

MSHN

Mid-State Health Network

Quarterly SUD Provider Meeting

Welcome!

We'll get started at 12:05.

The meeting will be recorded and posted to the
MSHN website afterwards.

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Mid-State Health Network

Quarterly SUD Provider Meeting

September 18, 2025

Plenary Agenda

- ▶ **Joe Sedlock:** Welcome & Regional Update
- ▶ **Dani Meier:** Anti-Stigma Media Campaign
- ▶ **Stacey Lehmann:**
 - ▶ Conference Reimbursement
 - ▶ SOR Update
 - ▶ Opioid Settlement Fund Updates

Welcome & MSHN General Remarks

Joe Sedlock
Chief Executive Officer

General Remarks

Welcome and Gratitude

MDHHS PIHP Procurement Update

- MSHN and five other parties have filed suit against the State intended to secure a preliminary injunction to stop the RFP from being implemented.
- MSHN legally restricted to its current 21 counties
 - preparing a comprehensive bid response for current counties
 - Due date is 10/13/25

FY 26 Budget Update

- Federal/State
- MSHN Regional

Anti-Stigma Media Campaign

Celebrating Strength

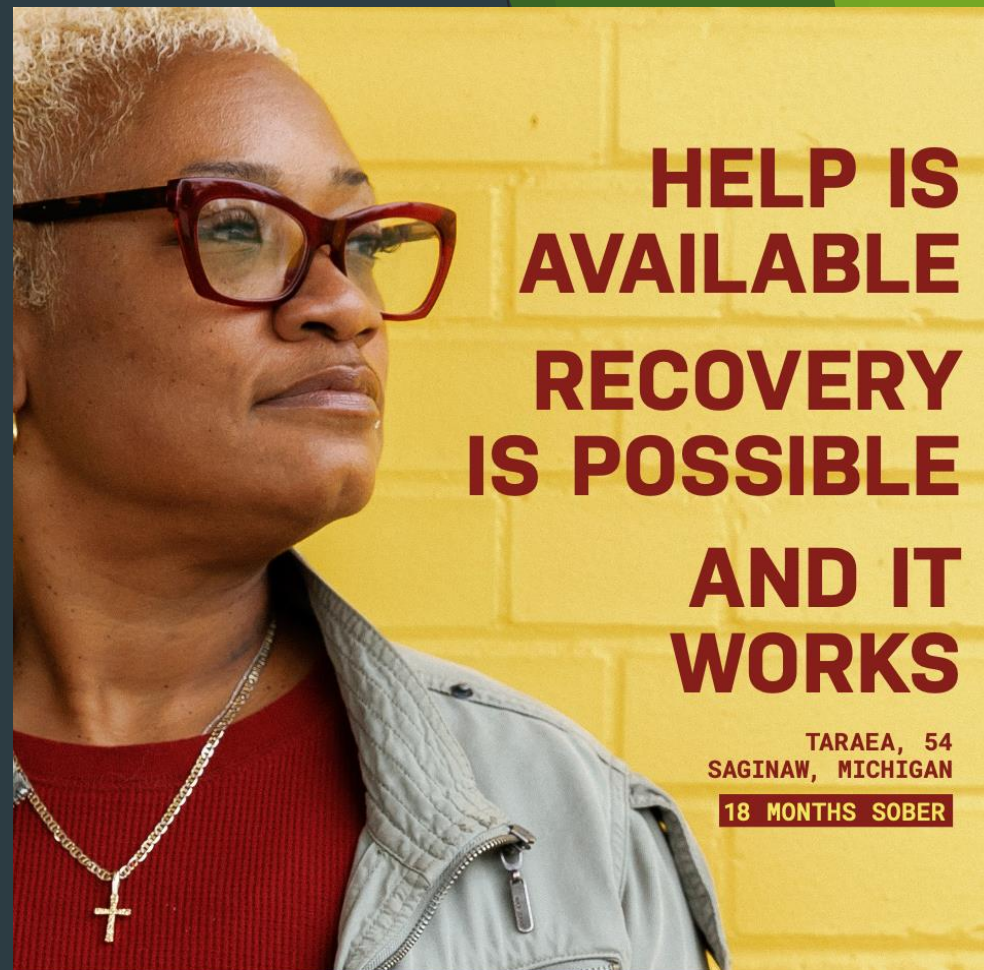
Dani Meier, PhD, MSW, MA

Chief Clinical Officer

Equity Upstream

Equity Upstream has 3 components:

1. 2023 Spring Lecture Series
2. 2023-2025 Learning Collaborative
3. 2025 - Anti-Stigma media campaign:
Celebrating Strength
 - ▶ Website with stories from individuals in recovery
 - ▶ Billboards, radio spots & streaming on Hulu, Roku, etc.
 - ▶ Celebrating Strength Toolkit



**HELP IS
AVAILABLE
RECOVERY
IS POSSIBLE
AND IT
WORKS**

TARAEA, 54
SAGINAW, MICHIGAN

18 MONTHS SOBER

Getting help for substance use is an act of strength, and it's possible. Recovery is the first step in a new chapter, and that's something worth celebrating.

Learn more at:
[CelebratingStrength.com](https://www.celebratingstrength.com)



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Celebrating Strength: Access the Toolkit [here](#)



MY CULTURE IS MY STRENGTH

LACEY, 42
MOUNT PLEASANT, MICHIGAN


5½ YEARS SOBER



MY FAMILY IS MY STRENGTH

Celebrate strength in recovery.
CELEBRATINGSTRENGTH.COM

MADDIE, 29
45 DAYS SOBER




**KEEP YOUR HEAD UP
LIVE LIFE RIGHT NOW**

JESSE, 57
JACKSON, MICHIGAN

6 MONTHS SOBER

Getting help for substance use is an act of strength, and it's possible. Recovery is the first step in a new chapter, and that's something worth celebrating.

