MSHN'S
FY27-29 SUD STRATEGIC PLAN

Overview for
Region 5's
Oversight Policy Board

August 19, 2026

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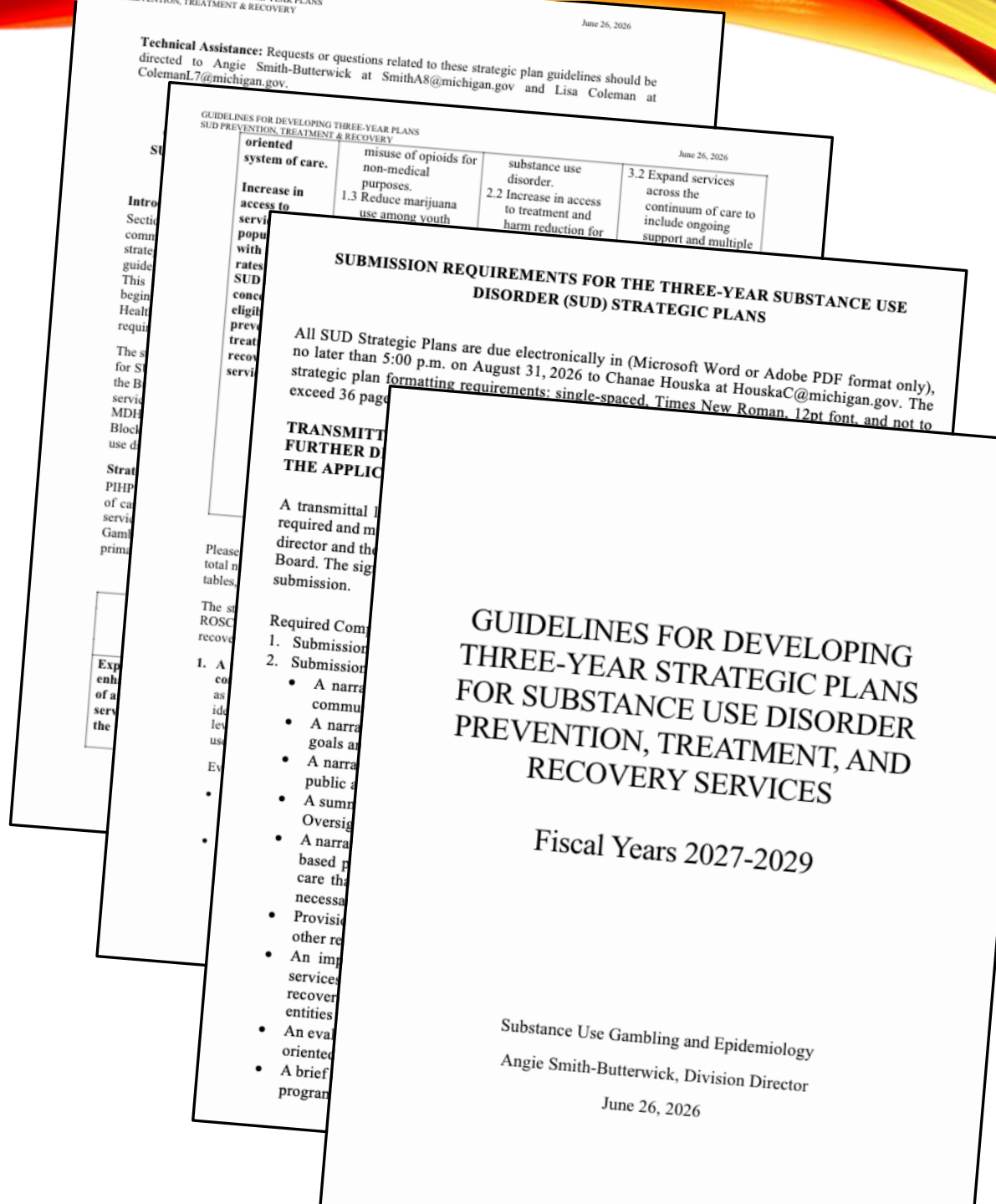
TIMELINE

- June 6 – MDHHS reported that an FY27-29 Strategic Plan would be an expectation prior to 10/1.
- June 26 – Strategic plan guidelines sent to PIHPs. Work started the following Monday.
- August 19 – Overview shared with OPB.
- ≈ August 21 – Draft to be emailed to OPB for feedback.
- August 31 – Strategic Plan due to MDHHS.



