

**Substance Use Disorder (SUD)
Oversight Policy Board Meeting
February 18, 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 February 18, 2026
- 4) **ACTION ITEM:** Approval of Minutes of October 15, 2025 *(Page 3)*
- 5) Public Comment
- 6) Board Chair Report
FY2025 Attendance Report *(Page 7)*
- 7) Deputy Director Report *(Page 8)*
- 8) Chief Financial Officer Report
 - A. FY25 SUD Financial Summary Report of September 2025 *(Page 15)*
 - B. FY26 PA2 Funding & Expenditures by County *(Page 16)*
 - C. FY26 PA2 Use of Funds by County and Provider *(Page 20)*
 - D. FY26 SUD Financial Summary Report of December 2025 *(Page 22)*
- 9) **ACTION ITEM:** FY26 Substance Use Disorder PA2 Contract Listing *(Page 23)*
- 10) SUD Operating Update *(Page 26)*
- 11) Other Business
 - A. Substance Use Disorder Health Home Presentation *(Page 29)*
- 12) Public Comment
- 13) Board Member Comment
- 14) 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**

April 15, 2026
CMHAM
507 S. Grand Ave
Lansing, MI 48933

June 17, 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 01/2026

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
Gambrell	Todd	todd@gambrelllaw.com		989.832.6387		Midland	2027
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
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	2026
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		517.796.4501	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	tlpratt624@gmail.com	810.919.1542		Ingham-Alternate	2026
Smith	Alaynah	asmith@co.midland.mi.us		989.832.6389		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, October 15, 2025, 4:00 p.m.

MyMichigan Medical Center

300 E. Warwick Dr.

Alma, MI 48801

Meeting Minutes

1. Call to Order

Chairperson Bryan Kolk called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Meeting to order at 4:04 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. Mr. Kolk introduced and welcomed new members, Pamela Schumacher appointed from Bay County and Mike Visnaw appointed from Gladwin County and welcomed new alternate member, Melanie Thume, appointed from Gladwin County.

Board Member(s) Present: Irene Cahill (Ingham), Jacob Gross (Clare), Charlean Hemminger (Ionia), Bryan Kolk (Newaygo), Karen Link (Huron), Charlie Mahar (Montcalm), Jim Moreno (Isabella), Emily Rayburn (Gratiot), Pamela Schumacher (Bay), Jerrilynn Strong (Mecosta), Kim Thalison (Eaton), Mike Visnaw (Gladwin), Dwight Washington (Clinton), and Ed Woods (Jackson)

Board Member(s) Remote: None

Board Member(s) Absent: Lori Burke (Shiawassee), Bruce Caswell (Hillsdale), Todd Gambrell (Midland), Christina Harrington (Saginaw), John Hunter (Tuscola), David Turner (Osceola), and Rachel Vallad (Arenac)

Alternate Member(s) Present: None

Alternate Member(s) Remote: Nicole Fickes (Clinton)-Laingsburg, MI

Staff Members Present: Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Dr. Dani Meier (Chief Clinical Officer), Sarah Andreotti (Prevention Specialist), and Sherry Kletke (Executive Support Specialist)

Staff Members Remote: Joe Sedlock (Chief Executive Officer), Cari Patrick (Prevention Specialist), Sarah Surna (Prevention Specialist), and Sherrie Donnelly (Treatment & Recovery Specialist)

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

2. Roll Call

Ms. Sherry Kletke 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 October 15, 2025

Board approval was requested for the Agenda of the October 15, 2025 Regular Business Meeting, as presented.

MOTION BY JIM MORENO, SUPPORTED BY CHARLIE MAHAR, FOR APPROVAL OF THE OCTOBER 15, 2025 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

4. Approval of Minutes from the August 20, 2025 Regular Business Meeting

Board approval was requested for the draft meeting minutes of the August 20, 2025 Regular Business Meeting.

MOTION BY CHAR HEMMINGER, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE MINUTES OF THE AUGUST 20, 2025, MEETING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

5. Public Comment

There was no public comment

6. Board Chair Report

Mr. Bryan Kolk attended the Substance Use and Co-Occurring Disorder conference in September and appreciated the opportunity of the sponsorship from MSHN.

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:

- SUD Oversight Policy Board Annual Report
- Michigan Department of Health and Human Services (MDHHS) Prepaid Inpatient Health Plan (PIHP) Procurement Update

State of Michigan/Statewide Activities

- Governor Whitmer Signs Continuation Budget to Continue Government Services for Michiganders as Legislature Finalizes Budget Bills
- Legislature Finalizes the Budget Bills

8. Chief Financial Officer Report

Ms. Leslie Thomas provided an overview of the financial reports included in board meeting packets:

- FY2025 PA2 Funding and Expenditures by County
- FY2025 PA2 Use of Funds by County and Provider
- FY2025 Substance Use Disorder (SUD) Financial Summary Report as of August 2025
- FY2026 Budget Overview

9. Substance Use Disorder PA2 Contract Listing

Ms. Leslie Thomas provided an overview and information on the FY26 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

MOTION BY IRENE CAHILL, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FY26 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

10. SUD Operating Update

Dr. Dani Meier provided an overview of the SUD Operations Report included in the board meeting packet, highlighting the below:

- Data Collection Plans beginning in FY26 due to delays of the Michigan Prevention Data System
- FY25 MDHHS State Opioid Response Grant Site Review Full Compliance
- Monthly Lunch and Learn Series
- Equity Upstream Learning Collaborative Action Plan Implementation Reports
- Presentation to Midland Stakeholders Regarding Services and Supports available within the Michigan Public Behavioral Health System on October 28, 2025

11. Other Business

There was no other business.

12. Public Comment

There was no public comment.

13. Board Member Comment

A board member informed the other members of the Tribal Opioid Summit being held on November 5-6, 2025, at Soaring Eagle and will share the information.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

14. Adjournment

Chairperson Bryan Kolk adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 4:48 p.m.

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

DRAFT

MSHN Substance Use Disorder Oversight Policy Board Attendance - FY2025

12/18/2024-

Meeting

Attendance

OPB Member	10/16/2024	Cancelled	2/19/2025	4/16/2025	6/18/2025	8/20/2025	Rate	***Notes
Ashley, Lisa (Gladwin)	A		A	A	A	A	0%	
Badour, Nichole (Gratiot)	P*						100%	resigned 1/2025
Burke, Lori (Shiawassee)	P		P	P	P	A	80%	appointed 1/1/24
Cahill, Irene (Ingham)	P		P	P	P	A	80%	
Caswell, Bruce (Hillsdale)	P		P	P	P*	P	100%	
Gambrell, Todd (Midland)			P	A	A	A	25%	appointed 1/2025
Gilmore, George (Clare)	P*						100%	resigned 1/2025
Glaser, Steve (Midland)	P						100%	resigned 1/2025
Gross, Jacob (Clare)							100%	appointed 1/2025
Harrington, Christina (Saginaw)	A		A	A	A	A	0%	
Hemminger, Charlean (Ionia)	P		P	A	P	P	80%	
Hunter, John (Tuscola)	P		P	P	P	P	100%	
Kolk, Bryan (Newaygo)	A		P	P	P	P	80%	
Kroneck, John (Montcalm)	P		P	A	P		75%	resigned 7/2025
Link, Karen (Huron)	P		P	A	P	P	80%	
Mahar, Charlie (Montcalm)						A	0%	appointed 7/2025
Moreno, Jim (Isabella)	P		P	P	P	P	100%	
Peters, Justin (Bay)	P		A	A	A	A	20%	
Rayburn, Emily (Gratiot)			P	P*	P*	P	100%	appointed 1/2025
Strong, Jerrilynn (Mecosta)	P		A	A	P*	P	60%	
Thalison, Kim (Eaton)	A		A	P	P	P	60%	
Turner, David (Osceola)	A		A	A	A	A	0%	
Vallad, Rachel (Arenac)	A		A	A	A	A	0%	
Washington, Dwight (Clinton)	P		P	P	P	P	100%	
Woods, Ed (Jackson)	A		P*	P*	A	P	60%	

P=Present

P*=Present via phone

A=Absent

Meeting Cancelled

Alternate OPB Member:

Briggs, Margery (Ionia)			P*		P*	P*		
DeLaat, Ken (Newaygo)								
Fickes, Nicole (Clinton)			P	P	P	P*		appointed 1/2025
Howard, Linda (Mecosta)								
Mahar, Charlie (Montcalm)				P	P			appointed 6/10/24- standing member 7/2025
Merritt, Christa (Montcalm)						P		appointed 7/2025
Mott, Jim (Eaton)			P					appointed 1/2025
Murphy, Joe (Huron)								
Pawar, Simar (Ingham)	P							resigned 1/2025
Pratt, Tanya (Ingham)			P	P	P	P		appointed 1/2025
Smith, Alaynah (Midland)								
Svetcos, Susan (Gladwin)				P*		P*		appointed 4/9/2024

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 McPeck-McFadden
Secretary

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

October - January

MSHN/REGIONAL MATTERS

Michigan Department of Health and Human Services (MDHHS) Pre-paid Inpatient Health Plan (PIHP) Procurement Update

On January 8, 2026, Judge Christopher Yates released his ruling on the lawsuit challenging the legality of the State procurement of PIHP contracts. MSHN and related plaintiffs were pleased with the outcome and consider it supports the positions we have taken in the suit. From the order, in relevant part: "...the Court hereby issues a declaratory pronouncement that the Request for Proposal (RFP), as drafted, impermissibly conflicts with Michigan law in numerous respects, especially insofar as the RFP restricts Community Mental Health Service Programs (CMHSPs) from entering into financial contracts for the purpose of funding CMHSPs' managed care functions."