Learn more at:
CelebratingStrength.com



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MY FAITH IS MY STRENGTH

Celebrate strength in recovery.
CELEBRATINGSTRENGTH.COM

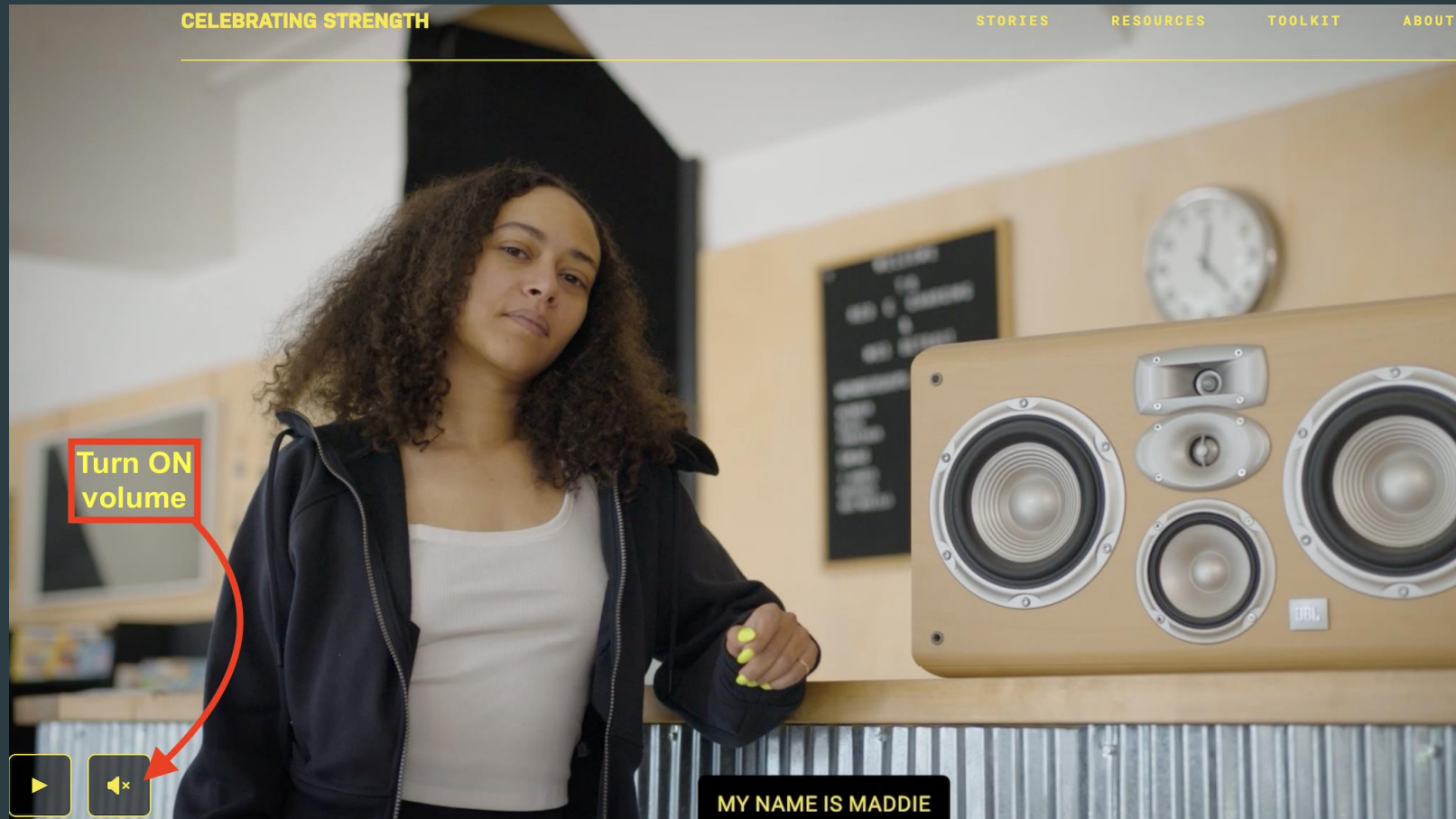
TARAEA, 54
18 MONTHS SOBER

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MY NAME IS MADDIE

Note re: Audio



Celebrating Strength [website](#)

26th Annual Substance Use & Co-Occurring Disorder Hybrid Conference Reimbursement

Stacey Lehmann

Data & Grant Coordinator



Conference Reimbursement

- ▶ Submit your agency invoice and all required documentation to Stacey Lehmann via email by **9/30/25**.
- ▶ To receive reimbursement, you must submit the following for each staff member, but in ONE aggregated invoice email request. It should include each participant's:
 - ▶ Aggregated agency invoice/summary of expenses
 - ▶ Certificate(s) of Attendance
 - ▶ Hotel receipt(s)
 - ▶ Registration receipt(s)
- ▶ Please note this only applies to those who were pre-approved to attend the conference.
- ▶ *Signed & returned the MSHN contract for reimbursement*

SOR Grant Update

Stacey Lehmann

Data & Grant Coordinator

SOR-4 FY25 Year End Reminders

- ▶ Important Dates to Remember:
 - ▶ Monday September 15, 2025: Any GPRA with an interview prior to 8/30/25 needs to be submitted
 - ▶ Tuesday, September 30, 2025: No SOR 4 funds are available. All SOR activities to be complete by 9/29/25 for FY25 contracts.
 - ▶ Wednesday October 15, 2025: Last day to submit invoices
- ▶ MDHHS SOR 4 Site Review was on July 1st
 - ▶ Full Compliance
 - ▶ **Thank you for all your hard work!**

SOR-4 Changes for FY26

- ▶ Effective **October 1, 2025** transition to using the SUPRT (SAMHSA Unified Performance Reporting Tool)-Administrative/Client or Caregiver tools.
- ▶ SUPRT is a consolidated, client-level performance reporting tool that integrates and replaces the following data collection instruments:
 - ▶ The CSAT Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs Tool, and
 - ▶ The CMHS National Outcome Measures (NOMs) Client-Level Measures for Discretionary Programs Providing Direct Services Tool.
- ▶ SUPRT consists of two components:
 - ▶ **SUPRT-Administrative (SUPRT-A)**: Completed by grantees based on information available in client records.
 - ▶ **SUPRT-Client or Caregiver (SUPRT-C)**: A brief questionnaire completed directly by the client or caregiver