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REQUIRED PREVENTION GOALS

1. Reduce *underage drinking*.
2. Reduce *prescription drug misuse*, including a reduction in the misuse of opioids for non-medical purposes.
3. Reduce *marijuana use* among youth & young adults.
4. Reduce *underage youth tobacco access* & tobacco use including electronic nicotine devices & vape products.
5. Increase in *access to prevention services for older adults 55* and older.

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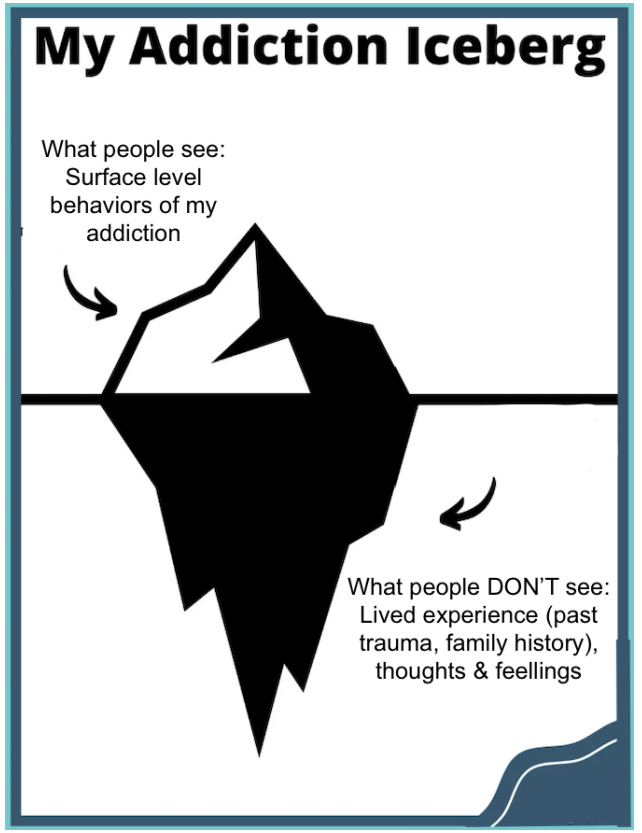
REQUIRED TREATMENT & OVERDOSE PREVENTION GOALS

1. *Expand behavioral health & primary care services* for persons with mental health & SUD.
2. *Increase access* to treatment & overdose prevention for persons with Opioid Use Disorder.
3. Increase *access to treatment for criminal justice-involved* individuals in re-entry.
4. Increase *access to trauma responsive services*.
5. Reduce the *percentage of substance exposed births/infants*.
6. Increase access to *treatment services for older adults* 55 & older.