The emphasis of the Court is largely on CMHSP statutory obligations and less so on PIHPs roles and responsibilities. This was an intentional part of the litigation strategy because Michigan law is more explicit and clearer on CMHSP statutory obligations. As entities created by CMHSPs, Regional Entity's statutory obligations are often implied by extension of CMHSPs obligations rather than explicitly stated.

Judge Yates stated that "the Court will not yet issue injunctive relief that directs defendants [MDHHS/Department of Technology, Management and Budget (DTMB)] to amend or pull back the RFP".

On Thursday, January 29, 2026 the State of Michigan distributed an announcement via the SIGMA system (Michigan's procurement management system) **cancelling the Request for Proposals (RFP) for PIHP contracts**. This means that no awards will be issued as a result of the original RFP.

On January 30, 2026, MDHHS filed a motion for summary disposition due to mootness since they cancelled the RFP. However, the Court has ruled that the state can legally implement competitive procurement of PIHP contracts and reduce the number of PIHPs. Thus, the State could repair the RFP legalities and issue a new RFP tomorrow. It could rework the entire thing and issue a new RFP in a week or a month (or two; or three). The State could take any number of other actions.

MSHN is working not only with the legal team to respond to the motion, but with our CMHSP and PIHP partners to evaluate system-wide improvements and appreciate any feedback from our boards and communities.

Michigan Health Endowment Fund

In 2025, MSHN was awarded a \$300,000 grant from the Michigan Health Endowment Fund. MSHN submitted a proposal to improve access, quality of care and timeliness of that care by proactively identifying potential health risks using real-time data and predictive models.

MSHN proposed building and deploying predictive models for improved identification and risk stratification for most at-risk populations. These models will include the following:

- Identify enrollees most likely at-risk for psychiatric inpatient.
- Identify most at-risk enrollees for substance use disorder.
- Identify enrollees not diagnosed but most at risk for anxiety/depression.

Short-term value impacts include the following:

- Identify enrollees for intervention who otherwise may have gone unidentified.
- Identify enrollees for intervention earlier than previously able.
- Higher levels of enrollee engagement, as evidenced by a variety of metrics, including touches, successful contact, new cases opened for care management, etc.

Over the long term, the ultimate goal is to increase the quality of care while lowering costs.

MSHN anticipates regional expansion and improved targeting of approximately 1500 individuals in the first year of implementation. A priority population of children will be utilized in the risk stratification, along with other possible data points such as foster children, or additional Social Determinants of Health (SDOH) data (e.g., demographics, geography, etc.).

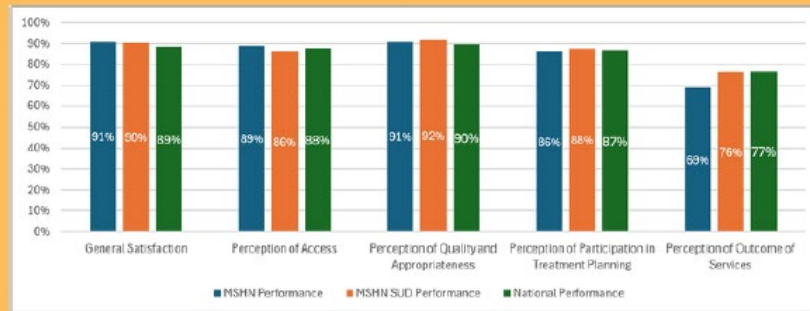
MSHN in collaboration with Vital Data Technologies, utilized data from standard claims, including pharmacy, demographics, eligibility, encounter, provider, and lab data to conduct predictive analytics. MSHN is now working to integrate the model results into action alerts, developing workflows and care pathways, with an anticipated operational date of October 2026.

Consumer Satisfaction Survey Results 2025

The Mid-State Health Network (MSHN) annually administers a survey to individuals served as required by Michigan Department of Health and Human Services (MDHHS). MSHN, in collaboration with the Community Mental Health Services Program (CMHSP) and their contracted providers, and the Substance Use Disorder (SUD) Treatment Providers utilized the Mental Health Statistics Improvement Program (MHSIP) and the Youth Satisfaction Survey (YSS) survey tool to obtain feedback related to the perception of care for a representative sample of all served within the MSHN region.

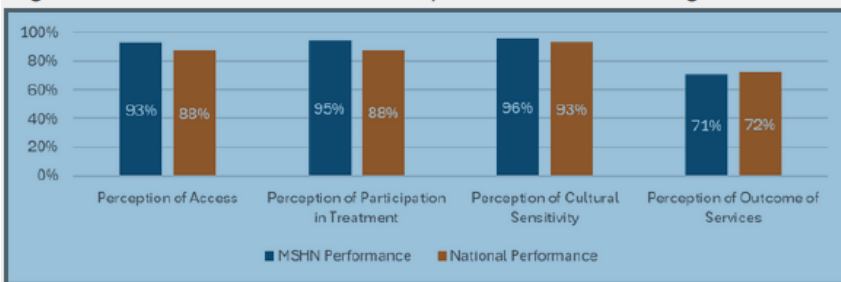
In FY2025, CMHSP participants collected 2,650 MHSIP surveys resulting in an approximate average response rate of 23 percent and a distribution rate of 76 percent (the number of surveys distributed/number of consumers served). CMHSP participants also collected 1,018 YSS surveys resulting in an approximate average response rate of 28 percent and a distribution rate of 77 percent. SUD providers collected 1,996 surveys resulting in an average approximate response rate of 52 percent.

Figure 1: MSHN MHSIP Performance Compared to National Average



Compared to national averages (SAMHSA, 2023), MSHN performed at or above benchmark levels in General Satisfaction, Access, and Quality/Appropriateness in the MHSIP survey, reflecting consistently strong consumer experiences with service delivery.

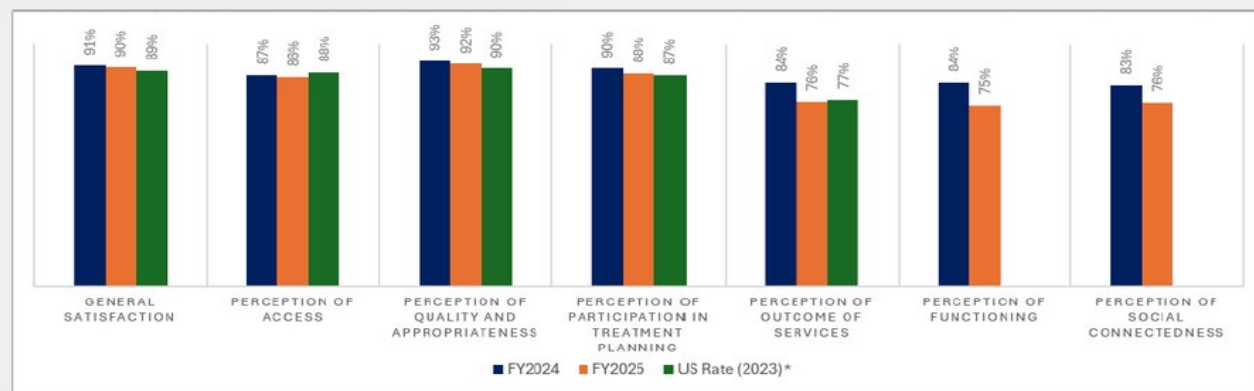
Figure 2: MSHN YSS Performance Compared to National Average



Compared to national averages of the YSS survey (SAMHSA, 2023), MSHN outperformed national averages in Access, Participation in Treatment, and Cultural Sensitivity, reflecting strong family engagement and respect across the system.