SOR-4 Changes for FY26

- ▶ These new tools are designed to reduce respondent burden, improve data consistency, and streamline data collection processes across SAMHSA-funded programs. Grantees will continue to enter data via SAMHSA's Performance Accountability and Reporting System (SPARS), which remains the central platform for performance reporting.
- ▶ **Effective August 30, 2025**, grantees that will transition to the SUPRT-A/C no longer have to complete assessments using the CSAT GPRA or CMHS NOMs client-level tools. Assessments for active or newly enrolling clients in September 2025 can be done using SUPRT-A on or after October 1, 2025.
- ▶ **No later than September 29, 2025**, grantees should ensure that any data collected using the CSAT GPRA or CMHS NOMs client-level tools has been batch uploaded, entered, or revised in SPARS (*in your case, the Wayne State Qualtrics system*). Client records from CSAT GPRA and CMHS NOMs client-level tools will be moved by SPARS over to SUPRT-A after this date and further assessments will be done using SUPRT-A/C.

SOR-4 Changes for FY26

- ▶ Resources and Training Materials - *Coming Soon!*
- ▶ To support the transition, SAMHSA will provide comprehensive technical assistance and training.
- ▶ The following materials will be posted to the SPARS Resources and Training pages:
 - ▶ SUPRT-A and SUPRT-C Tools (English & Spanish)
 - ▶ Client Frequently Asked Questions (FAQ)
 - ▶ Question-by-Question Guides (English & Spanish)
 - ▶ Upload/Download Codebook
 - ▶ Quick Reference Guide
 - ▶ SUPRT-A and SUPRT-C Walkthrough Trainings
 - ▶ Data Entry, Batch Upload, and Data Download Trainings
 - ▶ General Frequently Asked Questions (FAQ)

SOR-4 FY26 Coalition Mini Grant Funding Opportunity

► Overview:

- \$200,000 total in State Opioid Response (SOR) funding available to support local prevention coalition work.
 - Priority funding area: Overdose Education and Naloxone Distribution (OEND)
 - **Due Date:** 10/1/25
- If you have items of interest, reach out to your local prevention coalition.
- Collaborations/partnerships should be transparent and in the proposals or communicated with MSHN in advance of activities occurring.

SOR-4 FY 26 Reminders

- ▶ Wednesday, October 1: SOR-4 Year 2 begins
- ▶ As a reminder, the SOR requirements are included in your FY26 contract with incorporation of the SOR Notice of Funding Opportunity (NOFO) and Notice of Award (NOA).
- ▶ These documents are available on the MSHN website at: [Contracts & Rates - Mid-State Health Network](#).

SOR - 4 Grant Requirements

- ▶ Reminder:
 - ▶ Sub Grantees must utilize third party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage have been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients.

SOR - 4 Grant Requirements

- ▶ Reminder:
 - ▶ Sub Grantees must consider other systems from which a potential service recipient may be eligible for services (for example, the Veterans Health Administration or senior services), if appropriate for and desired by that individual to meet his/her needs. In addition, recipients are required to implement policies and procedures that ensure other sources of funding are utilized first when available for that individual.
 - ▶ Sub Grantees performance will be monitored by MSHN via monthly progress/outcomes reports. See training requirements grid in your contract for due dates and submission methods.

SOR - 4 Grant Requirements- Continued...

- ▶ Criminal background checks must be part of sub-grantees' condition for employment.
- ▶ Sub Grantees must have business practices and processes in place to ensure client confidentiality per Title 42 of the Code of Federal Regulations, Part II.
- ▶ Sub-grantee treatment and recovery providers must ensure client eligibility for treatment/recovery supports and services of the substance use disorder(s) specified by the notice of award(s) (NOAs).

SOR - 4 Grant Requirements- Continued...

- ▶ Sub-grantee treatment providers receiving SOR funds may not deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders.
- ▶ Sub Grantees must implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery from opioid and stimulant use disorders.

SOR - 4 Grant Requirements- Continued...

- ▶ Sub Grantees allowable items include the Purchase and/or implement mobile and/or non-mobile medication units that provide appropriate privacy and adequate space to administer and dispense medications for OUD treatment in accordance with federal regulations.
- ▶ Purchase and distribution of fentanyl test strips (FTS).
- ▶ Sub Grantees must develop and implement evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine. Clinical treatment may include outpatient, intensive outpatient, day treatment, partial hospitalization, or inpatient/residential levels of care.

SOR - 4 Grant Requirements- Continued...

- ▶ Sub Grantees must provide training and activities to enhance and expand the substance use and co-occurring substance use and mental disorder treatment workforce. Note: Although workforce development is an allowable use of grant funds, SAMHSA expects that priority will be given to service provision and prevention activities. Recipients will be expected to utilize the training and education resources which SAMHSA provides at no cost to the grant.
- ▶ Sub Grantees must ensure treatment transition and coverage for individuals reentering communities from criminal justice settings or other rehabilitative settings.

SOR - 4 Grant Requirements- Continued...

- ▶ Sub Grantees must ensure that all practitioners who serve clients with substance use disorders and are eligible to obtain a DATA waiver, employed by an organization receiving funding through SOR, receive such a waiver. The educational requirements for this waiver necessary to treat more than 30 patients at one time may be completed at no cost to the grant via pcssnow.org.
- ▶ Sub Grantees shall Provide HIV and viral hepatitis testing as clinically indicated and referral to appropriate treatment provided to those testing positive. Vaccination for hepatitis A and B should be provided or referral made for same as clinically indicated.

SOR - 4 Grant Requirements- Continued...

- ▶ SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).
- ▶ Sub Grantees receiving funds for treatment and/or recovery services must meet obligations under the Government Performance and Results (GPRA) Modernization Act of 2010.

SOR - 4 Grant Requirements- Continued...

- ▶ Treatment of Program Income: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.
- ▶ SOR funds shall not be utilized to provide incentives to any Health Care Professionals for receipt of any type of Professional Development Training

Questions?

