



# Substance Use Disorder (SUD) Oversight Policy Board Meeting April 15, 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 April 15, 2026
- 4) **ACTION ITEM:** Approval of Minutes of February 18, 2026 *(Page 3)*
- 5) Public Comment
- 6) Board Chair Report
- 7) Deputy Director Report *(Page 7)*
- 8) Chief Financial Officer Report
  - A. FY26 PA2 Funding & Expenditures by County *(Page 14)*
  - B. FY26 PA2 Use of Funds by County and Provider *(Page 18)*
  - C. FY26 SUD Financial Summary Report of February 2026 *(Page 20)*
- 9) SUD Operating Update *(Page 21)*
  - A. [Equity Upstream Status Report](#)
  - B. [Learning Collaborative Implementation Guide and Checklist](#)
  - C. FY2026 Q1 SUD County Reports *(Page 24)*
- 10) Other Business
- 11) Public Comment
- 12) Board Member Comment
- 13) 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.

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### UPCOMING FY26

### SUD OVERSIGHT POLICY BOARD MEETINGS

June 17, 2026  
CMHAM  
507 S. Grand Ave  
Lansing, MI 48933

August 19, 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 02/2026

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Cahill	Irene	<a href="mailto:icahill@ingham.org">icahill@ingham.org</a>	<a href="mailto:irenecahill@icloud.com">irenecahill@icloud.com</a>	517.488.1486		Ingham	2026
Caswell	Bruce	<a href="mailto:bcaswell@frontier.com">bcaswell@frontier.com</a>		517.425.5230	517.523.3067	Hillsdale	2026
Gross	Jacob	<a href="mailto:grossj@clareco.net">grossj@clareco.net</a>		989.506.2163		Clare	2027
Harrington	Christina	<a href="mailto:charrington@saginawcounty.com">charrington@saginawcounty.com</a>		989.758.3818		Saginaw	2028
Hemminger	Charlean	<a href="mailto:chemminger@ioniacounty.org">chemminger@ioniacounty.org</a>		989.855.5235		Ionia	2028
Hunter	John	<a href="mailto:hunterjohn74@gmail.com">hunterjohn74@gmail.com</a>		989.673.8223	989.551.2077	Tuscola	2028
Kolk	Bryan	<a href="mailto:bryank@newaygocountymi.gov">bryank@newaygocountymi.gov</a>		616.780.5751		Newaygo	2027
Link	Karen	<a href="mailto:karenl@huroncmh.org">karenl@huroncmh.org</a>		989.269.1109	989.269.9293	Huron	2026
Mahar	Charlie	<a href="mailto:cmahar@greenridge.com">cmahar@greenridge.com</a>		616.205.6435	616.302.6009	Montcalm	2027
Moreno	Jim	<a href="mailto:jmoreno@isabellacounty.org">jmoreno@isabellacounty.org</a>		989.954.5144		Isabella	2027
Rayburn	Emily	<a href="mailto:emily@childadvocacy.net">emily@childadvocacy.net</a>		989.763.3436	989.463.1422	Gratiot	2028
Schumacher	Pamela	<a href="mailto:pschumacher82@gmail.com">pschumacher82@gmail.com</a>		989.415.9497		Bay	2028
Smith	Alaynah	<a href="mailto:asmith@co.midland.mi.us">asmith@co.midland.mi.us</a>		989.832.6389		Midland	2027
Strong	Jerrilynn	<a href="mailto:jeristrong64@gmail.com">jeristrong64@gmail.com</a>		989.382.5452		Mecosta	2027
Thalison	Kimberly	<a href="mailto:kthalison@eatonresa.org">kthalison@eatonresa.org</a>		517.541.8711		Eaton	2028
Turner	David	<a href="mailto:davidturner49665@gmail.com">davidturner49665@gmail.com</a>		231.908.0501		Osceola	2027
Vacant	Vacant					Shiawassee	2026
Vallad	Rachel	<a href="mailto:rachel.vallad87@gmail.com">rachel.vallad87@gmail.com</a>		989.798.4743		Arenac	2026
Visnaw	Mike	<a href="mailto:mvisnaw@gladwincounty-mi.gov">mvisnaw@gladwincounty-mi.gov</a>		281.323.2214	989.709.5622	Gladwin	2028
Washington	Dwight	<a href="mailto:washindwi@gmail.com">washindwi@gmail.com</a>		517.974.1658		Clinton	2026
Woods	Ed	<a href="mailto:ejw1755@yahoo.com">ejw1755@yahoo.com</a>		517.796.4501	517.392.8457	Jackson	2026
<b><u>Alternates:</u></b>							
Briggs	Margery	<a href="mailto:briggsmmb@sbcglobal.net">briggsmmb@sbcglobal.net</a>		517.647.4747		Ionia-Alternate	2028
DeLaat	Ken	<a href="mailto:kend@nearnorthnow.com">kend@nearnorthnow.com</a>		231.414.4173		Newaygo-Alternate	2027
Fickes	Nicole	<a href="mailto:fickesn@clinton-County.org">fickesn@clinton-County.org</a>		517.899.9307		Clinton - Alternate	2026
Howard	Linda	<a href="mailto:lhoward8305@gmail.com">lhoward8305@gmail.com</a>		989.560.8305		Mecosta-Alternate	2027
Merritt	Christa	<a href="mailto:cmerritt@mmdhd.org">cmerritt@mmdhd.org</a>		616.302.4379		Montcalm-Alternate	2027
Mott	Jim	<a href="mailto:jmott@eatoncounty.org">jmott@eatoncounty.org</a>		517.749.4236		Eaton-Alternate	2025
Murphy	Joe	<a href="mailto:jmurphy0504@comcast.net">jmurphy0504@comcast.net</a>		989.670.1057		Huron-Alternate	2026
Pratt	Tanya	<a href="mailto:tpratt@ingham.org">tpratt@ingham.org</a>	<a href="mailto:tpratt624@gmail.com">tpratt624@gmail.com</a>	810.919.1542		Ingham-Alternate	2026
Snyder	Jeanette	<a href="mailto:jsnyder@co.midland.mi.us">jsnyder@co.midland.mi.us</a>		989.430.1020	989.832.6381	Midland-Alternate	2027
Thume	Melanie	<a href="mailto:mthume@gladwincounty-mi.gov">mthume@gladwincounty-mi.gov</a>		989.426.4821		Gladwin-Alternate	2028
<b><u>Administration:</u></b>							
Ittner	Amanda	<a href="mailto:amanda.ittner@midstatehealthnetwork.org">amanda.ittner@midstatehealthnetwork.org</a>		517.253.7551			
Sedlock	Joe	<a href="mailto:joseph.sedlock@midstatehealthnetwork.org">joseph.sedlock@midstatehealthnetwork.org</a>		517.657.3036			
Thomas	Leslie	<a href="mailto:leslie.thomas@midstatehealthnetwork.org">leslie.thomas@midstatehealthnetwork.org</a>		517.253.7546			
Kletke	Sherry	<a href="mailto:sheryl.kletke@midstatehealthnetwork.org">sheryl.kletke@midstatehealthnetwork.org</a>		517.253.8203			

**Mid-State Health Network SUD Oversight Policy Advisory Board**

**Wednesday, February 18, 2026, 4:00 p.m.**

**CMH Association of Michigan (CMHAM)**

**507 S. Grand Ave.**

**Lansing, MI 48933**

**Meeting Minutes**

**1. Call to Order**

Chairperson Bryan Kolk called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Meeting to order at 4:00 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 asked for a moment of silence in honor of former member, Robert "Bob" Luce who served on the OPB from 2018-2024 and Ed Woods' son, Ryan, who both recently passed away. Mr. Kolk introduced and welcomed new member Mike Visnaw, appointed from Gladwin County.