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REQUIRED RECOVERY GOALS

1. Enhance *coordination of prevention, follow-up & continuing care* in the recovery process.

2. Expand services across the continuum of care *to include ongoing support & multiple strategies to support recovery*.

3. Increase in access to recovery services that promote life *enhancing recovery & wellness* for individuals & families.

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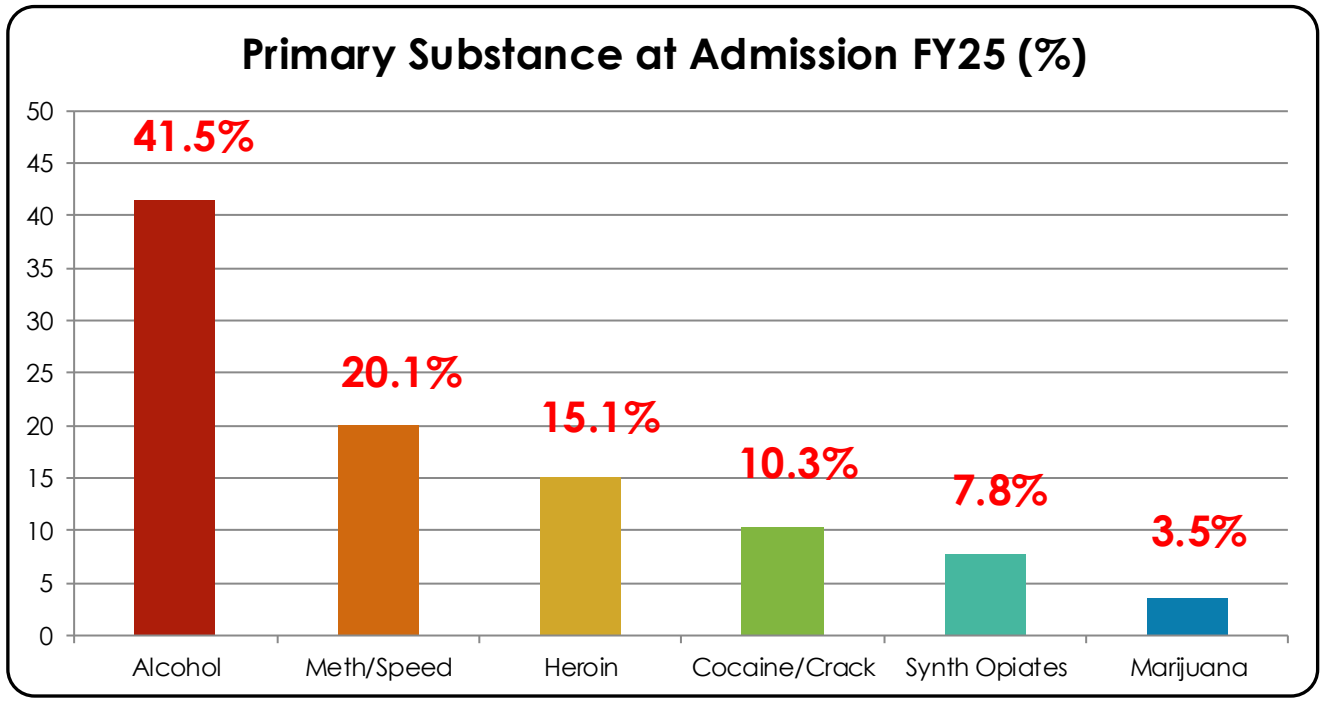
REGION 5'S EPIDEMIOLOGICAL PROFILE

1. FY25: MSHN provided 9,632 SUD treatment admissions (unduplicated).
2. This is a 16.1% decrease since FY24, reflecting national trends of post-COVID declines in SUD service utilization.



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Sources: *REMI, BH-TEDS, MI SUD Data Repository, MODA, CDC, SAMHSA*

YOUTH & ADULT TRENDS

Age & Onset:

First use highest:

- 0-17 yrs,
- Then 18-25 yrs

Age at Admission:

- 26-39 yrs 48%
- 40-49 yrs 25%
- 50-64 yrs 16%

Gender at Admission:

- Male 64%
- Female 36%

Social Determinants at Admission:

- Education: ≥HS Diploma/GED 79%
- Legally involved: 46%
- Marital:
  - Never married 63%
  - Divorced 20%
  - Married/Cohab 9%
- Employment:
  - Unemployed 68%
  - Employed FT/PT 15%
  - Not in labor 16%
- Living:
  - Independent 62%
  - Homelessness 21%
  - Dependent 17%

Overdose Mortality:

(Overall Improvements/Reductions)

- 25.6 per 100K in 2023
- 16.4 per 100K in 2024 (↓ **of 36%)**
  - ↓ Across ALL age, race, ethnicity, gender groups
  - ↓ Synthetic opioid deaths 53%;
  - ↓ Psychostimulant 27%

Persistent Overdose Death Disparities in Michigan:

- Black OD death rate: 40 per 100k
- White OD death rate: 19.1 per 100k
- Highest OD death rate disparity is for Black men, aged 60-69
- Black women have consistently higher OD death rates than White women across all age groups.

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***Sources**: MiPHY, MDHHS Repository, MODA, CDC, SAMHSA, REMI/BH-TEDS*

YOUTH DATA (MIPHY) 2023/2024 - 2025/2026

Overall Improvements/Reductions

Cigarettes Past 30 days:

- ↓ 57% HS,
- ↓ 84% MS – shift to ENDS

Alcohol Past 30 days:

- ↓ 16% HS,
- ↓ 19% MS

Vape Past 30 days:

- ↓ 10% HS,
- ↑3% MS

Cannabis Past 30 days:

- ↓ 21% HS,
- ↑ 10% MS;

Opioid Past 30 days:

- ↓ 22% HS,
- ↑ 8% MS;

Parental disapproval re: Cannabis Use:

- HS ↑ 2%,
- MS ↓ 5%

Suicide:

Considered:

- **HS:** ↑ 3%→18%
- MS: No change at 23%

Attempted

- HS: ↓ 19%→9%
- MS: 11%→13%

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LOGIC MODELS

PREVENTION FOCUS	PRIMARY PROBLEM & CONSEQUENCE	INTERVENING VARIABLES/INPUTS	ACTIVITY - RESOURCES	OUTPUTS - OBJECTIVES	OUTCOMES	COUNTIES
Reduction of youth use of tobacco/ENDS products	Increased regional youth use of tobacco/ENDS products as evidenced by: - Age of first tobacco use in MSHN Region: 11.49 years - Youth tobacco use in past 30 days in MSHN Region: 1.09% - Youth ENDS use in past 30 days in MSHN Region: 8.8% (MiPHY 2026)	Community Norms	Provide adult education and community informational presentations	Number of adult education sessions held	Increased adult awareness and knowledge on the dangers of smoking, vaping and secondhand smoke/vapor	All MSHN Region Counties
		Community Norms	Evidence-Based Practices used in youth school and community education	Number of evidence-based practices in place	Increased youth awareness of the risk associated with tobacco and ENDS use.	All MSHN Region Counties
			Student Assistance Programs	Number of active student assistance programs		All MSHN Region Counties
		Retail Access, Laws and Policies, Community Norms	Tobacco vendor education and compliance checks	Number of vendor education checks as assigned per county/community. Success of compliance checks as assigned per county.	Reduced ENDS sale rate to minors	All MSHN Region Counties
			Tobacco vendor education and compliance checks.	Number of vendor education checks as assigned per county/community (minimum of 50% of vendors). Success of compliance checks as assigned per county.	Increased vendor knowledge and awareness surrounding issue of youth access to tobacco products	All MSHN Region Counties

Prevention Logic Model

FOCUS	PRIMARY PROBLEM & CONSEQUENCE	INTERVENING VARIABLES/ INPUTS	ACTIVITY - RESOURCES	OUTPUTS - OBJECTIVES	OUTCOMES	COUNTIES
Expand behavioral health and primary care services for persons at-risk for and with mental health and substance use disorders	People with SUD may experience fragmented care, exacerbating barriers, and resulting in poor health outcomes	Fragmented physical, behavioral health, and social care services	Strengthening SUD Health Homes, expanding integrated approaches between existing providers, leveraging CCBHCs	SUD Health Home enrolment, care coordination	Reduced avoidable ED/ hospital admissions, reduced disparities in health outcomes	All MSHN Region Counties
		Health-related social needs and structural barriers limit access and engagement	Use disaggregated data, promote equity assessments and Equity Upstream, use peers to engage people where they are	Number of equity assessments and action plans, implementation of community-informed improvements, increase in engagement of underserved populations	Reduced disparities in access and retention	

Treatment Logic Model

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MSHN FY25 SUD SPENDING

• Medicaid/HMP	$43,960,144
• Total Block Grant	$ 9,015,280
• SOR:	$ 1,130,928
• Opioid Settlement Funds:	$ 466,928
• ARPA*	$ 176,138
• Total PA2:	$ 4,595,230
Total SUD FY25 Spending:	**$59,434,648**

* *Note: In mid-FY25, ARPA funding was terminated by the Trump Administration which cut $354,000 from what we'd been allocated for that year.*

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CHALLENGES AHEAD

- HR 1: Cuts in Medicaid enrollment, especially for HM.
- Cuts in research/programs focused on reducing health disparities.
- No FY27 Opioid Settlement Funds (OSF) for PIHPs.
- Prohibitions on funding harm reduction and other EBPs.
- Policy change implications with short implementation timelines.

ON A BRIGHTER NOTE …

- SUD Health Homes continue to expand extending services
- RI Pilot Implementation
- Decreasing SUD overdose rate for Michigan (MSHN has a plan to address disparities)
- Innovative program expansion: Street Medicine Program in Saginaw w. F.A.N., U of M's MPOWER initiative, etc.
- Per our NAA, MSHN showed increases in ALL SUD service areas in FY25 despite admission/enrollment decreases statewide.

MSHN remains committed to creative workarounds to sustain & expand SUD service delivery as community needs dictate.

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QUESTIONS?

REMINDER: A draft of MSHN's FY27-29 SUD Strategic Plan will be sent to OPB on Friday, 8/21/2026. Please send questions and concerns to Dani Meier at dani.meier@midstatehealthnetwork.org.

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