FY25 MSHN Region Opioid Settlement Fund Update

Stacey Lehmann

Data & Grant Coordinator

FY25 MSHN Region OSF Update

- ▶ Opioid Settlement Transparency & Accountability - Mid-State Health Network
 - ▶ Monthly reporting updates available on the MSHN website to share progress per provider in MSHN counties
- ▶ **FY26 OSF Allocation from MDHHS?**
 - ▶ At present, there is no version of the FY26 state budget that has included Healing and Recovery Funds being allocated to the PIHPs.
- ▶ Opioid Settlement Resources
 - ▶ Settlement Spending
 - ▶ Opioid Settlement Resource Center - The Michigan Association of Counties
 - ▶ Investment Summary and Progress.pdf

New: MDHHS Opioid and Substance Use Disorder Statewide Integrated Gap Analysis and Needs Assessment

- ▶ Opioid and Substance Use Disorder Statewide Integrated Gap Analysis and Needs Assessment, 2023-2025
- ▶ **Overall Findings:**
 - ▶ 1.56 million - Number of Michiganders with Substance Use Disorder (SUD)
 - ▶ 21,000 - People in Michigan who have died from an overdose between 2017 and 2024
 - ▶ 35.7 - Percent drop in Michigan's overdose death rate between 2021 and 2024

New: MDHHS Opioid and Substance Use Disorder Statewide Integrated Gap Analysis and Needs Assessment

▶ Key Findings - Gaps

- ▶ 7.6% - Adolescents between 12 and 17 who reported recently using illicit drugs, which is associated with increased risk of SUD.
- ▶ 33,000 - Overdoses have been reversed from Naloxone distribution statewide, but demographic and geographic disparities in distribution persist
- ▶ 6.1 - Number of SUD counselors per 1,000 Michigan adults with SUD; the 10th worst ratio nationally
- ▶ 1 in 4 - People leave treatment to homelessness, which is associated with increased risk of overdose.

New and Existing Settlements

- ▶ Local governments have until September 30 to sign up to receive funds from the Purdue Pharma National Opioid Settlement.
- ▶ Eligible local governments will receive payments from the nationwide \$7.4 billion settlement, and Michigan governments could receive up to \$154 million over the next 15 years.
- ▶ *Current Settlements:* Allergan Pharmaceutical, CVS Pharmacy, Distributors, Endo Pharmaceutical, J&J (Janssen), Kroger, Mallinckrodt, Mckinsey & Co, Publicis, Special Circumstance Fund, Teva Pharmaceuticals, Walgreens, and Walmart

FY26 MDHHS Proposed Settlement Strategic Investments

FY26 Proposed Settlement Strategic Investments



Prevention Investment
Total: \$7.5M Ongoing | \$3M Onetime

School-Age Prevention Programs
Nonprofit, youth engagement organizations.

Continue Public Health/Awareness Campaign

Conduct comprehensive, statewide media campaign including print, digital, TV, social media and more. Next phase to focus on youth awareness.

Continue Children Services Administration Programming
(Previously obligated investments, 2026 only.)

Harm Reduction Investment
Total: \$9.5M Ongoing | \$1M Onetime

Supporting Expansion of Harm Reduction Agencies and Services
Build capacity of providers working in unserved and underserved communities to scale up existing programs or create new programs/locations.

Continue Naloxone Distribution Efforts

Increase use of harm reduction tools to reduce overdose deaths.

Treatment Investment
Total: \$10M Ongoing | \$4.5M Onetime

Initiatives to Increase Workforce
Expand existing MDHHS scholarship, loan repayment and internship programs to support workforce increases.

Remove Barriers for Peer Recovery Coach Certifications

Jail Treatment
(Previously obligated investments, 2026 only.)

Recovery Investment
Total: \$21M Ongoing | \$4M Onetime

Funding Housing Programs
PIHP continued cost-of-stay reimbursement. Recovery Housing Investment Program (600 beds) and larger SUD housing solutions (e.g., Andy's Place, Wellspring).

Wraparound Services
Support programs, e.g., transportation, job search, coaching, etc.

Investing in Permanent Committed Affordable Housing Solutions



MDHHS Healing & Recovery Fund

1,900

Projected Overdose Deaths
in Michigan in 2024
(35% Decrease from 2023)

1.3 Million Naloxone

Double dose kits distributed through the NARCAN direct portal using federal and settlement funding.



200 New Recovery Beds

Funded through the Recovery Housing Investment Program and specific housing developments.



FY25 MSHN Region OSF Update

▶ Reporting Requirements:

- ▶ Provider monthly reporting and invoices due by the 5th of the subsequent month, unless the 5th falls on a weekend then it is due the following Monday.
- ▶ The last day to submit for reimbursement is Wednesday October 15, 2025.
- ▶ Please submit outcome reporting templates and reimbursement invoices and documentation to **Stacey Lehmann** at Stacey.Lehmann@midstatehealthnetwork.org

FY25 MSHN Region OSF Update

► Finance/Reimbursement Information:

- **For providers with no staffing:** For reimbursement requests, please submit an invoice on your agency invoice along with all documentation (i.e., vendor invoices) to support the amount being requested. Invoices should be submitted with the monthly outcome report and will be paid by the third Friday of each month. The final fiscal year invoice will be due with the October report so please ensure that all purchases are finalized by or before September 30th. MSHN will not be approved any carry forward funds requests for opioid settlement funds.
- **For providers with staffing:** For reimbursement requests, please submit an invoice on your agency invoice along with all documentation (i.e., payroll records, vendor invoices) to support the amount being requested. Invoices should be submitted with the monthly outcome report and will be paid by the third Friday of each month. The final fiscal year invoice will be due with the October report so please ensure that all purchases are finalized by or before September 30th. MSHN will not be approved any carry forward funds requests for opioid settlement funds.

Questions?