**Board Member(s) Present:** Irene Cahill (Ingham)-joined at 4:36 p.m., Bruce Caswell (Hillsdale), Jacob Gross (Clare), Charlean Hemminger (Ionia), John Hunter (Tuscola), Bryan Kolk (Newaygo), Charlie Mahar (Montcalm), Jim Moreno (Isabella), Pamela Schumacher (Bay), Kim Thalison (Eaton), Mike Visnaw (Gladwin), Dwight Washington (Clinton), and Ed Woods (Jackson)

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

**Board Member(s) Absent:** Todd Gambrell (Midland), Christina Harrington (Saginaw), Karen Link (Huron), Jerrilynn Strong (Mecosta), and David Turner (Osceola)

**Alternate Member(s) Present:** Linda Howard (Mecosta) and Tanya Pratt (Ingham)

**Alternate Member(s) Remote:** Nicole Fickes (Clinton)-Laingsburg, MI and Christa Merritt (Montcalm)-Stanton, MI

**Staff Members Present:** Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Dr. Dani Meier (Chief Clinical Officer), Sarah Andreotti (Prevention Administrator), Skye Pletcher (Chief Population Health Officer); Liz Philpott (Integrated Health Administrator); and Sherry Kletke (Executive Support Specialist)

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

**Staff Members Remote:** Joe Sedlock (Chief Executive Officer), Dr. Trisha Thrush (Director of Substance Use Disorder Services and Operations), Cari Patrick (Prevention Specialist), Sarah Surna (Prevention Specialist), Sherrie Donnelly (Treatment & Recovery Specialist); and Kate Flavin (Treatment Administrator)

**2. Roll Call**

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

**3. Approval of Agenda for February 18, 2026**

Board approval was requested for the Agenda of the February 18, 2026 Regular Business Meeting, as presented.

**MOTION BY DWIGHT WASHINGTON, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FEBRUARY 18, 2026 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.**

**4. Approval of Minutes from the October 15, 2025 Regular Business Meeting**

Board approval was requested for the draft meeting minutes of the October 15, 2025 Regular Business Meeting.

**MOTION BY PAM SCHUMACHER, SUPPORTED BY TANYA PRATT, FOR APPROVAL OF THE MINUTES OF THE OCTOBER 15, 2025, MEETING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.**

**5. Public Comment**

There was no public comment.

**6. Board Chair Report**

Mr. Bryan Kolk reviewed the FY2025 board member meeting attendance included in the board meeting packet.

**7. Deputy Director Report**

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

**Regional Matters:**

- Michigan Department of Health and Human Services (MDHHS) Prepaid Inpatient Health Plan (PIHP) Procurement Update
- Michigan Health Endowment Fund
- Consumer Satisfaction Survey Results 2025

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

State of Michigan/Statewide Activities

- MDHHS Issues Grant Funding Opportunity for Recovery Support Services

**8. Chief Financial Officer Report**

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

- FY2025 Substance Use Disorder (SUD) Financial Summary Report of September 2025
- FY2026 PA2 Funding and Expenditures by County
- FY2026 PA2 Use of Funds by County and Provider
- FY2026 Substance Use Disorder (SUD) Financial Summary Report of December 2025

**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.

Administration will update the Beginning Reserve Balance column on the PA2 Funding Recommendation by County report in the contract listing to reflect the actual balance instead of a projected balance.

**MOTION BY JOHN HUNTER, 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 additional activities the SUD Treatment and Prevention team are involved with in addition to the Operations Report included in the board meeting packet, highlighting the below:

- Learning Collaborative data reflecting a decline in underserved populations
- Department of Education Proposed Rule Public Comment Opportunity

Ms. Tanya Pratt left the meeting.

**11. Other Business**

Ms. Amanda Ittner introduced Ms. Skye Pletcher and Ms. Liz Philpott who provided members with a presentation on Substance Use Disorder Health Homes.

**12. Public Comment**

There was no public comment.

**13. Board Member Comment**

There was no board member comment.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

**14. Adjournment**

Chairperson Bryan Kolk adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:05 p.m.

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

DRAFT

Community Mental Health  
Member Authorities

Bay Arenac  
Behavioral Health



CMH of  
Clinton.Eaton.Ingham  
Counties



CMH for Central  
Michigan



Gratiot Integrated  
Health Network



Huron Behavioral Health



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



LifeWays CMH



Montcalm Care Center



Newaygo County  
Mental Health Center



Saginaw County CMH



Shiawassee  
Health & Wellness



Tuscola Behavioral  
Health Systems

**Board Officers**

Edward Woods

*Chairperson*

Irene O'Boyle

*Vice-Chairperson*

Deb McPeek-McFadden

*Secretary*

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

February - March

**MSHN/REGIONAL MATTERS**

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

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

As an update to the PIHP/MDHHS lawsuit, MDHHS issued a motion on January 29, 2026, for summary disposition due to mootness since they cancelled the RFP. MSHN along with the other plaintiffs, through our legal team, submitted a response to the motion and a hearing has been scheduled for April 13, 2026. A verbal update will be provided to the board at the April 15, 2026, meeting.

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

**Provider Network Adequacy Assessment – FY25**

The Code of Federal Regulations (CFR) at 42 CFR Parts 438.68 and 457.1218 charges States holding managed care contracts with the development and implementation of network adequacy standards. Michigan Department of Health and Human Services (MDHHS) developed parameters for PIHPs to ensure compliance with CFR requirements that include time and distance standards as well as Medicaid Enrollee-Provider Ratio standards. MDHHS requires each PIHP to submit plans on how the standards will be effectuated by region. Understanding regional diversity, MDHHS expects to see nuances within the PIHPs to best accommodate the local populations served. PIHPs must consider at least the following parameters for their plans:

- 1) Maximum time and distance
- 2) Medicaid to Enrollee Ratios
- 3) Timely appointments
- 4) Language, Cultural competence, and Physical accessibility

MSHN delegates Network Management to the CMHSPs, including assurance of sufficient capacity to meet the community needs and retains network management for substance use disorder (SUD). In FY24, the MSHN region met all requirements for Time/Distance and Provider Enrollee Ratios except for Pediatric Residential (both Mental Health & SUD). MSHN and the CMHSPs began assessing the adequacy of our regional Network in January 2026 including analysis of FY25 utilization and enrollment. For SUD, MSHN continues to not meet the requirement for adolescent services for residential and withdrawal management. MDHHS also requires one Opioid Treatment

Program (OTP) per 35,000 Medicaid Beneficiaries. MSHN currently has five (5) OTPs in region and nine (9) total, which is under the requirement of 11.4.