In FY25, the SUD Provider MHSIP survey achieved 1,996 total respondents, marking the highest participation since FY22 and a notable increase from 1,619 respondents in FY24.

Figure 4: Longitudinal Percentages by Domain by FY



FY25 Survey Recommendations/Follow-up:

The Satisfaction Survey report was distributed in October through provider workgroups, committees and councils for development of local improvement plans, identification of local and regional barriers, and development of interventions for the domains of Social Functioning, Outcome of Services, and Social Connectedness. These interventions will then be compiled and monitored through region-wide goals established in the FY26 Quality Assessment and Performance Improvement Plan (QAPIP) for ongoing quarterly monitoring of initiatives and strategies.

For more detailed information, see the **2025 Satisfaction Survey link below**.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

MDHHS issues Grant Funding Opportunity for Recovery Support Services

MDHHS requests letters of interest from organizations interested in developing Recovery Community Centers by March 1. Grants up to \$75,000 available to help launch peer-led recovery support in high-need communities.

The Michigan Department of Health and Human Services (MDHHS) is requesting letters of interest from organizations interested in grant funding to develop Recovery Community Centers (RCCs) and Recovery Community Organizations (RCOs).

The grants, funded through the State of Michigan Opioid Healing and Recovery Fund, are intended to help organizations cover start-up and early operational costs, including peer and administrative staffing, staff training, facility lease and utilities, licensing and other necessary fees related to small business set up. "Recovery is not one-size-fits-all, and communities need strong, locally driven supports that meet people where they are," said Dr. Natasha Bagdasarian, chief medical executive. "By supporting the development of recovery community centers and organizations across the state, we can expand access to peer-led support that helps individuals and families build stability, connection and long-term recovery."

RCCs and RCOs help strengthen local recovery systems by offering peer-based advocacy and connections to services. RCCs typically provide a physical, welcoming space for recovery-focused activities. RCOs are independent, nonprofit entities led and governed by local recovery community representatives and may provide peer-based recovery support, community education and outreach and recovery-focused advocacy.

Special consideration will be given to applicants that can implement services within three months of award notice and can demonstrate the ability to serve high-need areas and populations. Maximum grant funding available per applicant is \$75,000. The grant period is Wednesday, April 1, 2026, through Wednesday, Sept. 30, 2026.

Key dates:

- Friday, Feb. 13: Deadline to submit questions and requests for clarification to mdhhs-bhdda@michigan.gov.
- Thursday, Feb. 19: Anticipated distribution of responses to submitted questions. Responses will be available on the [Opioid Settlement Spending website](#).
- Sunday, March 1, 11:59 p.m.: Deadline to submit letter of interest to mdhhs-bhdda@michigan.gov.

How to submit:

Completed letters of interest and questions must be submitted by email to mdhhs-bhdda@michigan.gov by the applicable deadlines. MDHHS is not responsible for technical errors that prevent timely delivery and applicants are encouraged to submit in advance of deadlines.

Submission of a letter of interest does not constitute an application for grant funding nor does it obligate any entity to submit a grant application. MDHHS is not obligated to award funding to entities that submit a letter of interest. For more information and instructions, visit the [Opioid Settlement Spending website](#) to review the letter of interest documentation. Michigan is slated to receive more than \$1.8 billion from national opioid settlements by 2040, with half being distributed to the State of Michigan Opioid Healing and Recovery Fund and

the other half being distributed directly to county, city and township governments across the state. For more information about SUD resources, visit Michigan.gov/SUD.

**Michigan Department of Health and Human Services FY26 Notice of Funding Opportunity (NOFO)
Housing and Urban Development (HUD)**

In December 2025, Community Practices and Innovation Section of the Bureau of Specialty Behavioral Health & Health Services, distributed a communication to the Pre-Paid Inpatient Health Plans and Community Mental Health Providers regarding the FY26 Notice of Funding under the HUD Continuum of Care.

“As one of our most important community partners in mental health and substance use treatment, it is felt that notification of the recent release of the FY26 NOFO and its recent media attention, be addressed. The impact and risk to those vulnerable individuals, families and communities across the state would be devastating.

HUD CoC (Housing and Urban Development Continuum of Care) FY26 NOFO Michigan, provides some talking points that outline the changes and challenges of this release. Information was obtained from: <https://endhomelessness.org/resources> Key Issues: (National Alliance to End Homelessness, 2025).”

FEDERAL/NATIONAL ACTIVITIES

Kaiser Family Foundation

Tracking Implementation of the 2025 Reconciliation Law: Medicaid Work Requirements.

To implement Medicaid work requirements, states will need to make important policy and operational decisions, implement needed system upgrades or changes, develop new outreach and education strategies, and hire and train staff, all within a relatively short timeframe. The information tracked here can serve as a resource to understand Medicaid work requirements and state options, gauge readiness, and track implementation of the requirements, including: state/national data & policies, guidance & implementation questions, implementation/waiver status, and other resources. Available at <https://www.kff.org/medicaid/medicaid-work-requirements-tracker-overview/>

The National Council for Mental Wellbeing

After a brief partial shutdown, on February 3, Congress passed an amended funding package that includes funding for five appropriations bills; the package now goes to the president's desk for signature. The package also includes a two-week continuing resolution to temporarily fund the Department of Homeland Security (DHS) while a longer-term deal is negotiated. If no funding deal is reached for DHS within the two-week timeframe, it is possible another partial shutdown will occur; however, Health and Human Services (HHS) programs would not be impacted.

Funding for HHS is included in the final fiscal year (FY) 2026 funding for the Labor, Health and Human Services, Education, and Related Agencies (LHHS) bill. See the [Consolidated Appropriations Act](#), 2026 bill text and its accompanying [report language](#).

Total funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) was provided at \$7.4 billion, relatively level to funding provided in FY24, when appropriations bills were last enacted. (FY25 saw a year-long continuing resolution rather than an appropriations bill.)

Overall, many mental health and substance use programs saw level or slightly increased funding. This is a tremendous win for the field, particularly in a challenging fiscal environment.

The LHHS agreement also extends Medicare telehealth flexibilities through the end of 2027, including delay of in-person requirements for Medicare mental health telehealth services.

Additional language in the agreement includes a requirement that the Department of Health and Human Services (HHS) notify the committee at least three days prior to announcing or providing notice of a grant termination and directs SAMHSA to consult with Congress before issuing a funding opportunity announcement. This language provides additional congressional oversight in the agency grantmaking process.

Compare FY26 and FY24

If you have questions related to federal appropriations or any other policy issues, please contact the National Council Policy Team at Policy@TheNationalCouncil.org.

Federal Administration

As reported by the National Council, “the President signed into law H.R.2483 — the *SUPPORT for Patients and Communities Reauthorization Act of 2025*. This legislation reauthorizes funding through the next five years for many crucial programs, including the Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program, which helps bolster the workforce by providing loan repayment opportunities for substance use disorder treatment and recovery providers in the face of severe workforce shortages. It also supports critical recovery efforts achieved through the Building Communities of Recovery program and comprehensive opioid recovery centers. The bill also revises several programs. These revisions include:

- Expanding a program that supports resources for first responders to include the purchase of drugs or devices to treat non-opioid overdoses.
- Expanding a program that supports employment services for individuals in recovery.
- Reauthorizing the National Peer-run Training and Technical Assistance Center for Addiction Recovery Support and temporarily authorizing a regional technical assistance center to assist the national center.

Additionally, the bill establishes new requirements for HHS, including requirements related to:

- Establishing a Federal Interagency Work Group on Fentanyl Contamination of Drugs.
- Reviewing and potentially revising the scheduling of approved products that contain a combination of buprenorphine and naloxone under the Controlled Substances Act.”

The Council’s side-by-side summary is available at <https://pages.thenationalcouncil.org/rs/773-MJF-379/>

Center for Medicaid and Medicare Services (CMS)

CMS often refers to the One Big Beautiful Bill (OBBB) as the “Working Families Tax Cut” (WFTC) legislation. The WFTC legislation included changes to the Medicaid program to be implemented in the coming years, including the introduction of community engagement requirements for certain adults enrolled in Medicaid. Community engagement has potential to empower Medicaid beneficiaries through employment, education, or volunteer service so they can escape isolation and dependency, build confidence, and achieve self-sufficiency. A December 8, 2025 Centers for Medicaid & CHIP Services (CMCS) Information Bulletin provides extensive information on “community engagement.” Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib12082025.pdf>.