Treatment Breakout

Treatment Breakout Agenda

- ▶ SUD Data Review
- ▶ Priority Populations
- ▶ Substance Use Disorder - Health Home
- ▶ FY25 Lunch & Learn Series
- ▶ SUDHH Updates

SUD Data Update

Joe Wager

Technology Project Manager

SUD Withdrawal Management Readmission

SUD Withdrawal Management Readmission: 30, 60, 90 Days

This report displays the percentage of individuals that have a readmission following discharge from withdrawal management services within 30, 60 and 90 days. To filter please select **Provider** and **Fiscal Year** on the righthand side of this page.

30 Day: Individuals that had a readmission within 1-30 days of discharge.

60 Day: Individuals that had a readmission within 31-60 days of discharge.

90 Day: Individuals that had a readmission within 61-90 days of discharge.

Report Filters

Provider

All

Fiscal Year

2025

30 Day Readmission	6.45% Quarter 1	8.58% Quarter 2	13.16% Quarter 3	(Blank) Quarter 4
60 Day Readmission	2.59% Quarter 1	2.83% Quarter 2	4.41% Quarter 3	(Blank) Quarter 4
90 Day Readmission	6.72% Quarter 1	1.80% Quarter 2	13.84% Quarter 3	(Blank) Quarter 4

Other MSHN SUD Reports Available

- ▶ SUD Delegated Managed Care Review
- ▶ AOD Initiation and Engagement
- ▶ SUD Residential Readmission and Follow Up
- ▶ Primary Drug at SUD Admission
- ▶ SUD MMBPIS Indicator 4b

Access all reports at this link: [MSHN Website](#)

Questions?

Please contact Joseph Wager with any questions:
joseph.wager@midstatehealthnetwork.org



Priority Populations

Christina Romero
SUD Care Navigator

Priority Populations-Screening, Referral, and Admission Standards

- Overview-Key Expectations
 - Pregnant-screening and referral within 24 hours
 - Injecting Drug User-interim services-harm reduction resources
 - Parent At-Risk of Losing a Child-MDHHS Child Welfare Notifications; critical coordination of care
 - Under Supervision of MDOC-use of CFJ-306 and MDHHS release forms prior to checking "Yes"

Priority Populations-Screening, Referral, and Admission Standards

- Priority Populations Guide
 - [MSHN Website-Provider Network-Provider Trainings](#)
 - REMI-Help-How to Guides
- A closer look into reporting for these populations, particularly pregnant women and individuals under supervision of MDOC
- October Lunch and Learn-request for attendance-Access and Admission staff

Substance Use Disorder Health Homes

Liz Philpott

Integrated Healthcare Administrator

Welcome & Introduction

- ▶ Skye Pletcher, Chief Population Health Officer
- ▶ Elizabeth (Liz) Philpott, Integrated Healthcare Administrator
- ▶ Katy Hammack, Integrated Healthcare Coordinator

Overview

- What is a Substance Use Disorder Health Home (SUDHH)
- MSHN SUDHH Locations and Enrollment
- SUDHH Enrollee Success Stories
- Provider Requirements for SUDHH Participation
- SUDHH Request for Interest (RFI)
- Questions & Resources

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.



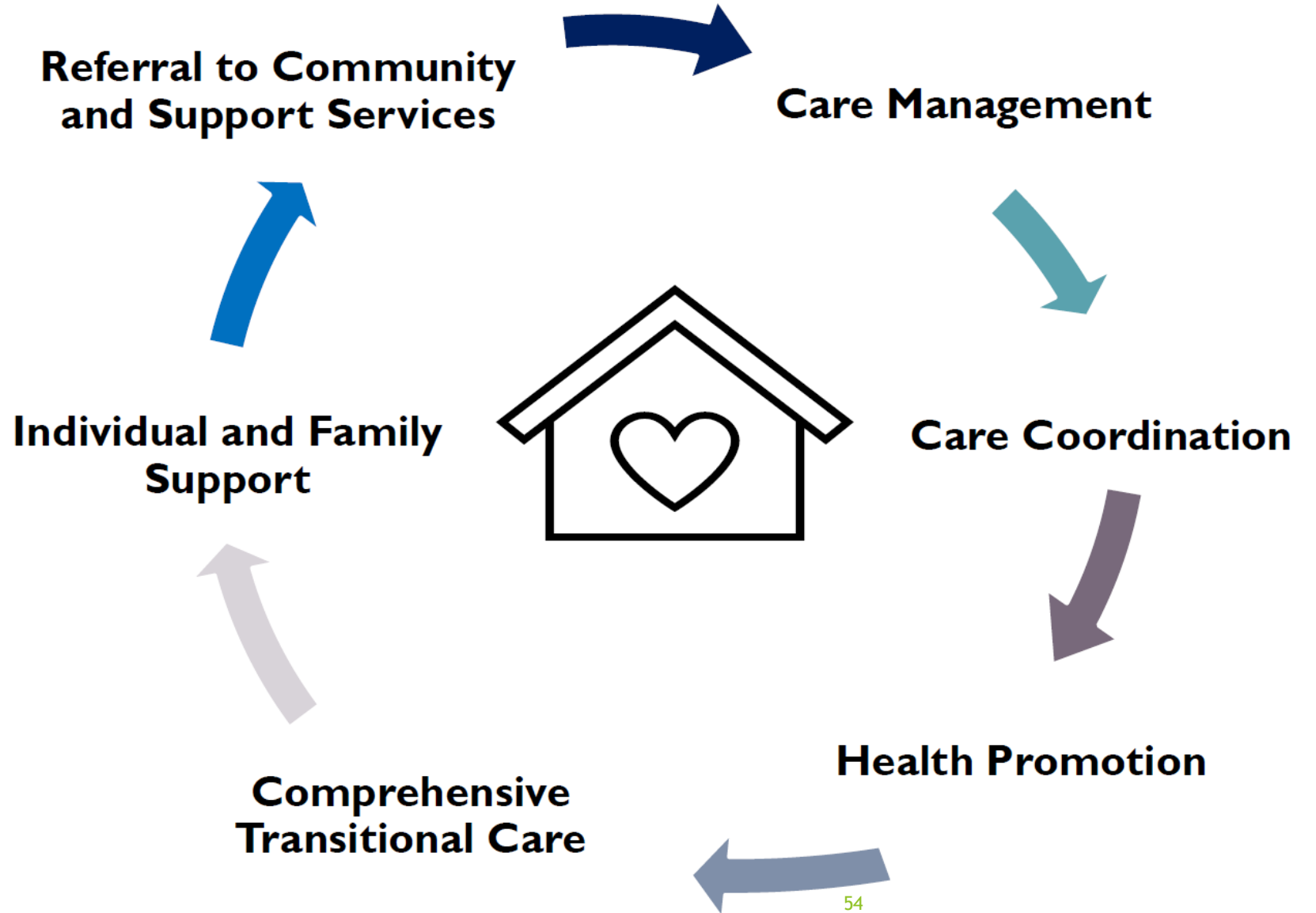
Afford sustainable reimbursement to affect the social determinants of health.