**Utilization Management and Access Department Update**

The MSHN Utilization Management and Access (UM) department provides oversight of access and referral for substance use disorder (SUD) treatment services and authorization of SUD treatment services. The UM department also provides support and technical assistance to the SUD provider network related to these content areas. The linked report below provides updates on:

1. Utilization reviews: prospective, concurrent, and retrospective,
2. External policies and regulations which impact utilization and authorizations, and
3. Plan for future initiatives and targeted improvement efforts.

One of the many content areas in the quarterly report includes an analysis of authorizations that are auto approved as well as those that require a Utilization Management Specialist to review. The table below indicates the total number of authorizations processed in MSHN’s electronic management system each quarter during FY25.

FY 25	Auto Approved	Concurrent Review	Total	Average Rate of Concurrent Review	Average Number of Concurrent Reviews per Week
Q1	5881	1379	7081	19.5%	106
Q2	5764	1345	7109	23.3%	104
Q3	5223	1637	6860	23.8%	126
Q4	5134	1382	6516	21.2%	106

In FY25, MSHN implemented a centralized access and authorization process for SUD Residential and Withdrawal Management. From July 1 to September 30, 2025, the MSHN Access Center received 1,231 Substance Use Disorder (SUD) Requests for Service (RFS) and completed 1,065 level of care (LOC) determinations at the PIHP level, along with 740 administrative LOC reviews. While provider-conducted LOC determinations were recorded, the primary focus at MSHN remained on PIHP-level activity. Collectively, all sources accounted for 4,879 LOC determinations during the quarter, highlighting the network capacity to efficiently respond to community needs.

For more information on Utilization and Access Reviews, *see the link below: **FY25 Q4 Access-Utilization Management Department Report.***

**FY25 Fiscal Review of Prevention and State Opioid Response Funds**

Michigan Department of Health and Human Services (MDHHS) conducted a virtual fiscal site review with Mid-State Health Network related to Prevention and the State Opioid Response (SOR) funds. The objectives of the desk review were to evaluate responses to ensure that Mid-State Health Network complied with applicable program standards and requirements, and if any reporting or funding revisions were necessary. This review noted no exceptions.

Congratulations to MSHN Finance Department and the SUD Clinical Team for an outstanding review! The MDHHS Site Review letter is attached for SUD OPB information.

## **STATE OF MICHIGAN/STATEWIDE ACTIVITIES**

### **Gongwer Alert February 11, 2026 - \$88.1B budget rec from Whitmer seeks to keep health spending intact**

Gov. Gretchen Whitmer's budget recommendation for the 2026-27 fiscal year contains limited changes to existing spending, concentrating small increases into the K-12 education system and transportation with a series of accounting and revenue proposals to maintain Medicaid programming.

With combined revenues to the General Fund and School Aid Fund forecast to rise by just 1.1% for the 2026-27 fiscal year, Whitmer's final budget proposal reflects that dynamic. Gross spending would be \$88.1 billion with General Fund spending at \$13.6 billion.

The governor proposes a 2.5% increase in the per pupil funding level, bringing it to \$10,300 and requiring \$325 million. But with the removal of \$1.24 billion in one-time spending from the current year, the various increases and new one-time spending, Whitmer's proposal for K-12 school aid still leaves that budget mostly unchanged at \$21.4 billion (\$45.3 million General Fund, \$18.55 billion School Aid Fund).

Although the budget proposal includes several new revenue items aimed at boosting the Department of Health and Human Services budget, House Speaker Matt Hall, R-Richland Township, in a press conference ahead of the official presentation, rejected the idea of any tax increases.

The governor proposed no change in funding for the state's 15 public universities and 28 community colleges from the current 2025-26 fiscal year. She also proposed no change to statutory revenue sharing for the state's cities, villages, townships and counties.

Of the 23 departments and major budget areas where the governor offers proposals, 13 would see a change of plus or minus 2% from the current year. The other 10 have larger swings, though – other than in the Department of Transportation, where new road funding is coming online – generally not because of significant new programming or spending cuts.

The governor is taking another shot at Game and Fish license fee increases to boost revenues available to the Department of Natural Resources, though the Legislature has balked at fee hikes for years. Whitmer's proposal also brings back the recommendation to increase the tipping fee paid for landfilling trash from other states in Michigan. The fee increase has died in the Legislature during the last two budget cycles.

The most dramatic moves, unsurprisingly, occur in the largest budget, for the DHHS, which has been roiled by the federal One Big Beautiful Bill Act.

Details were spare as of the 1 p.m. start time for Budget Director Jen Flood to begin her presentation to a joint meeting of the House and Senate Appropriations committees, but the governor's proposal includes several revenue measures to prop up the DHHS budget:

- A tobacco tax increase
- A new tax on vapes
- A new internet tax rate for the largest casinos
- A per-wager sports betting tax
- A new digital advertising tax
- Elimination of the free play deduction

Taken together, the Whitmer administration estimates these measures would raise \$800 million, all for Medicaid.

There are unspecified moves related to Medicaid overpayment and recovery-related efforts and a call for \$150 million in savings through annual efficiency. There are also moves to support direct care workers with a wage increase of \$1.27 per hour and preservation of previous increases totaling \$3.40 per hour.

The overall change to DHHS appears massive, from \$30 billion for the current year to \$40 billion for the upcoming year, a 36.5 percent increase. However, much of that change is on paper. In the current year, the state parked about \$9 billion into a special fund to address Medicaid spending once there was clarity on how the federal government would handle the state's provider taxes, generally seen as likely to be ruled illegal in the wake of the One Big Beautiful Bill Act.

However, the Whitmer administration said it expects to spend all \$9 billion. For the upcoming fiscal year, that \$9 billion would be moved back into the regular budget, meaning most of the year-over-year increase is only on paper. Budget documents can be found at the [State Budget Office website](#).

## **FEDERAL/NATIONAL ACTIVITIES**

### **Nation Council – H.R.1**

The National Council has “provided key takeaways from the Centers for Medicare and Medicaid Services (CMS) State Medicaid Director Letter providing guidance on Section 71107 of H.R.1, which requires states to conduct Medicaid eligibility redeterminations every six months for most adults in the Medicaid expansion population beginning January 1, 2027. The letter describes two processes states may use to transition enrolled beneficiaries from the current 12-month renewal cycles to six-month renewal cycles. It also covers considerations including due process requirements for beneficiaries and how work requirements will be assessed at each renewal.”