CMS has published as previously reported a pre-publishing final rule entitled *Medicaid Program; Preserving Medicaid Funding for Vulnerable Populations—Closing a Health Care- Related Tax Loophole*. “This final rule addresses a loophole in a regulatory statistical test applied to State proposals for Medicaid tax waivers. The test is designed to ensure, as required by statute, that non- uniform or non-broad-based health care- related taxes, authorized under a waiver, are generally redistributive. The inadvertent loophole currently allows some health care-related taxes, especially taxes on managed care organizations, to be imposed at higher tax rates on Medicaid taxable units than non-Medicaid taxable units, contrary to statutory and regulatory intent for health care-related taxes to be generally redistributive. The final rule closes the loophole by finalizing the policies in the proposed rule to add additional safeguards to ensure that tax waivers that exploit the loophole because they pass the current statistical test, but are not generally redistributive, are not approvable. By adding these safeguards, the final rule is also implementing recently added statutory requirements for a tax to be considered generally redistributive. These regulations are effective on April 3, 2026.”
The final rule is available at <https://www.govinfo.gov/content/pkg/FR-2026-02-02/pdf/2026-02040.pdf>.

Submitted by:



Amanda L. Ittner

Finalized: 2.6.26

Links:

[2025 Satisfaction Survey Results](#)

Mid-State Health Network
Summary of SUD Revenue and Expenses as of September 2025 (Preliminary)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	9,014,224.44	10,302,714.00	1,288,489.56	87.49%
SOR and Other Grants	1,780,359.38	3,040,119.00	1,259,759.62	58.56%
Medicaid	18,601,601.38	18,808,584.00	206,982.62	98.90%
Healthy Michigan	27,699,376.42	28,411,794.00	712,417.58	97.49%
PA2	4,560,913.22	5,153,368.00	592,454.78	88.50%
Totals	61,656,474.84	65,716,579.00	4,060,104.16	93.82%
Direct Expenses				
Block Grant	9,014,224.44	10,302,714.00	1,288,489.56	87.49%
SOR and Other Grants	1,780,359.38	3,040,119.00	1,259,759.62	58.56%
Medicaid	15,548,191.79	16,599,584.00	1,051,392.21	93.67%
Healthy Michigan	27,702,035.45	29,000,000.00	1,297,964.55	95.52%
PA2	4,560,913.22	5,153,368.00	592,454.78	88.50%
Totals	58,605,724.28	64,095,785.00	5,490,060.72	91.43%
Surplus / (Deficit)	3,050,750.56			

Surplus / (Deficit) by Funding Source

Block Grant	-
SOR Grants	-
Medicaid	3,053,409.59
Healthy Michigan	(2,659.03)
PA2	-
Totals	3,050,750.56

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 Summary by County

County	Beginning PA2 Fund Balance	Total Amount Received	PA2 Balance Available for Expenses
Arenac	51,507	-	51,507
Bay	328,021	-	328,021
Clare	120,455	-	120,455
Clinton	566,230	-	566,230
Eaton	385,175	-	385,175
Gladwin	72,795	-	72,795
Gratiot	59,166	-	59,166
Hillsdale	173,861	-	173,861
Huron	92,316	-	92,316
Ingham	1,364,881	-	1,364,881
Ionia	243,833	-	243,833
Isabella	222,865	-	222,865
Jackson	648,051	-	648,051
Mecosta	149,294	-	149,294
Midland	253,698	-	253,698
Montcalm	173,469	-	173,469
Newaygo	97,507	-	97,507
Osceola	56,027	-	56,027
Saginaw	873,730	-	873,730
Shiawassee	163,641	-	163,641
Tuscola	73,748	-	73,748
	\$ 6,170,269	\$ -	\$ 6,170,269

Mid-State Health Network
FY2026 PA2 Expenditure Summary by County

County	PA2 Balance Available for Expenses	YTD Payments	Ending PA2 Fund Balance
Arenac	51,507	14,516	\$ 36,991
Bay	328,021	39,668	\$ 288,353
Clare	120,455	20,994	\$ 99,461
Clinton	566,230	31,012	\$ 535,218
Eaton	385,175	82,017	\$ 303,158
Gladwin	72,795	14,738	\$ 58,057
Gratiot	59,166	19,390	\$ 39,776
Hillsdale	173,861	-	\$ 173,861
Huron	92,316	15,193	\$ 77,123
Ingham	1,364,881	225,703	\$ 1,139,178
Ionia	243,833	30,250	\$ 213,583
Isabella	222,865	52,323	\$ 170,542
Jackson	648,051	80,279	\$ 567,772
Mecosta	149,294	29,916	\$ 119,378
Midland	253,698	51,541	\$ 202,157
Montcalm	173,469	28,362	\$ 145,108
Nwaygo	97,507	16,824	\$ 80,684
Osceola	56,027	12,471	\$ 43,556
Saginaw	873,730	129,677	\$ 744,053
Shiawassee	163,641	41,766	\$ 121,875
Tuscola	73,748	11,577	\$ 62,171
	<u>\$ 6,170,269</u>	<u>948,214</u>	<u>\$ 5,222,055</u>

**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							40,101	-	51,507
Bay	328,021							218,550	-	328,021
Clare	120,455							61,501	-	120,455
Clinton	566,230							145,302	-	566,230
Eaton	385,175							268,576	-	385,175
Gladwin	72,795							43,629	-	72,795
Gratiot	59,166							47,992	-	59,166
Hillsdale	173,861							73,366	-	173,861
Huron	92,316							78,814	-	92,316
Ingham	1,364,881							760,067	-	1,364,881
Ionia	243,833							85,384	-	243,833
Isabella	222,865							144,405	-	222,865
Jackson	648,051							392,256	-	648,051
Mecosta	149,294							95,908	-	149,294
Midland	253,698							193,774	-	253,698
Montcalm	173,469							113,153	-	173,469
Newaygo	97,507							94,662	-	97,507
Osceola	56,027							39,188	-	56,027
Saginaw	873,730							526,454	-	873,730
Shiawassee	163,641							112,602	-	163,641
Tuscola	73,748							61,849	-	73,748
	<u>\$ 6,170,269</u>	<u>\$ -</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ 3,597,533</u>	<u>\$ -</u>	<u>\$ 6,170,269</u>

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

County	PA2 Balance Available for Expenses	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	YTD Payments	Ending PA2 Fund Balance
Arenac	51,507	4,768	4,489	5,259			14,516	\$ 36,991
Bay	328,021	12,847	12,276	14,545			39,668	\$ 288,353
Clare	120,455	5,832	8,284	6,878			20,994	\$ 99,461
Clinton	566,230	11,751	8,496	10,765			31,012	\$ 535,218
Eaton	385,175	31,813	25,118	25,086			82,017	\$ 303,158
Gladwin	72,795	4,632	4,878	5,228			14,738	\$ 58,057
Gratiot	59,166	8,952	5,101	5,336			19,390	\$ 39,776
Hillsdale	173,861	-	-	-			-	\$ 173,861
Huron	92,316	5,140	5,327	4,726			15,193	\$ 77,123
Ingham	1,364,881	73,540	72,822	79,341			225,703	\$ 1,139,178
Ionia	243,833	4,535	9,751	15,964			30,250	\$ 213,583
Isabella	222,865	20,398	17,228	14,697			52,323	\$ 170,542
Jackson	648,051	24,836	25,293	30,150			80,279	\$ 567,772
Mecosta	149,294	10,133	9,319	10,464			29,916	\$ 119,378
Midland	253,698	18,947	19,074	13,520			51,541	\$ 202,157
Montcalm	173,469	10,963	9,314	8,085			28,362	\$ 145,108
Newaygo	97,507	5,421	5,398	6,005			16,824	\$ 80,684
Osceola	56,027	4,355	4,205	3,911			12,471	\$ 43,556
Saginaw	873,730	52,875	37,240	39,561			129,677	\$ 744,053
Shiawassee	163,641	6,213	22,659	12,894			41,766	\$ 121,875
Tuscola	73,748	3,917	4,059	3,601			11,577	\$ 62,171
\$ 6,170,269		\$ 321,868	\$ 310,331	\$ 316,015	\$ -	\$ -	948,214	\$ 5,222,055

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2025 through December 31, 2025

