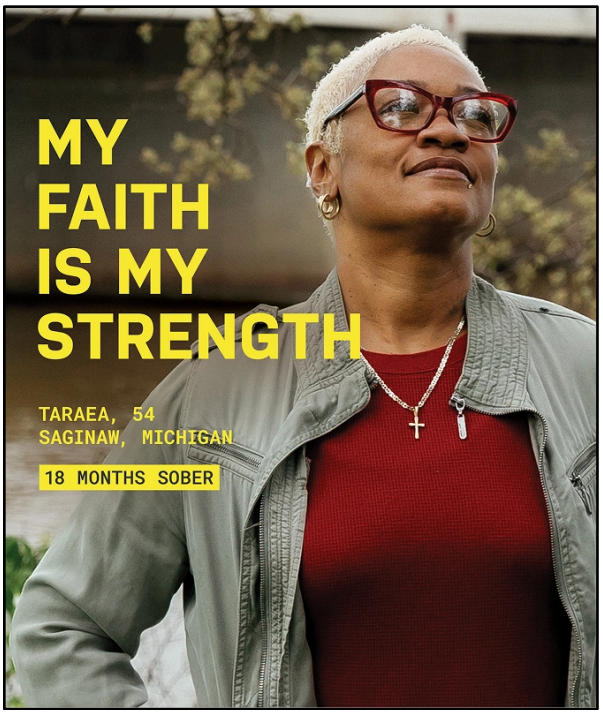


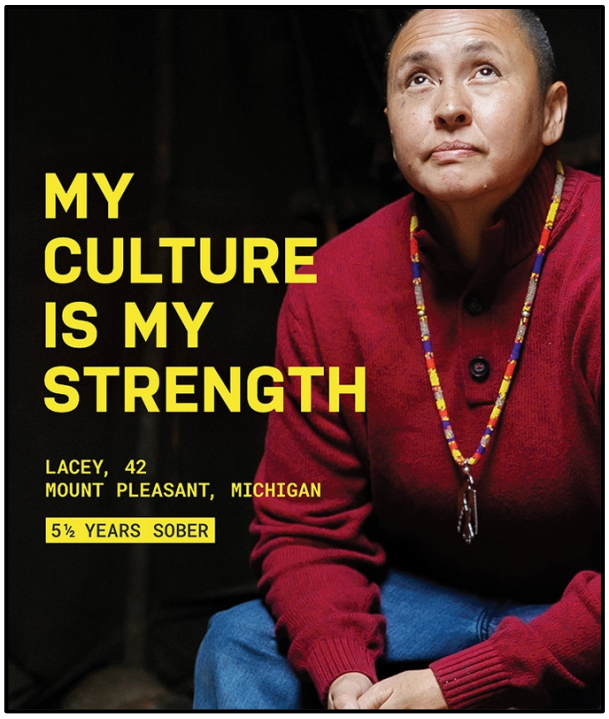


Focus Groups' Aggregated responses

Negative Experiences of Health Care	Potential Action Items
1. Perceived bias/poor care due to skin-color/appearance/dress /Medicaid insurance 2. Poor treatment manifested in feeling disrespected, dismissed, not listened to & assumptions by medical staff of being "drug-seeking" 3. Recovery goal of "choosing new friends/new community" to enhance recovery conflicts with cultural/ethnic practices & sense of belonging in communities of color with strong community bonds 4. Not "fitting in" in treatment settings, recovery groups, etc. due to their race, culture, age, background or other differences that may be barriers to sense of belonging	1. Consider training in hospitals & SUD facilities 2. Partnerships with peer support in hospitals (e.g., Project ASSERT) 3. Work on SUD screening tools to remove potential unintended biases 4. Strengthen internal community supports 5. Develop trainings on how best to incorporate community strengths, cultural and ethnic traditions, and population-specific historical trauma to reduce isolation/disconnectedness in treatment 6. Develop ways to incorporate culture into introductions of treatment or recovery groups 7. Find ways to recognize/incorporate participants' culture into treatment, groups, etc. 8. Have diverse cultural events that focus on clients' backgrounds
Barriers	**Potential Action Items**
1. Lack of understanding of the SUD system, what services are available, etc. 2. Insurance issues, inconsistent coverage, few doctors who accept Medicaid 3. Long wait-times 4. Limited options for transportation 5. Legal issues in the past may preclude access to some providers 6. Daily dosing conflicts with work 7. Language barriers (no translation services) 8. Fears of CPS involvement, potential loss of children, legal ramifications on work, school, etc.	1. Community education around available services 2. Improve education around insurance, Medicaid and services for uninsured 3. Explore where waitlists are a barrier in Region 5 4. Identify where public transit can be improved, e.g., work w. JTA in Jackson. Consider developing a MOUD "shuttle" 5. Expand and/or publicize expungement opportunities 6. Identify areas in our region where language barriers exist & work with Customer Service on translation options MSHN can engage 7. Work on trainings/partnerships with CPS
Stigma	**Potential Action Items**
1. Clients' own shame, guilt, embarrassment 2. Community bias against SUD, lack of understanding 3. Churches biased against SUD care ("just pray") 4. Some churches host 12-step groups but hostile to MAT/MOUD 5. Family members misunderstand addiction as a disease, expectation to "just stop," go cold turkey 6. Feeling shunned by family, church, workplace	1. Develop outreach media campaign targeting affected communities (billboards to bathrooms, radio stations, etc.) 2. Work with local faith-based groups on more trainings 3. Possible prevention work within religious groups or outreach to churches and facilities 4. Find churches who have SUD history and experiences work with them to partner with other on trainings to enhance 5. Partnerships with churches in communities for outreach and connection to SUD services
Positive Influences	**Potential Action Items**
1. Desire to have a healthy pregnancy 2. Desire to end CPS involvement 3. Feeling welcomed, supported & not judged by staff 4. Acceptance of multiple pathways to recovery especially not stigmatizing MAT/MOUD as "not really recovery" 5. Seeing people like themselves in care facilities (same race or ethnicity)	1. Education/collaboration with CPS 2. Support efforts to engage more diverse workforce 3. Community education for provider partners

Appendix 3 - Examples of MSHN's FY25 "Celebrating Strength" Anti-Stigma Media Campaign





Appendix 4 – Flyer for Peer 360's recovery support groups using Native American healing traditions