The document is available at <https://pages.thenationalcouncil.org/transition>.

Also available are a HR 1 Journey Map available at <https://pages.thenationalcouncil.org/journeymap>, and white paper of work requirements available at <https://pages.thenationalcouncil.org/workrequirements>.

### **National Spending on Mental Health and Substance Use Disorder Treatment**

Health Affairs has published a research article entitled US National Spending on Mental Health and Substance Use Disorder Treatment Driven By Case Growth, 2000–21. The article is available at <https://www.healthaffairs.org/>.

### **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**

April is Alcohol Awareness Month, an opportunity to update your knowledge about alcohol use disorder (AUD) and the adverse impact of alcohol misuse on health and society. Alcohol-related problems continue to take a heavy toll on individuals, families, and communities. Researchers estimate that each year there are more than 178,000 alcohol-related deaths, making alcohol a leading preventable cause of death in the United States. In addition, more than 200 disease and injury-related conditions are associated with alcohol misuse.

NIAAA offers a wealth of research-based resources related to alcohol misuse. These resources are free, cover many topics, and are available in multiple languages. Examples include the following:

- [Facts About Teen Drinking](#): Designed for teens, this website contains in-depth information about how alcohol affects health, how to identify signs of an alcohol problem, and how to get help.
- [NIAAA for Middle School](#): This web resource contains interactive activities to help parents, caregivers, and teachers introduce and reinforce key messages about peer pressure, resistance skills, and other important topics related to underage drinking.
- [Alcohol and Your Brain: A Virtual Reality Experience](#): This educational experience shares age-appropriate messages through engaging visuals, informative billboards, and narration.
- [Kahoot! quiz about underage drinking](#): This quiz can be taken at home or in the classroom to help teens gain a better understanding of underage drinking. Topics covered in the quiz are negative health consequences associated with drinking, signs of an alcohol problem, and how to find support.

In addition, the [Rethinking Drinking](#) website features interactive calculators as well as tips and strategies to cut down or quit drinking. The [Alcohol Treatment Navigator](#) walks individuals through the process of finding treatment options and recovery resources. Whether you are seeking more information about what alcohol use disorder is, are thinking about cutting back on alcohol, are a parent looking for information about how to talk to your child about alcohol, or a [health care professional](#) looking for how to help patients with alcohol-related problems, NIAAA can help.

During Alcohol Awareness Month, you can also find information across the [NIAAA website](#) to learn more about NIAAA-supported research and initiatives. These efforts aim to generate and disseminate fundamental knowledge about the adverse effects of alcohol on health and well-being. Such research is critical in helping us to improve the diagnosis, prevention, and treatment of alcohol-related problems.

Submitted by:



Amanda L. Ittner

Finalized: 4.3.26

**Attachment:**

MDHHS Substance Use, Gambling and Epidemiology Fiscal Review Letter

**Link:**

[FY25 Q4 Access UM Department Report](#)



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

February 20, 2026

Joseph Sedlock, Chief Executive Officer  
Mid-State Health Network  
530 W. Ionia Street  
Lansing, MI 48933-1062

Dear Mr. Sedlock:

Thank you for the cooperation extended to the Substance Use, Gambling and Epidemiology Division staff during the fiscal desk review process. We reviewed expenses reported by Mid-State Health Network on the Financial Status Reports (FSR) for the Prevention and State Opioid Response 4, as well as the agency’s Fiscal Questionnaire.

Project Title	Line Item	Amount Reported	FSR Period
Prevention	Subawards – Subrecipient Services	\$1,347,171.04	06/01/2025-06/30/2025
State Opioid Response 4	Supplies & Materials	\$98,872.36	06/01/2025-06/30/2025
State Opioid Response 4	Subawards – Subrecipient Services	\$237,754.87	06/01/2025-06/30/2025
State Opioid Response 4	Communications	\$450.00	06/01/2025-06/30/2025

The objectives of the desk review were to evaluate responses to ensure that Mid-State Health Network complied with applicable program standards and requirements, and if any reporting or funding revisions were necessary. This review noted no exceptions.

Joseph Sedlock  
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February 20, 2026

If you have any questions concerning the procedures or the results of our review, please contact Choua Gonzalez-Medina at GonzalezMedinaC@michigan.gov.

Thank you for your cooperation.

Sincerely,



Angela Smith-Butterwick, MSW  
Director  
Division of Substance Use, Gambling and Epidemiology  
Health Services Administration

ASB/cg

c: Lisa Coleman, Substance Use Prevention & Treatment Section Manager  
Su Min Oh, Gambling and Epidemiology Section Manager  
Choua Gonzalez-Medina, State Opioid Coordinator  
Trisha Thrush, Director of SUD Services & Operations  
Leslie Thomas, Chief Financial Officer  
Amy Keinath, Finance Manager

**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	868,784	-	868,784
Shiawassee	163,641	-	163,641
Tuscola	73,748	-	73,748
	<u>\$ 6,165,323</u>	<u>\$ -</u>	<u>\$ 6,165,323</u>

**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	23,552	\$ 27,955
Bay	328,021	63,828	\$ 264,193
Clare	120,455	35,120	\$ 85,335
Clinton	566,230	49,009	\$ 517,221
Eaton	385,175	132,958	\$ 252,217
Gladwin	72,795	23,936	\$ 48,859
Gratiot	59,166	29,994	\$ 29,172
Hillsdale	173,861	-	\$ 173,861
Huron	92,316	24,832	\$ 67,484
Ingham	1,364,881	378,335	\$ 986,546
Ionia	243,833	48,213	\$ 195,620
Isabella	222,865	86,632	\$ 136,233
Jackson	648,051	142,788	\$ 505,263
Mecosta	149,294	48,656	\$ 100,638
Midland	253,698	100,735	\$ 152,963
Montcalm	173,469	53,211	\$ 120,258
Newaygo	97,507	30,055	\$ 67,452
Osceola	56,027	20,478	\$ 35,549
Saginaw	868,784	303,010	\$ 565,774
Shiawassee	163,641	67,446	\$ 96,194
Tuscola	73,748	18,923	\$ 54,825
	<b>\$ 6,165,323</b>	<b>1,681,712</b>	<b>\$ 4,483,611</b>