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
Arenac				
Peer 360 Recovery			5,510	5,510
Ten Sixteen Recovery	121	8,885		9,006
Arenac Total	121	8,885	5,510	14,516
Bay				
McLaren Prevention Services		2,201		2,201
Peer 360 Recovery			13,257	13,257
Sacred Heart Rehabilitation		5,098		5,098
Ten Sixteen Recovery	1,898	11,993	5,221	19,112
Bay Total	1,898	19,292	18,478	39,668
Clare				
Ten Sixteen Recovery	5,631	15,363		20,994
Clare Total	5,631	15,363		20,994
Clinton				
Eaton Regional Education Service Agency		31,012		31,012
Clinton Total		31,012		31,012
Eaton				
Eaton Regional Education Service Agency		58,351		58,351
Wellness, InX	10,357		13,308	23,666
Eaton Total	10,357	58,351	13,308	82,017
Gladwin				
Ten Sixteen Recovery	3,284	11,454		14,738
Gladwin Total	3,284	11,454		14,738
Gratiot				
Gratiot County Child Advocacy Association		17,308		17,308
Ten Sixteen Recovery	2,082			2,082
Gratiot Total	2,082	17,308		19,390
Huron				
Peer 360 Recovery			15,193	15,193
Huron Total			15,193	15,193
Ingham				
Child and Family Charities		33,393		33,393
Cristo Rey Community Center		11,608		11,608
Eaton Regional Education Service Agency		23,737		23,737
Ingham County Health Department		32,982		32,982
Lansing Syringe Access, Inc			28,646	28,646
Wellness, InX	61,302		34,034	95,336
Ingham Total	61,302	101,721	62,680	225,703
Ionia				
County of Ionia		30,250		30,250
Ionia Total		30,250		30,250
Isabella				
Peer 360 Recovery			12,547	12,547
Ten Sixteen Recovery	2,899	17,277	19,600	39,776
Isabella Total	2,899	17,277	32,147	52,323

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2025 through December 31, 2025

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
Jackson				
Big Brothers Big Sisters of Jackson County, Inc		3,922		3,922
Family Service and Childrens Aid (Born Free)		47,742		47,742
Home of New Vision			28,615	28,615
Jackson Total		51,664	28,615	80,279
Mecosta				
Ten Sixteen Recovery	5,328	7,430	17,158	29,916
Mecosta Total	5,328	7,430	17,158	29,916
Midland				
Peer 360 Recovery			24,103	24,103
Ten Sixteen Recovery	9,326			9,326
The Legacy Center for Community Success		18,112		18,112
Midland Total	9,326	18,112	24,103	51,541
Montcalm				
Randy's House of Greenville, Inc.			28,362	28,362
Montcalm Total			28,362	28,362
Newaygo				
Arbor Circle		16,824		16,824
Newaygo Total		16,824		16,824
Osceola				
Ten Sixteen Recovery	4,132	8,339		12,471
Osceola Total	4,132	8,339		12,471
Saginaw				
Face Addiction Now			13,326	13,326
First Ward Community Service		23,943		23,943
Peer 360 Recovery			26,126	26,126
Sacred Heart Rehabilitation		2,107		2,107
Saginaw County Youth Protection Council		33,121		33,121
Women of Colors		31,054		31,054
Saginaw Total		90,224	39,452	129,677
Shiawassee				
Catholic Charities of Shiawassee and Genesee		23,575		23,575
Peer 360 Recovery			14,353	14,353
Shiawassee County		3,837		3,837
Shiawassee Total		27,413	14,353	41,766
Tuscola				
Peer 360 Recovery			11,577	11,577
Tuscola Total			11,577	11,577
Grand Total	106,361	530,918	310,936	948,214

Mid-State Health Network
Summary of SUD Revenue and Expenses as of December 2025 (25% of Budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	2,332,458.50	10,251,692.00	7,919,233.50	22.75%
SOR and Other Grants	209,363.73	1,872,246.00	1,662,882.27	11.18%
Medicaid	4,767,176.54	19,683,336.00	14,916,159.46	24.22%
Healthy Michigan	6,919,780.81	28,411,794.00	21,492,013.19	24.36%
PA2	948,214.01	4,991,869.00	4,043,654.99	19.00%
Totals	15,176,993.59	65,210,937.00	50,033,943.41	23.27%
Direct Expenses				
Block Grant	2,332,458.50	10,251,692.00	7,919,233.50	22.75%
SOR and Other Grants	209,363.73	1,872,246.00	1,662,882.27	11.18%
Medicaid	3,738,092.27	18,561,816.00	14,823,723.73	20.14%
Healthy Michigan	6,526,818.51	30,000,000.00	23,473,181.49	21.76%
PA2	948,214.01	4,991,869.00	4,043,654.99	19.00%
Totals	13,754,947.02	65,677,623.00	51,922,675.98	20.94%
Surplus / (Deficit)	1,422,046.57			

Surplus / (Deficit) by Funding Source

Block Grant	-
SOR Grants	-
Medicaid	1,029,084.27
Healthy Michigan	392,962.30
PA2	-
Totals	1,422,046.57

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
February 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	1,980	1,980	1,980
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	1,980	1,980	1,980

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

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

County	Projected Beginning Reserve Balance	Projected FY2026 Treasury Revenue*	OPB Approved PA2 Provider Funding	MSHN Funding Recommendations February	Projected Ending Reserve Balance
Arenac	41,877	44,780	56,776		29,881
Bay	251,612	232,767	330,694	480	153,205
Clare	87,137	64,373	99,675		51,835
Clinton	480,461	149,877	134,185		496,153
Eaton	425,118	276,447	385,377		316,188
Gladwin	59,949	43,802	70,101		33,650
Gratiot	57,005	54,584	74,300		37,289
Hillsdale	78,183	65,929	70,000		74,112
Huron	90,287	81,262	112,205		59,344
Ingham	1,081,716	804,327	1,136,223		749,820
Ionia	122,538	89,500	132,050		79,988
Isabella	198,158	148,318	225,305		121,171
Jackson	391,627	383,154	462,792		311,989
Mecosta	117,164	102,596	144,700		75,060
Midland	226,719	190,134	292,323	1,500	123,030
Montcalm	120,126	118,381	142,599		95,908
Newaygo	97,211	97,316	130,135		64,392
Osceola	45,902	39,687	56,400		29,189
Saginaw	566,182	552,253	848,455		269,980
Shiawassee	133,535	116,044	170,093		79,486
Tuscola	74,644	67,516	97,829		44,331
Total	<u>\$ 4,747,151</u>	<u>\$ 3,723,047</u>	<u>\$ 5,172,217</u>	<u>\$ 1,980</u>	<u>\$ 3,296,001</u>

*FY2026 projected Treasury revenue to counties not available at the time of this report; used FY2025 projected revenue

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

County	Provider	FY2026 MSHN			Coalition Reviewed; New Providers (Yes/No)	Detail of Services Provided for FY2026 Requests
		FY2025 OPB Approved PA2	Funding Recommendations	New Provider /		
		Provider Funding	February	Renewal Contract*		
Bay	Peer 360 Recovery			Renewal	Community recovery meeting space support.	
	PA2	-	480	Renewal		
	Grants	-	-			
	Total	-	480			
	Midland	Peer 360 Recovery			Renewal	Community recovery meeting space support.
PA2		-	1,500	Renewal		
Grants		-	-			
Total		-	1,500			
Grand Total		-	1,980			

*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 February 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

- Working on media request to MDHHS for approval of vaping prevention streaming media campaign to run during the month of March 2026 leading up to Take Down Tobacco Day on April 1. This will be funded with \$4000 of MDHHS Tobacco Section funding given to each PIHP.
- MPDS continues to be in development by MDHHS, and providers are currently reporting activity data on spreadsheets submitted to MSHN monthly. We have been testing the new system for them as updates are available. An implementation date of the new system is presently unknown by MDHHS but expected very soon now.
- DYTURs attended the second MDHHS Synar meeting that covered Master Retailer List updates and Vendor Education. MSHN had a regional meeting to cover these topics at a regional level on 1/29. Master Retailer Lists are currently being updated and are due to MSHN by 3/1.
- Completed the annual Prevention Expenditures by Service Report due to MDHHS on 2/28
- Planning continued for the MSHN region Prevention Conference to be held May 6 and 7, 2026 in Frankenmuth. Eaton RESA heads the planning with the committee made up of MSHN Prevention team members and several provider staff.
- Worked with the rest of the Clinical Team on allocating SOR and HRCEI grant funding for the remainder of the fiscal year.
- Hosted Quarterly SUD Provider Meeting and Prevention breakout session in late December
- Continued working with coalitions and providers to offer technical assistance for overdose prevention activities, while encouraging engagement with county Opioid Settlement committees
- Continued participation in the MDHHS Older Adult Prevention workgroup
- 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 discussions regarding SUD treatment providers interested in applying for SUD Health Home RFI.
- Supported MDHHS 1115 Waiver Site Review with preparation and submission of evidence and review meeting with State members.
- Continued implementation of the MDHHS Recovery Incentive Pilot for FY26 with supporting the onboarding and implementation activities for 3 additional Region 5 providers.