SUDHH Overarching Program Goals

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

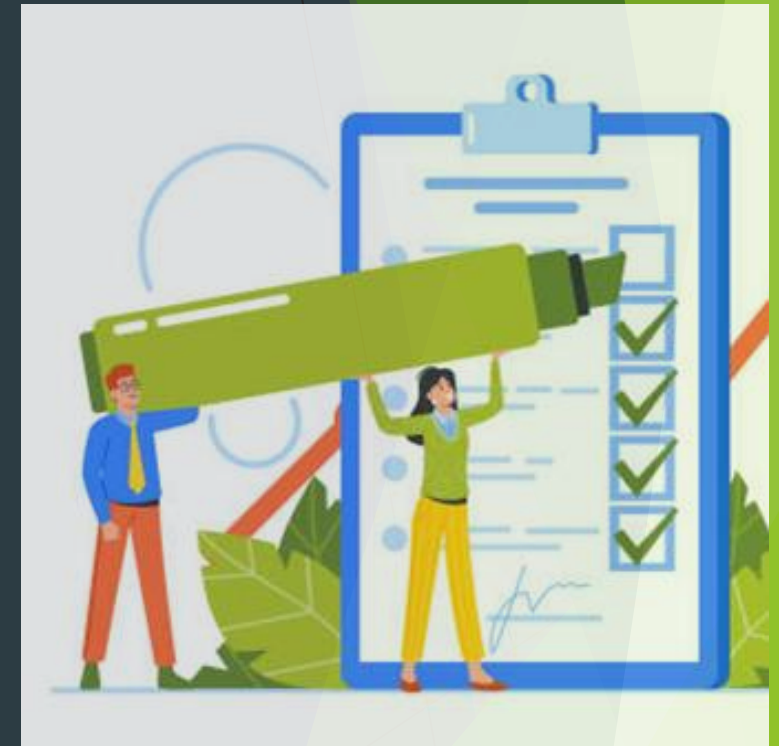


Six Core Health Home Services



SUDHH Population and Diagnostic Criteria

- **Population:** Eligible beneficiaries include those enrolled in Medicaid, the Healthy Michigan Plan, Freedom to Work, Healthy Kids Expansion or MIChild
 - Live in a Mid-State Health Network county served by a SUDHH
 - Beneficiaries cannot be enrolled in BHH (Behavioral Health Home), HHMICare (Health Home MI Care Team), ICO-MC (Integrated Care MI Health Link), or Hospice during the same month. SUDHH services can't be billed while a beneficiary is incarcerated or while receiving the TCM-INCAR benefit.
- **Diagnostic Criteria:** Have a qualifying ICD-10 code diagnosis related to alcohol, stimulant or opioid use disorder.
 - Qualifying SUD beneficiaries must also be at risk of developing mental health conditions, asthma, diabetes, heart disease, BMI over 25 and COPD.



SUDHH Staffing Structure for Health Home Partners (per 100 beneficiaries)

- Behavioral Health Specialist (0.25 FTE) - i.e., Case Worker, Counselor, or Therapist related degree
- Nurse Care Manager (1.00 FTE) - RNs and Licensed Practical Nurses (LPN)
- Peer Recovery Coach, Community Health Worker, (2.00-4.00 FTE)
- Medical Consultant (0.10 FTE) - i.e., primary care physician, physician's assistant, or nurse practitioner
- Psychiatric Consultant (0.05 FTE) - i.e., psychologist, psychiatrist, psychiatric nurse practitioner
- In addition to the above Provider Infrastructure Requirements, eligible HHPs should coordinate care with the following professions: Dentist, Dietician/Nutritionist, Pharmacist, Peer support specialist, Diabetes educator, School personnel, Others as appropriate.

*Pending State Plan Amendment (SPA) approval by CMS, effective on or after 12/01/2025, MDHHS will add an Addictionologist Medical Physician Consultant (0.10 FTE) to the Care Team staff and increase the Peer Recovery Coach and Community Health Worker (3.00-4.00 FTE) ratio.