**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	868,784							526,454	-	868,784
Shiawassee	163,641							112,602	-	163,641
Tuscola	73,748							61,849	-	73,748
	<u>\$ 6,165,323</u>	<u>\$ -</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ 3,597,533</u>	<u>\$ -</u>	<u>\$ 6,165,323</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	4,669	4,367	23,552	\$ 27,955
Bay	328,021	12,847	12,276	14,545	11,898	12,261	63,828	\$ 264,193
Clare	120,455	5,832	8,284	6,878	7,987	6,139	35,120	\$ 85,335
Clinton	566,230	11,751	8,496	10,765	9,198	8,799	49,009	\$ 517,221
Eaton	385,175	31,813	25,118	25,086	23,985	26,957	132,958	\$ 252,217
Gladwin	72,795	4,632	4,878	5,228	4,622	4,576	23,936	\$ 48,859
Gratiot	59,166	8,952	5,101	5,336	5,407	5,197	29,994	\$ 29,172
Hillsdale	173,861	-	-	-	-	-	-	\$ 173,861
Huron	92,316	5,140	5,327	4,726	4,790	4,849	24,832	\$ 67,484
Ingham	1,364,881	73,540	72,822	79,341	68,799	83,833	378,335	\$ 986,546
Ionia	243,833	4,535	9,751	15,964	9,404	8,558	48,213	\$ 195,620
Isabella	222,865	20,398	17,228	14,697	17,093	17,216	86,632	\$ 136,233
Jackson	648,051	24,836	25,293	30,150	33,417	29,093	142,788	\$ 505,263
Mecosta	149,294	10,133	9,319	10,464	9,610	9,130	48,656	\$ 100,638
Midland	253,698	18,947	19,074	13,520	24,298	24,896	100,735	\$ 152,963
Montcalm	173,469	10,963	9,314	8,085	16,097	8,753	53,211	\$ 120,258
Newaygo	97,507	5,421	5,398	6,005	7,162	6,069	30,055	\$ 67,452
Osceola	56,027	4,355	4,205	3,911	4,284	3,723	20,478	\$ 35,549
Saginaw	868,784	52,875	37,240	39,561	104,838	68,495	303,010	\$ 565,774
Shiawassee	163,641	6,213	22,659	12,894	12,504	13,177	67,446	\$ 96,194
Tuscola	73,748	3,917	4,059	3,601	3,651	3,695	18,923	\$ 54,825
<b>\$ 6,165,323</b>		<b>\$ 321,868</b>	<b>\$ 310,331</b>	<b>\$ 316,015</b>	<b>\$ 383,713</b>	<b>\$ 349,785</b>	<b>1,681,712</b>	<b>\$ 4,483,611</b>

**Mid-State Health Network**  
 Summary of PA2 Use of Funds by County and Provider  
 October 1, 2025 through February 28, 2026

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
<b>Arenac</b>				
Peer 360 Recovery			9,005	9,005
Ten Sixteen Recovery	187	14,360		14,547
<b>Arenac Total</b>	<b>187</b>	<b>14,360</b>	<b>9,005</b>	<b>23,552</b>
<b>Bay</b>				
McLaren Prevention Services		2,304		2,304
Peer 360 Recovery			21,668	21,668
Sacred Heart Rehabilitation		9,933		9,933
Ten Sixteen Recovery	3,248	18,153	8,522	29,923
<b>Bay Total</b>	<b>3,248</b>	<b>30,390</b>	<b>30,190</b>	<b>63,828</b>
<b>Clare</b>				
Ten Sixteen Recovery	7,627	27,493		35,120
<b>Clare Total</b>	<b>7,627</b>	<b>27,493</b>		<b>35,120</b>
<b>Clinton</b>				
Eaton Regional Education Service Agency		49,009		49,009
<b>Clinton Total</b>		<b>49,009</b>		<b>49,009</b>
<b>Eaton</b>				
Eaton Regional Education Service Agency		95,610		95,610
Wellness, InX	16,276		21,072	37,348
<b>Eaton Total</b>	<b>16,276</b>	<b>95,610</b>	<b>21,072</b>	<b>132,958</b>
<b>Gladwin</b>				
Ten Sixteen Recovery	4,970	18,966		23,936
<b>Gladwin Total</b>	<b>4,970</b>	<b>18,966</b>		<b>23,936</b>
<b>Gratiot</b>				
Gratiot County Child Advocacy Association		26,897		26,897
Ten Sixteen Recovery	3,097			3,097
<b>Gratiot Total</b>	<b>3,097</b>	<b>26,897</b>		<b>29,994</b>
<b>Huron</b>				
Peer 360 Recovery			24,832	24,832
<b>Huron Total</b>			<b>24,832</b>	<b>24,832</b>
<b>Ingham</b>				
Child and Family Charities		57,124		57,124
Cristo Rey Community Center		32,042		32,042
Eaton Regional Education Service Agency		48,033		48,033
Ingham County Health Department		51,412		51,412
Lansing Syringe Access, Inc			40,953	40,953
Wellness, InX	92,847		55,924	148,770
<b>Ingham Total</b>	<b>92,847</b>	<b>188,611</b>	<b>96,877</b>	<b>378,335</b>
<b>Ionia</b>				
County of Ionia		48,213		48,213
<b>Ionia Total</b>		<b>48,213</b>		<b>48,213</b>
<b>Isabella</b>				
Peer 360 Recovery			20,507	20,507
Ten Sixteen Recovery	4,609	26,173	35,343	66,125
<b>Isabella Total</b>	<b>4,609</b>	<b>26,173</b>	<b>55,850</b>	<b>86,632</b>

**Mid-State Health Network**  
 Summary of PA2 Use of Funds by County and Provider  
 October 1, 2025 through February 28, 2026

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
<b>Jackson</b>				
Big Brothers Big Sisters of Jackson County, Inc		6,432		6,432
Family Service and Childrens Aid (Born Free)		85,266		85,266
Henry Ford Allegiance		650		650
Home of New Vision			50,440	50,440
<b>Jackson Total</b>		<b>92,348</b>	<b>50,440</b>	<b>142,788</b>
<b>Mecosta</b>				
Ten Sixteen Recovery	8,360	12,344	27,952	48,656
<b>Mecosta Total</b>	<b>8,360</b>	<b>12,344</b>	<b>27,952</b>	<b>48,656</b>
<b>Midland</b>				
Peer 360 Recovery			39,393	39,393
Ten Sixteen Recovery	14,878			14,878
The Legacy Center for Community Success		46,464		46,464
<b>Midland Total</b>	<b>14,878</b>	<b>46,464</b>	<b>39,393</b>	<b>100,735</b>
<b>Montcalm</b>				
Mid-Michigan District Health Department		6,196	2,015	8,211
Randy's House of Greenville, Inc.			45,000	45,000
<b>Montcalm Total</b>		<b>6,196</b>	<b>47,015</b>	<b>53,211</b>
<b>Newaygo</b>				
Arbor Circle		30,055		30,055
<b>Newaygo Total</b>		<b>30,055</b>		<b>30,055</b>
<b>Osceola</b>				
Ten Sixteen Recovery	6,901	13,577		20,478
<b>Osceola Total</b>	<b>6,901</b>	<b>13,577</b>		<b>20,478</b>
<b>Saginaw</b>				
Face Addiction Now			46,777	46,777
First Ward Community Service		109,448		109,448
Peer 360 Recovery			42,700	42,700
Sacred Heart Rehabilitation		3,714		3,714
Saginaw County Youth Protection Council		51,344		51,344
Women of Colors		49,027		49,027
<b>Saginaw Total</b>		<b>213,533</b>	<b>89,477</b>	<b>303,010</b>
<b>Shiawassee</b>				
Catholic Charities of Shiawassee and Genesee		38,024		38,024
Peer 360 Recovery			23,460	23,460
Shiawassee County		5,962		5,962
<b>Shiawassee Total</b>		<b>43,986</b>	<b>23,460</b>	<b>67,446</b>
<b>Tuscola</b>				
Peer 360 Recovery			18,923	18,923
<b>Tuscola Total</b>			<b>18,923</b>	<b>18,923</b>
<b>Grand Total</b>	<b>163,000</b>	<b>984,225</b>	<b>534,487</b>	<b>1,681,712</b>