- Continued technical assistance for implementation of Withdrawal Management services with Bear River Health in Mt. Pleasant.
- Supported MSHN region WSS Task Team meeting with data review and reporting requirements for FY26.
- 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](#).
- Supported Quarterly SUD Provider meeting on 12-18-25 from 12-2p. Began preparations for next meeting scheduled for March 19, 2026.
- MSHN has a total of **588 beneficiaries enrolled** in 8 unique SUD Health Home locations. LifeWays and Sacred Heart in Saginaw continue to work on initiative development prior to beneficiary enrollment. As of 01/30/2026, SUD Health Home beneficiary enrollment totals for the MSHN region by unique location site included:
 - Isabella Citizens for Health – Mt. Pleasant: 1
 - LifeWays CMH – Jackson: 0
 - Lifeways CMH – Hillsdale: 0
 - MidMichigan Community Health Services: 29
 - Recovery Pathways – Bay City: 81
 - Recovery Pathways – Corunna: 26
 - Sacred Heart - Bay City: 9
 - Sacred Heart - Saginaw: 0
 - VCS – Saginaw: 196
 - VCS – Jackson: 117
 - VCS – Lansing: 129
 - In October 2025, MSHN issued a Request for Interest (RFI) for Substance Use Disorder Health Homes (SUDHHs). MSHN received an overwhelming number of responses and has issued provisional approval to seven (7) providers to move forward in the SUDHH certification process. Providers selected include two FQHCs and two CMHSPs.
- Planning for ASAM Criteria 4th Edition transition in MSHN region in FY26. Consulting with MDHHS on timing of transition in combination with ASAM Continuum updates scheduled to roll out in March 2026, as well as needed documentation for ASAM Criteria 3 to 4 crosswalk, etc.
- Ongoing support of Equity Upstream Learning Collaborative partners.
- Participation in discussions and development of Phase 3 of MSHN's anti-stigma campaign with Redhead.
- 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), Outpatient/MAT, WSS, and WM/residential.

Additional Activities December - February:

- MSHN continues to take a leadership role with the statewide SUDS Directors including developing broad recommendations for SUD system improvement that, in the wake of the RFP's retraction, we can implement with and/or without MDHHS involvement.
- The Governor's [Mental Health Diversion Council](#) is charged with reducing the number of people with mental illness or intellectual or developmental disabilities (including comorbid substance addiction) from entering the corrections system, while maintaining public safety. The Council next meets on February 10.
- The Dorothy Johnson Center (GVSU)'s analysis of the Equity Upstream Learning Collaborative activities in FY25 is being amplified by the MSHN team to include how MSHN will expand lessons learned to other Region 5 counties. MSHN is considering a presentation of the Equity Upstream initiative's successes at the 2026 SUD & COD (Co-Occurring Disorder) conference in September.
- MSHN is expanding its anti-stigma media campaign [Celebrating Strength](#) to target rural and predominantly White counties in Region 5. It will include a new video story featuring a peer recovery coach who grew up in a very rural community in Midland. His video and posters will be added to the Celebrating Strength [toolkit](#) that is publicly accessible posters, videos, etc. for download.
- Federal actions—legislation and Executive Orders—continue to reverse or stall established best practices for highly vulnerable Americans living with SUD and/or mental illness. MSHN continues to seek ways to mitigate these setbacks for science-based best practices for SUD services.
- A mobile methadone provider MSHN has been working with has purchased a brick-and-mortar site in Mecosta County (Big Rapids). It will serve as a hub from which to expand the full array of MOUD to several rural counties that have never had it.
- MSHN's Director of SUD Services & Operations (Dr. Trisha Thrush) participated in a panel presentation for Eaton County stakeholders to support discussion around policy and funding impacts in housing and healthcare on February 2, 2026.
- MSHN's Chief Clinical Officer (Dr. Dani Meier) is working to support U of M's Contingency Management grant proposal to the NIH.
- MDHHS and Altarum will be implementing new training Cohorts for providers who are interested in participating in the Recovery Incentives (RI) Pilot. Three additional providers have expressed an interest in learning more about the pilot from Altarum.

Substance Use Disorder Health Homes

MSHN SUD Oversight Policy Board Meeting

February 18, 2026



What is a Substance Use Disorder Health Home (SUDHH)?

Medicaid “Health Home” is an optional State Plan benefit authorized under Section 1942 of the Social Security Act.



Coordinate care for Medicaid beneficiaries with serious and complex chronic conditions.



Serve the “whole-person” by integrating and coordinating physical, behavioral, and social services.



Provide state flexibility to create innovative delivery and payment models.



Afford sustainable reimbursement to affect the social determinants of health.

SUDHH INITIATIVE GOALS



- ▶ Improve care management of beneficiaries including MOUD and medications for alcohol use disorder
- ▶ Improve care coordination between physical and behavioral health care services
- ▶ Improve care transitions between primary, specialty, and inpatient settings of care
- ▶ Improve coordination to dental care
- ▶ Educate on fetal alcohol spectrum disorders

CORE SERVICES



Comprehensive Care Management

- Assessment
- Care Planning



Comprehensive Transitional Care

- Connection to Health Services
- Development of social supports



Care Coordination

- Management of Social Determinate needs
- Resources management



Individual and Family Support

- Increase skills and engagement
- Development of social supports



Health Promotion

- Participant, Family, Natural Support Education
- Promoting Healthy Lifestyle



Referral to Community and Social Support Services

- Emphasizes community resources
- Collaboration and connections

Health Home Misconceptions



Health Homes are NOT a brick-and-mortar location.



Health Homes are NOT specialized residential services.



Health Home is NOT home health care.



Health Homes ARE a supplemental, optional care coordination services for Medicaid beneficiaries.

PROVIDER REQUIREMENTS

TEAM

- ▶ Behavioral Health Specialist (e.g., Case Worker, Counselor, or Therapist related degree)
- ▶ Nurse Care Manager (RN/LPN)
- ▶ Certified Peer Recovery Coach /Community Health Worker
- ▶ Medical Coordination (i.e., primary care physician, physician's assistant, or nurse practitioner)
- ▶ Psychiatric Consultation (i.e., psychologist, psychiatrist, psychiatric nurse practitioner)

COORDINATION OF CARE

In addition to the Health Home Team, coordination of care should be arranged when appropriate with:

- ▶ Dentist
- ▶ Dietician/Nutritionist
- ▶ Pharmacist
- ▶ Peer support specialist
- ▶ Diabetes educator
- ▶ School personnel
- ▶ Others as appropriate