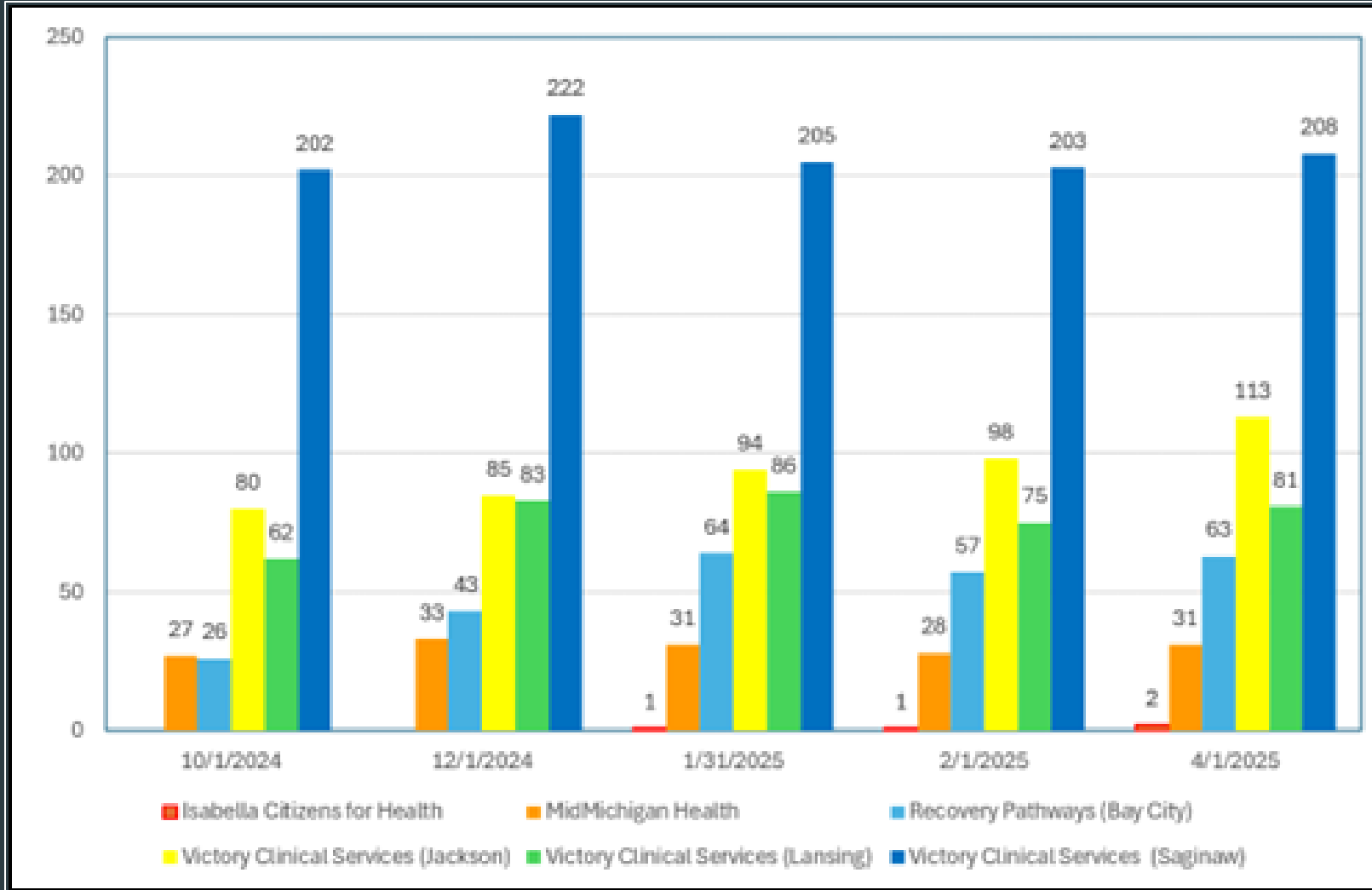


MSHN SUDHH Locations

- Victory Clinical Services - Saginaw (10/2022)
- 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)



MSHN SUDHH Enrollment



SUDHH SUCCESS STORIES

- ▶ 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, continued

- ▶ 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

Provider Requirements for SUDHH Participation

- Enroll or be enrolled in Michigan Medicaid and agree to comply with all Michigan Medicaid program requirements.
- Complete the Health Home Standards Review process with MSHN and sign the MDHHS-5745 (Health Home Partner Application).
- HHPs can reside outside of the LE region but must serve eligible beneficiaries living in the LE identified SUDHH counties.
- Must meet applicable Federal and State licensing standards in addition to Medicaid provider certification and enrollment requirements as one of the following:
 - Community Mental Health Services Program (Community Mental Health Center)
 - Federally Qualified Health Center/Primary Care Safety Net Clinic
 - Hospital based Physician Group
 - Physician based Clinic, Physician, or Physician Practice
 - Rural Health Clinics
 - Substance Use Disorder Provider
 - Opioid Treatment Provider
 - Tribal Health Center



SUDHH Request for Interest (RFI)

- For the purpose of FY26 SUDHH expansion MSHN will prioritize the following counties: Arenac, Clare, Eaton, Gladwin, Gratiot, Huron, Mecosta, Montcalm, Newaygo, Osceola, and Tuscola.
- **Finance Structure:** MDHHS provides a monthly case rate to MSHN as the LE based on the number of SUDHH beneficiaries with at least one SUDHH service during a given month. MDHHS also provides a pay-for-performance (P4P) incentive that rewards providers based on program outcomes.
- **Submission of Request for Interest**
- Questions related to the FY26 SUDHH RFI can be submitted and will be accepted until **5:00 P.M. on Friday, November 12, 2025.**
- All interested providers should complete and submit the SUD Health Home Statement of Interest Summary by **5:00 P.M. on Friday, November 28, 2025.**

SUDHH RESOURCES

- [SUDHH Handbook](#)
- [MDHHS SUDHH Brochure](#)
- [MDHHS SUDHH Poster](#)
- [MDHHS Website - SUDHH Provider Resources](#)
- [MSHN Website - OHH Section](#)

- ▶ Elizabeth (Liz) Philpott, Integrated Healthcare Administrator

Email:

Elizabeth.Philpott@midstatehealthnetwork.org

- ▶ Katy Hammack, Integrated Healthcare Coordinator

Email: Katy.Hammack@midstatehealthnetwork.org



Contact
US

Questions?

FY25 Lunch & Learn Series

Sherrie Donnelly

Treatment & Recovery Specialist

FY25 Lunch & Learn Series: Schedule

October 9, 2025	SUD Care Navigator	Priority Populations Access	Christina Romero
November 13, 2025	SUD Clinical	Individualized Treatment & Recovery Planning	Kate Flavin Sherrie Donnelly Jodie Smith MarChare Canada
*December 4, 2025	Customer Service	Staff Professionalism Training	Dan Dedloff

All sessions 12-1pm

Join Zoom Meeting: <https://us02web.zoom.us/j/3125295892>
Meeting ID: 312 529 5892

[Provider Trainings - Lunch and Learn Training Series](#) are available on the MSHN website.



Questions?