Mid-State Health Network  
Summary of SUD Revenue and Expenses as of February 2026 (41.73% of Budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
<b>Revenue</b>				
Block Grant	4,059,046.94	10,251,692.00	6,192,645.06	39.59%
SOR and Other Grants	525,323.94	1,872,246.00	1,346,922.06	28.06%
Medicaid	7,986,149.81	19,683,336.00	11,697,186.19	40.57%
Healthy Michigan	11,660,476.52	28,411,794.00	16,751,317.48	41.04%
PA2	1,681,711.53	4,991,869.00	3,310,157.47	33.69%
<b>Totals</b>	<b>25,912,708.74</b>	<b>65,210,937.00</b>	<b>39,298,228.26</b>	<b>39.74%</b>
<b>Direct Expenses</b>				
Block Grant	4,059,046.94	10,251,692.00	6,192,645.06	39.59%
SOR and Other Grants	525,323.94	1,872,246.00	1,346,922.06	28.06%
Medicaid	6,565,629.64	18,561,816.00	11,996,186.36	35.37%
Healthy Michigan	12,056,432.26	30,000,000.00	17,943,567.74	40.19%
PA2	1,681,711.53	4,991,869.00	3,310,157.47	33.69%
<b>Totals</b>	<b>24,888,144.31</b>	<b>65,677,623.00</b>	<b>40,789,478.69</b>	<b>37.89%</b>
<b>Surplus / (Deficit)</b>	<b>1,024,564.43</b>			

Surplus / (Deficit) by Funding Source

Block Grant	-
SOR Grants	-
Medicaid	1,420,520.17
Healthy Michigan	(395,955.74)
PA2	-
<b>Totals</b>	<b>1,024,564.43</b>

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.**

## OPB Operational Report April 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

- Ran vaping prevention streaming media campaign to run during the month of March 2026 leading up to Take Down Tobacco Day on April 1. This was funded with \$4000 of MDHHS Tobacco Section funding given to each PIHP.
- MPDS has been opened, and providers are currently reporting activity data on spreadsheets submitted to MSHN monthly along with entering in the new MPDS. There have been trainings by both MDHHS and MSHN for users, and we continue to offer technical assistance as requested.
- Updated Annual Planning documents for FY27 and sent out to providers on April 1 to be returned with budgets for FY17 on June 1.
- One MSHN prevention staff attended MDHHS annual Problem Gambling Symposium
- Began program observations with providers responsible for coalition coordination
- DYTURs updated the Master Retailer Lists for each county and are now working on Vendor Education and non-Synar checks leading up to the formal Synar check period in June.
- Planning continued and registration opened for 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.
- Supported Learning Collaborative report development
- Hosted Quarterly SUD Provider Meeting and Prevention breakout session in March
- Continued working with coalitions and providers to offer technical assistance for overdose prevention activities, while encouraging engagement with county Opioid Settlement committees
- Inter-regional coordination ongoing through Prevention Coordinators around the state
- Review of prevention providers' entries into MPDS (Michigan Prevention Data System) and on spreadsheets where prevention providers log their activities, persons served, etc.
- Provision of technical assistance and training to existing providers on best practices for prevention and on how to document those in MPDS/tracking sheets
- Attending coalition meetings across Region 5's 21 counties
- Continued implementation of FY24-26 SUD Strategic Plan

### Treatment, Recovery Housing, & Overdose Prevention

- Developed and submitted written response to proposed changes to the LARA SUD Administrative Rules.
- Participated in updated Charitable Choice policy.
- Development of best practice guidance for Recovery Housing providers regarding instances of use while in recovery housing.
- Development of FY27 Treatment Annual Plan including provider and network level data review to guide discussion during meetings in April and May of 2026.
- Participated in the review of FY27 QAPI Site Review Tools.
- Hosted three Provider Orientation meetings for providers with newer leadership staff.

- Participation in internal discussions to develop guidance for providers utilizing transportation support.
- 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.
- 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 3-19-26 from 12-2p. Began preparations for next meeting scheduled for 6-18-2026.
- MSHN has a total of **618 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 03/25/2026, 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: 28
  - Recovery Pathways – Bay City: 88
  - Recovery Pathways – Corunna: 25
  - Sacred Heart - Bay City: 15
  - Sacred Heart - Saginaw: 0
  - VCS – Saginaw: 203
  - VCS – Jackson: 122
  - VCS – Lansing: 137
- Planning for ASAM Criteria 4<sup>th</sup> Edition transition in MSHN region in FY27. Consulting with MDHHS on timing of transition in combination with ASAM Continuum updates, as well as needed documentation for ASAM Criteria 3 to 4 crosswalk, etc.
- 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).

#### Additional Activities February - March:

- The *Equity Upstream* Learning Collaborative status report has been finalized and is working to expand and leverage the lessons learned to other Region 5 counties.
- MSHN has submitted a proposal to present the *Equity Upstream* initiative’s successes at the 2026 SUD & COD (Co-Occurring Disorder) conference in September.
- In some counties, addressing underserved populations means improving access to quality care in communities of color. In other counties, it’s rural White populations who experience service gaps as this

commentary [“A Call for Broadening the Lens on Health Disparities”](#) from the National Academy of Medicine attests. With that in mind, MSHN is expanding its anti-stigma media campaign [Celebrating Strength](#) to include rural and predominantly White counties in Region 5 starting in April 2026. New materials will be added to the Celebrating Strength [toolkit](#) that includes publicly accessible posters, videos, etc. for download.