ELIGIBILITY CRITERIA

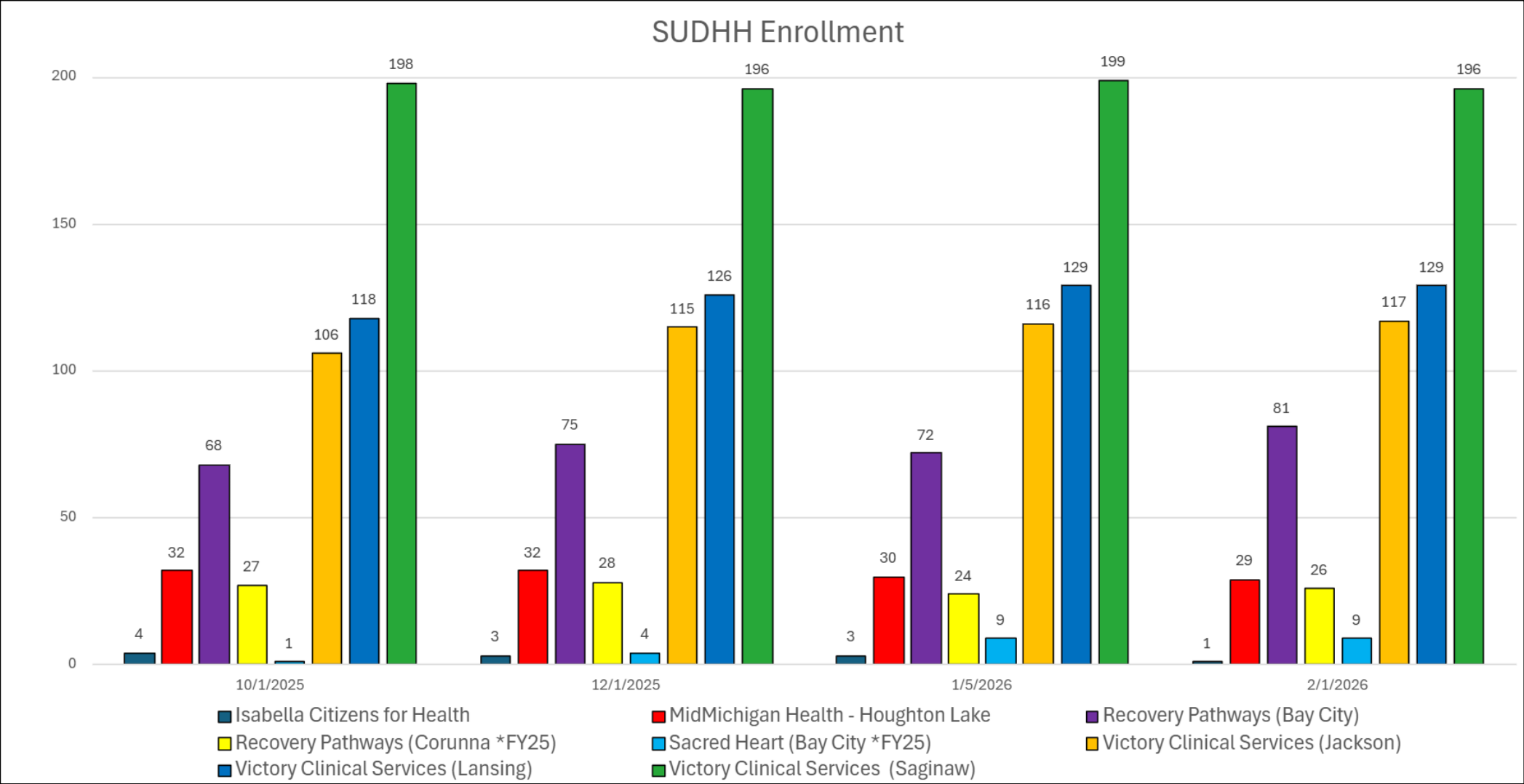
- ▶ Diagnosed with an alcohol, stimulant and/or opioid substance use disorders
- ▶ Be at risk of developing mental health conditions, asthma, diabetes, heart disease, BMI over 25 and/or COPD
- ▶ Live in a Mid-State Health Network county
- ▶ Enrolled in Medicaid, the Healthy Michigan Plan, Freedom to Work, Healthy Kids Expansion or MIChild

*Please note, beneficiaries cannot be enrolled in HHBH (Behavioral Health Home), HHMICare (Health Home MI Care Team), ICO-MC (Integrated Care MI Health Link), or Hospice during the same month. SUD HH services can't be billed while a beneficiary is incarcerated or while receiving the TCM-INCAR benefit.

SUDHH PAYMENT

- ▶ SUDHH payment rates reflect a monthly case rate per SUDHH participant with at least one successful SUDHH service each month.
- ▶ The payment for SUDHH services is subject to recoupment from the PIHP if the beneficiary does not receive an SUDHH service during the calendar month.
- ▶ The PIHP must provide at least 80% of the SUDHH case rate to the Health Home Partner (HHP). The PIHP can retain up to 20% for health home administrative activities.
 - ▶ MSHN typically performs a mid-year fiscal analysis and provides a rate adjustment to HHPs if PIHP administrative costs are projected to fall below the allowable 20%.
- ▶ There is an additional 5% Pay-For-Performance (P4P) withhold to the PMPM case rate. MSHN distributes all P4P money earned to HHPs who successfully meet the established performance metrics.

MSHN SUDHH Enrollment



Enrollments totals as of 01/30/2026

Pay-For-Performance (P4P)

PMPM	PMPM with P4P
\$364.48	\$382.70

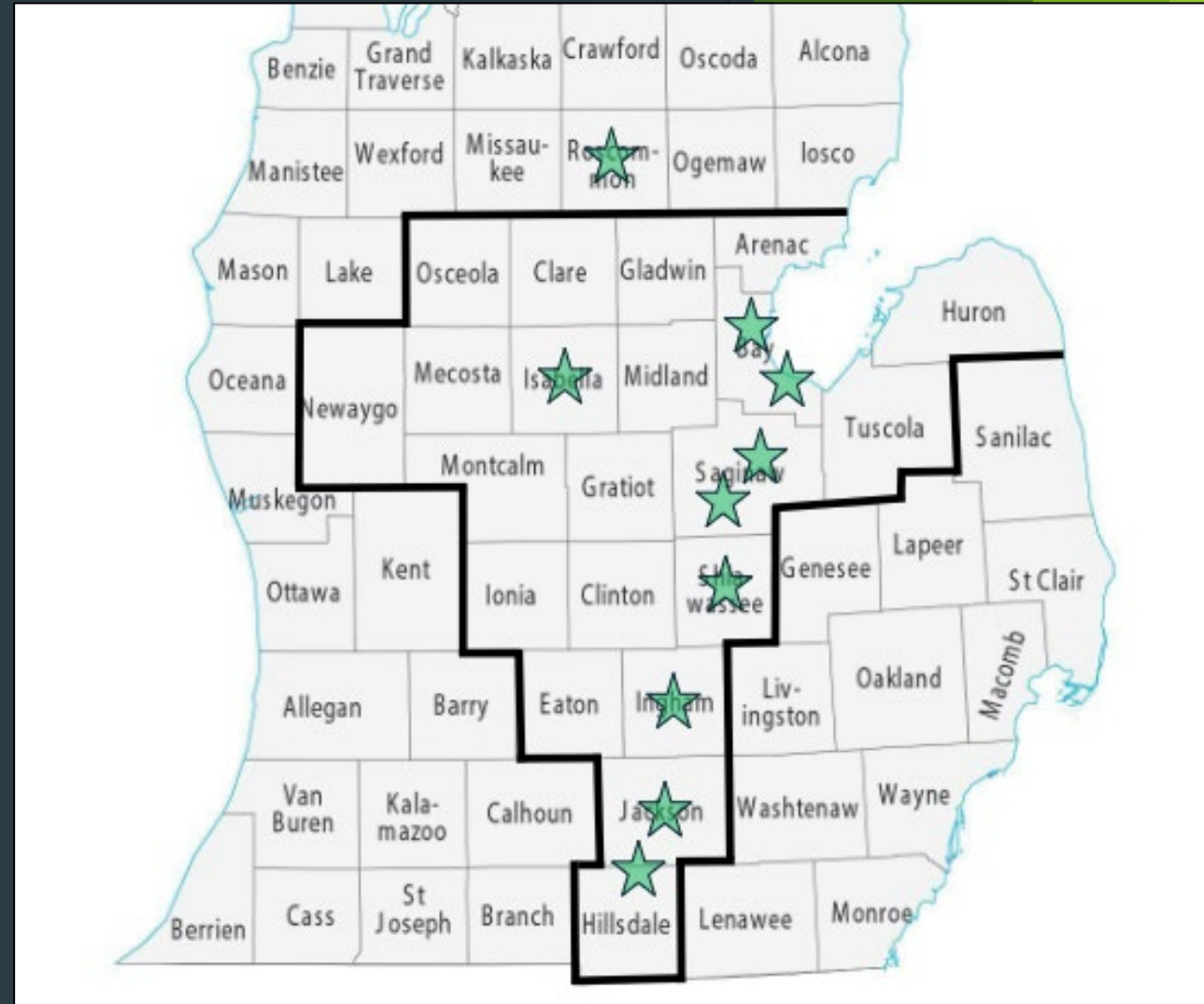
Performance Measure Number	Measure Name and NQF # (if applicable)	Measure Steward	State Baseline	Allocation % of P4P Budget
1.	90% Compliance with State 5515 Consent and Care Plan requirements	State Determined	TBD	50%
2.	Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD), Follow-up within 7 days after discharge	NCQA	TBD	30%
3.	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries	CMS	TBD	20%