Upcoming Quarterly SUD Provider Meetings

December 18, 2025

March 19, 2026

June 18, 2026

MSHN SUD Provider Meeting Agenda's & Recordings can be found on the MSHN website: [SUD Provider Meetings - Mid-State Health Network](#)



Prevention Breakout

Quarterly SUD Provider Meeting Prevention Breakout

September 18, 2025

- SOR Coalition Mini-Grants
- MPDS
- Outcomes Reporting
- Older Adult Workgroup
- Reminders and Updates
- FY25 Synar Update

FY26 Coalition Mini-Grant Funding

Overview:

- \$200,000 total in State Opioid Response (SOR) funding available to support local prevention coalition work.
 - Data-based review process
- Priority funding area:
 - Overdose education and naloxone distribution (OEND)
- Collaborations/partnerships should be transparent and in the proposals or communicated with MSHN in advance of activities occurring.
- *Note:* If harm reduction vending machines, wall mounted boxes or newspaper boxes, are requested, the provider must have a signed agreement from the hosting location prior to asking for funding and submit it with the proposal and budget by the due date.

FY26 Coalition Mini-Grant Funding

- Due date: 10-1-25
 - Submit the SOR Coalition Mini-Grant Proposal Form and MDHHS Budget Forms to Stacey Lehmann, MSHN Data and Grant Coordinator, by email at stacey.lehmann@midstatehealthnetwork.org
- Contracts/agreements would be dated for November 1, 2025, through June 30, 2026.
- MSHN SOR Coalition Mini-Grant funds must be spent prior to 6/30/2026. No requests for funds to be “carried forward” will be approved.
- Reporting Requirements:
 - Monthly reporting is a requirement of SOR funding. Reporting templates will be provided with the contract/agreement, and will be due on the 5th of the subsequent month.

FY26 Coalition Mini-Grant Funding

Questions?

Stacey Lehmann, LMSW, CAADC

Data and Grant Coordinator

517.203.5640

Stacey.Lehmann@midstatehealthnetwork.org

MPDS

FY25 Closeout

- Any groups you have that run in both fiscal years will have to be ended in MPDS on 9/30/25 and started as a new group again on 10/1/25.
- Closeout must be completed by October 31, 2025
- COMPLETED- should only be participants that completed the program/cohort according to developer's standards. Coalitions and community groups should not have any COMPLETED attendees.
- Closeout instructions will be emailed to all staff- it is the agency's responsibility to complete closeout tasks and correct errors PRIOR to MSHN's review

MPDS

FY26 Update

- New system coming for MPDS in FY26
- MDHHS is finishing up the new software and it may not be ready for a 10/1 start date
- Beginning on October 1, we will supply a spreadsheet to track activities
 - Spreadsheet will need to be uploaded to Box by the 10th of the month following the services.
 - Activities would then need to be entered in the new system when it is ready from October 1 to present
- Training will be done virtually by MDHHS
- All staff that are MPDS Users will be required to attend

Outcomes Reporting

FY25 MSHN SUD Provider Manual, page 35

- Providers are expected to provide MSHN an outcome report after the end of the fiscal year. This report should identify how activities were evaluated, outcome of those evaluations, and how the evaluations were utilized to improve programming. MSHN requires that all prevention services incorporate some method of evaluation.
- In addition, Providers need to incorporate the following processes: Completion of Short-term Outcome Evaluation identifying knowledge, attitude and behavior changes. For all programming, outside of information dissemination, providers must be able to demonstrate program effectiveness, i.e., what were the goals of the program and were those goals obtained?
- Provider should also collect satisfaction surveys of prevention programming.

Outcomes Reporting

- New, abbreviated Year End reporting form for FY25
- Reporting should include quantitative pre/post test data such as increase in knowledge, change of behaviors/attitudes. Graphs/charts reflecting data can be included as an attachment.
- What were the goals of the EBP? Did you meet the goals?
- Reporting should also include satisfaction information- what feedback you received and how you incorporated this into your programming.
- Due **November 14, 2025** via email to your MSHN Prevention Specialist

Older Adult Workgroup

- ▶ Started in fall of 2023 with a goal of increasing access to services for older (55+) adults
- ▶ Analyzing county strengths and weaknesses related to older adult services
- ▶ Wellness Initiative for Senior Education
- ▶ Incorporating MDHHS and MSHN Strategic Plan goals related to older adults

MISSION: To increase access for older adults to prevention services by fostering a network of support that empowers older adults to live healthier, more fulfilling lives through community education, data collection, and strategic partnerships.

- ▶ Seeking new members as the workgroup is transitioning outside of MSHN.
- ▶ This move is to keep the group sustainable after FY26.
- ▶ Meeting occurrence - Every other month on the 4th Thursday from 1:00-2:00.
- ▶ Providers interested in joining or learning more please reach out anytime.
 - ▶ Cari.Patrick@midstatehealthnetwork.org
 - ▶ 517-208-9394

Reminders and Updates

- FY25 FSRs
 - The September FSR is due October 10th. The final FSRs or invoices for SOR or OSF funded projects should also be submitted by October 10th. The final FY2025 FSR to capture any expenses not previously billed is due November 10th. If there are no expenses remaining to bill, a final report does not need to be submitted.
- DYTURs- The Synar YATT Report due 9/19/25 (tomorrow!)
- Prevention Specialist Exam Study Group
- MPDS Update

Regional Synar Update 2025

- 77 checks assigned in 19 counties, with 75 checks completed
- 14 sales
- 18.67% sales rate for MSHN region
- Sales rate for State of Michigan has not been announced yet
- Thanks to DYTURs for all of their work during Synar season!

Sales Stats:

Checked ID - 7
Did not check ID - 7

Sales to Female - 11
Sales to Male - 3

Sales by Vendor Type:

Gas Station - 3
Tobacco Store - 1
Restaurant - 1
Golf Course - 1
Other - 8
(party store, dollar store, etc.)

Sales by Age:

16 - 4
17 - 4
18 - 3
19 - 1
20 - 2

Sales of Cigarettes - 6
Sales of ENDS - 6
Sales of Cigar - 2

Questions?

cari.patrick@midstatehealthnetwork.org

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sarah.andreotti@midstatehealthnetwork.org