- MSHN has disseminated the Learning Collaborative report and an accompanying implementation guide to the full SUD Provider meeting following its March SUD provider meeting, to Region 5’s CMHs through their Clinical Leadership Committee (CLC) on 3/26/2026, and to the rest of the state through multiple venues: the 3/27/2026 SUDS Directors’ monthly meeting chaired by Dr. Meier, the Opioid Task Force’s Treatment Subcommittee, and the Governor’s Mental Health Diversion Council (on which Dr. Meier sits). A meeting is in the works for the second week of April to determine potential funding streams for ongoing work to improve SUD services for underserved populations in Region 5.
- Federal actions—legislation and Executive Orders—continue to reverse 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. See the concern expressed [here](#) from House Rep and Energy and Commerce Committee Ranking Member Frank Pallone, Jr. (D-NJ).
- MSHN has always supported multiple pathways to recovery from a SUD based on each individual’s needs: These include Medication Assisted Treatment (MAT), Medication for Opioid Use Disorders (MOUD), abstinence-based approaches and faith-based treatment approaches. Underlying these options is the individual’s right to choose the treatment pathway that works best for them which requires full transparency and disclosure of a provider’s treatment philosophy at the first point of contact for services. This allows the individual to agree to that provider’s treatment orientation or, if that paradigm doesn’t fit for them, they can switch to another provider. Since engaging in treatment is such a vulnerable and delicate time for people living with a SUD, MSHN is committed to *discouraging* delayed disclosure that could result in an individual feeling invested in a particular provider only to later learn that they might not feel comfortable with that provider’s approach. The idea of starting over may discourage reengagement with a new provider resulting in a missed opportunity that could save lives. Full disclosure of being a faith-based provider and a referral to another provider is required by state and federal law. MSHN has therefore developed this [procedure on MSHN’s website](#) for faith-based providers to disclose their treatment philosophy and any restrictions on programming that the prospective client should know about up front.

Substance Use Disorder (SUD)  
 Clinical Team  
 Narrative Report  
 FY26-Q1  
 October 2025 – January 2026

PREVENTION GOALS	RESULTS & PROGRESS
<b>Reduce Underage Drinking</b>	During Q1 of FY26, 56 people participated in alcohol compliance checks and vendor education throughout the region. There were 33 alcohol-related coalition and alcohol policy meetings throughout the region.
<b>Reduce prescription and over-the-counter drug abuse, including opiates</b>	During Q1 of FY26, naloxone training continued with 17 activities for 475 individuals.
<b>Reduce youth access to tobacco</b>	Tobacco Vendor Education was completed for 39 participants. There were 176 non-Synar tobacco compliance checks completed in Q1. Youth access to tobacco activity will increase soon as the Synar work begins for FY26 in Q2.
<b>Reduce Substance Use in Older Adults</b>	MSHN and Mid-Michigan District Health Department continues to host bimonthly Older Adult Wellness workgroup meetings. The MDHHS Older Adult Wellness workgroup has been on pause but is expected to reconvene soon. 24 Older Adult Education activities took place in Saginaw County this quarter.

Substance Use Disorder (SUD)  
Clinical Team  
Narrative Report  
FY26-Q1  
October 2025 – January 2026

TREATMENT GOALS	RESULTS & PROGRESS
<p><b>Increase women’s specialty service programs</b></p>	<p>To promote successful recovery for women MSHN continues to work with all providers to add new WSS designations or sites. To ensure Region 5 is staffed with properly trained individuals on the topics of trauma, gender-specific needs, and substance use disorder for women in treatment for SUD and their children, MSHN has shared opportunities for trainings with providers as they occur. MSHN has advocated to ensure children in WSS are receiving necessary referrals to increase the number of children receiving primary pediatric care, including immunizations. MSHN hosted two WSS Task Team meetings in Q1. During the January meeting, MSHN reviewed the outcome of the WSS Annual Report as well as other relevant data to WSS providers.</p>
<p><b>Increase array of medication assisted treatment programs</b></p>	<p>MSHN Treatment Team continues to seek new opportunities to increase and expand access to MAT services across the region. Areas that continue to be evaluated and prioritized for implementation include counties with none or limited-service providers for SUD outpatient services and MAT/MOUD supports.</p>
<p><b>Expand Stimulant Use Disorder Treatment</b></p>	<p>MSHN Treatment Team continues implementation of the MDHHS Recovery Incentive Pilot for FY26. Lifeways – Jackson served 7 participants in the pilot. FSCA has served 1 participant this quarter. Both locations report a smooth execution of the pilot. Recovery Pathways has been selected to begin implementation of the pilot next quarter. They will be completing their onboarding with Altarum in March and is going to provide CM services at 4 of their locations-Bay City, Saginaw, Corunna and Midland.</p> <p>Additionally, MSHN has SUD Health Home locations for the region in the following counties: Isabella, Bay, Saginaw, Jackson, and Ingham counties. During Q1, MSHN supported an RFI, which will add an additional 8 SUD Health Home locations for the region in FY26.</p>

Substance Use Disorder (SUD)  
 Clinical Team  
 Narrative Report  
 FY26-Q1  
 October 2025 – January 2026

<p><b>Expand Jail Based Services</b></p>	<p>MSHN currently supports 16 of 21 county jails with SUD provider services around the region.</p> <p>Through SOR funding we have providers continuing to offer services within the jails. We have three providers (CATS, Recovery Pathways, and Samaritas) utilizing SOR. Those providers are continuing to try and find new and inventive ways to expand the services being offered within the jail. During Q1, there were 186 individuals served in the SOR jail-based programs.</p> <p>Additionally, Montcalm Care Network is utilizing the MSHN OSF opportunity to support a Peer Recovery Coach position in Montcalm County Jail. The Peer Recovery Coach assists in supporting recovery and connecting the individual to community resources related to substance use treatment, housing, employment, and addressing social determinants of health.</p>
<p><b>Expand Trauma Informed Care</b></p>	<p>MSHN supports a <a href="#">Trauma Informed System of Care Policy</a>.</p> <p>In Q1, the SUD Treatment Team continues to support providers in working toward achieving their Trauma Informed Care goals that are identified each fiscal year during annual plan meetings. These goals are developed based on the outcome of the Trauma Informed Care Survey that providers complete every three years. The Treatment Team will be hosting annual plan meetings with providers in the next quarter and will be reviewing progress made on identified goals from the last fiscal year while identifying new goals for the year ahead.</p>
<p><b>Expand penetration rates for adolescents, older adults, and veterans/military families.</b></p>	<p>MSHN continues to look for opportunities to expand services for specialty populations. During the FY27 annual plans, the MSHN Treatment Team will be asking all providers about their interests in supporting or expanding services for adolescents, and the team is following up with providers who expressed an interest.</p>

# OPB Quarterly Report FY26 Q1

October 1 - December 31, 2025



# Arenac

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

876

Total Attendees

116

# of Activities

## Admitted

Service	Adult
Withdrawal	2
SUDHH	2
Residential	1
Outpatient	12

### WSS

Adult

1

### MAT

Adult

2

## Served

Service	Adult
Outpatient	43
Residential	3
SUDHH	13
Withdrawal	2

### WSS

Adult

3

### MAT

Adult

5

## Primary Substance at Admission Adult

Alcohol	3
Cocaine	1
Heroin	3
Marijuana/Hashish	1
Methamphetamine / Speed	6
Other Opiates / Synthetics	1