SUDHH FY25 QBM Performance

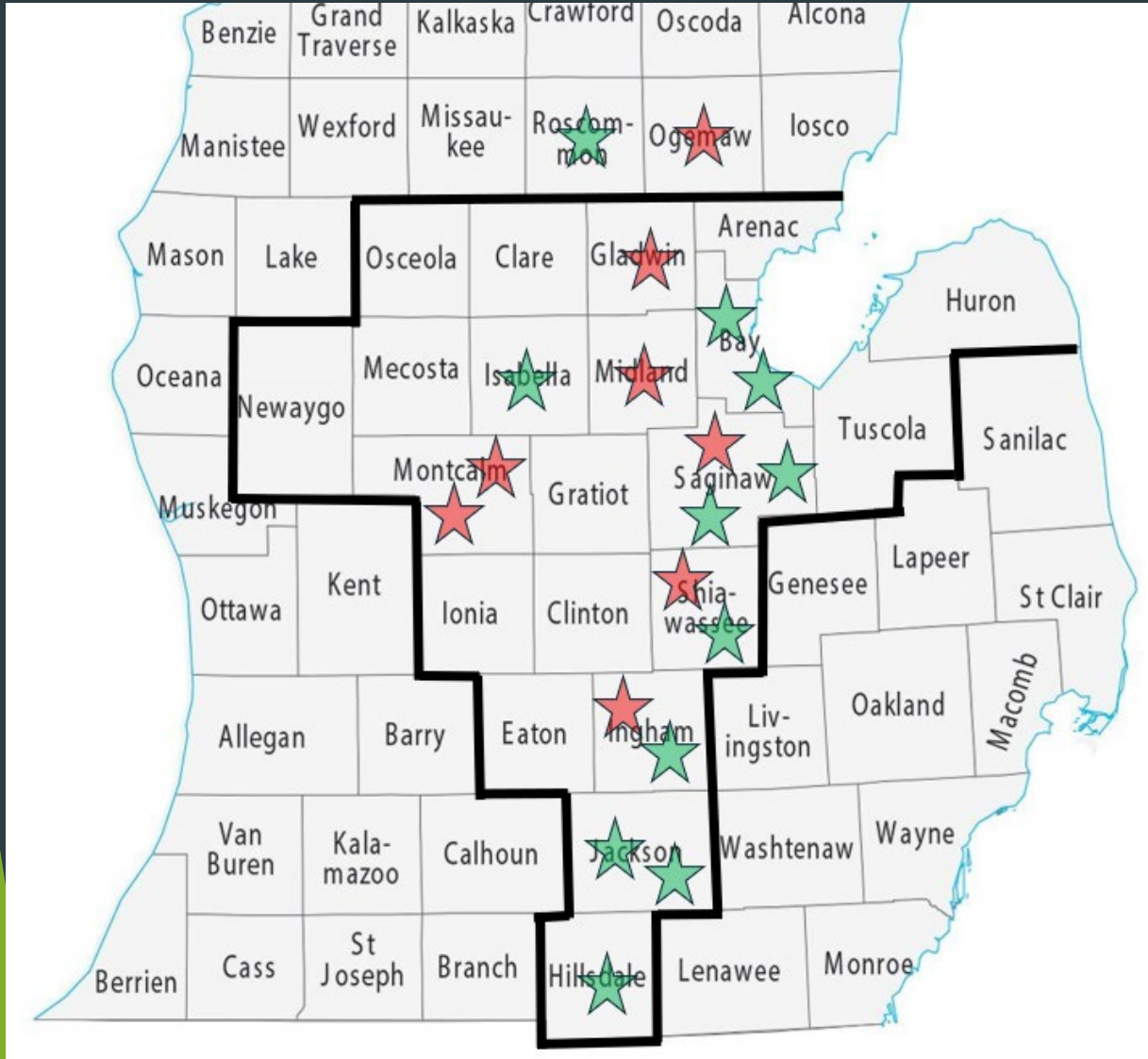
			FY25Q3 (data set for 6/30/2025 (data pulled 1/29/2026))			
Key Performance Indicators	Definition	Data Source	Behavioral Health Home	Numerator	Denominator	Rate
Follow-up within 7 days after ED visit for Substance Use (FUA-7)	Beneficiaries 13 years and older with an ED visit for substance use disorder (SUD) that had follow-up within 7 days. For this measure, the Event Date is the Date of the ED visit	MDHHS Data Warehouse	Michigan MA Total	3,636	14,301	25.42%
			State Wide SUD-HH Total	185	248	74.60%
			MSHN MA Total	512	2,007	25.51%
			MSHN SUD-HH Total	24	25	96.00%
			<i>Isabella Citizens for Health</i>			
			<i>MidMichigan Community Health Services</i>			
			<i>Recovery Pathways – Bay City</i>	1	2	50.00%
			<i>Victory Clinic Services - Jackson</i>	8	8	100.00%
			<i>Victory Clinic Services - Lansing</i>	3	3	100.00%
			<i>Victory Clinic Services - Saginaw</i>	12	12	100.00%
Initiation of Treatment- 14 Days (IET-14AD)	Percentage of new substance use disorder (SUD) episodes for beneficiaries 18 years and older that result in the following: Initiation of Treatment - percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or MAT within 14 days	MDHHS Data Warehouse	Michigan MA Total	15,377	41,544	37.01%
			MSHN MA Total	2,592	6,911	37.51%
			MSHN SUD-HH Total	4	8	50.00%
			<i>Isabella Citizens for Health</i>			
			<i>MidMichigan Community Health Services</i>			
			<i>Recovery Pathways – Bay City</i>			
			<i>Victory Clinic Services - Jackson</i>			
			<i>Victory Clinic Services - Lansing</i>			
Emergency Department Utilization (SUD EDYR)	Total number of ED visits for SUD per 1,000 beneficiaries in the 12 month measurement period	MDHHS Data Warehouse	Michigan MA Total	1,623	4,290	378.32
			MSHN Total	135	489	276.07
			MSHN SUD-HH Total			
			<i>Isabella Citizens for Health</i>			
			<i>MidMichigan Community Health Services</i>			
			<i>Recovery Pathways – Bay City</i>			
			<i>Victory Clinic Services - Jackson</i>			
			<i>Victory Clinic Services - Lansing</i>			
			<i>Victory Clinic Services - Saginaw</i>			

MSHN SUDHH Locations

- ▶ Victory Clinical Services - Saginaw (FY22)
- ▶ Victory Clinical Services - Jackson (FY24)
- ▶ Victory Clinical Services - Lansing (FY24)
- ▶ Recovery Pathways - Bay City (FY24)
- ▶ MidMichigan Community Health Center serving Clare, Gladwin, Osceola, and Mecosta Counties (FY24)
- ▶ Isabella Citizens for Health - Isabella (FY24)
- ▶ Recovery Pathways - Corunna, Shiawassee County (FY25)
- ▶ Sacred Heart - Saginaw (FY25)
- ▶ Sacred Heart - Bay City (FY25)
- ▶ Lifeways - Jackson and Hillsdale (FY25)



FY26 SUDHH Request for Interest (RFI)



- In October 2025, MSHN issued a RFI to gauge the regional interest in SUDHH expansion.
- MSHN received an overwhelming number of responses and issued provisional approval for seven (7) providers to move forward in the SUDHH certification process.
- Providers selected include two FQHCs, two CMHSPs, and two established SUDHH providers are opening HHs at new locations.

- ▶ During her first appointment, client was able to schedule an appointment with a vision provider and stated that she had not been seen by a vision provider in 7 years. Client expressed her enthusiasm and appreciation for Recovery Pathways and the help she has received. Client reports that she is "beyond happy" that she came to our agency. Client state that she is "so ready" for her life to change and appreciates all of the help she has gotten thus far. Client reports that this is "life changing experience".
- ▶ Client has gained employment, has established a payment plan to pay off her fines off in Ohio, is in the process of getting her license reinstated, and is getting her vehicle repaired and insured. Client stated, "Thank you so much, I knew that God was going to start opening doors for me and this place is helping do that. This has been so helpful."
- ▶ Client is scheduled with a dental provider and is now working to find a PCP. Client stated, "I just get nervous making phone calls by myself and it's so nice to have you guys to do this with. I appreciate it".

SUDHH SUCCESS STORIES from Beneficiaries

- ▶ Client was taught how to access the Molina website to search for providers. This worker and client called a chiropractic office and got client scheduled for an appointment the following day.
- ▶ Client has had appointments with a new dentist, new PCP, and started receiving food assistance from MDHHS all within the last month with the help of this program.
- ▶ Client states, "I wasn't sure what to expect when I started this program. I thought that you guys would do everything for me, but that wasn't the case. You were there for me as a guide and helped me to realize that I'm capable of doing these things and that I had it in me all along. I am so grateful for this program, it showed me that I can do all of this and I feel so happy every time I come here!"
- ▶ Client and SUDHH team filled out FAFSA and client is signed up for Bayshire Beauty Academy schooling

SUDHH SUCCESS STORIES from Staff

QUESTIONS



RESOURCES

- MDHHS Substance Use Disorder Health Home website
- SUDHH Handbook
- MDHHS SUDHH Brochure
- MDHHS SUDHH Poster