## Secondary Substance Adult

(None)	2
Benzodiazepines	1
Marijuana/Hashish	3
Other Opiates / Synthetics	4

# Bay

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

11844

Total Attendees

1088

# of Activities

## Admitted

Service	Adult	Minor
Withdrawal	35	
SUDHH	23	
Residential	54	
Outpatient	97	6

### WSS

Adult

17

### MAT

Adult

39

## Served

Service	Adult	Minor
Outpatient	407	21
Residential	69	
SUDHH	102	1
Withdrawal	36	

### WSS

Adult

78

### MAT

Adult

90

## Primary Substance at Admission

Substance	Adult	Minor
Alcohol	75	
Cocaine	29	
Heroin	24	
Marijuana/Hashish	4	6
Methamphetamine / Speed	26	
Other Amphetamines	2	
Other Drugs	1	
Other Opiates / Synthetics	23	
Other Sedatives / Hypnotics	2	

## Secondary Substance

Substance	Adult	Minor
(None)	22	
Alcohol	13	4
Benzodiazepines	1	
Cocaine	28	
Heroin	13	
Marijuana/Hashish	31	
Methamphetamine / Speed	8	
Non-prescription methadone	1	
Other Amphetamines	2	
Other Drugs	2	
Other Opiates / Synthetics	9	
Other Stimulants	2	

# Clare

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

824

Total Attendees

66

# of Activities

## Admitted

Service	Adult
Withdrawal	9
SUDHH	1
Residential	26
Outpatient	19

### WSS

Adult

0

### MAT

Adult

1

## Served

Service	Adult	Minor
Outpatient	89	1
Residential	32	
SUDHH	14	
Withdrawal	11	

### WSS

Adult

2

### MAT

Adult

25

## Primary Substance at Admission Adult

Alcohol	21
Heroin	2
Methamphetamine / Speed	29
Other Opiates / Synthetics	2

## Secondary Substance Adult

(None)	1
Alcohol	8
Cocaine	2
Heroin	1
Marijuana/Hashish	13
Methamphetamine / Speed	3
Other Opiates / Synthetics	4

# Clinton

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

644

Total Attendees

36

# of Activities

## Admitted

Service	Adult	Minor
Withdrawal	6	
Residential	23	
Outpatient	12	1

### WSS

Adult

1

### MAT

Adult

4

## Served

Service	Adult	Minor
Outpatient	74	1
Residential	27	
SUDHH	4	
Withdrawal	7	

### WSS

Adult

2

### MAT

Adult

18

## Primary Substance at Admission

Substance	Adult	Minor
Alcohol	19	
Cocaine	1	
Heroin	2	
Marijuana/Hashish		1
Methamphetamine / Speed	17	
Other Opiates / Synthetics	2	

## Secondary Substance

Substance	Adult	Minor
Alcohol		1
Heroin	3	
Marijuana/Hashish	9	
Methamphetamine / Speed	3	
Other Opiates / Synthetics	2	

# Eaton

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

2105

Total Attendees

100

# of Activities

## Admitted

Service	Adult	Minor
Withdrawal	20	
SUDHH	4	
Residential	28	
Outpatient	41	1

### WSS

Adult

1

### MAT

Adult

10

## Served

Service	Adult	Minor
Outpatient	201	2
Residential	35	
SUDHH	15	
Withdrawal	23	

### WSS

Adult

9

### MAT

Adult

58

## Primary Substance at Admission

Substance	Adult	Minor
Alcohol	39	
Cocaine	4	
Heroin	13	
Marijuana/Hashish	2	1
Methamphetamine / Speed	25	
Other Opiates / Synthetics	4	
Other Stimulants	2	

## Secondary Substance

Substance	Adult
(None)	7
Alcohol	3
Benzodiazepines	2
Cocaine	5
Heroin	7
Marijuana/Hashish	7
Methamphetamine / Speed	6
Other Drugs	2
Other Opiates / Synthetics	4

# Gladwin

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

2338

Total Attendees

127

# of Activities

## Admitted

Service	Adult
Withdrawal	4
Residential	18
Outpatient	25

### WSS

Adult

1

### MAT

Adult

9

## Served

Service	Adult	Minor
Outpatient	92	2
Residential	21	
SUDHH	10	
Withdrawal	4	

### WSS

Adult

5

### MAT

Adult

11

## Primary Substance at Admission Adult

Alcohol	11
Cocaine	1
Heroin	3
Marijuana/Hashish	2
Methamphetamine / Speed	25
Other Opiates / Synthetics	5

## Secondary Substance Adult

(None)	5
Alcohol	7
Cocaine	3
Heroin	2
Marijuana/Hashish	13
Methamphetamine / Speed	3
Other Opiates / Synthetics	3

# Gratiot

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

1817

Total Attendees

219

# of Activities

## Admitted

Service	Adult
Withdrawal	7
Residential	14
Outpatient	7

WSS

Adult

MAT

Adult

4

## Served

Service	Adult
Outpatient	57
Residential	19
SUDHH	1
Withdrawal	7

WSS

Age Count

MAT

Adult

33

## Primary Substance at Admission Adult

Alcohol	11
Heroin	4
Methamphetamine / Speed	10
Non-prescription methadone	1
Other Opiates / Synthetics	2

## Secondary Substance Adult

Alcohol	3
Cocaine	1
Heroin	2
Marijuana/Hashish	3
Methamphetamine / Speed	6
Other Opiates / Synthetics	1

# Hillsdale

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

0

Total Attendees

0

# of Activities

## Admitted

Service	Adult
Withdrawal	1
Residential	18
Outpatient	15

WSS

Adult

1
---

MAT

Age Count

## Served

Service	Adult
Outpatient	80
Residential	29
SUDHH	4
Withdrawal	1

WSS

Adult

6
---

MAT

Adult

12
----

## Primary Substance at Admission Adult

Alcohol	12
Cocaine	1
Methamphetamine / Speed	20
Other Stimulants	1

## Secondary Substance Adult

(None)	3
Alcohol	3
Cocaine	2
Heroin	2
Marijuana/Hashish	2
Methamphetamine / Speed	2

# Huron

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

2295

Total Attendees

250

# of Activities

## Admitted

Service	Adult
Withdrawal	5
Residential	3
Outpatient	6

WSS

Adult

1
---

MAT

Age Count

## Served

Service	Adult
Outpatient	45
Residential	3
SUDHH	4
Withdrawal	5

WSS

Adult

5
---

MAT

Adult

7
---

## Primary Substance at Admission Adult

Alcohol	11
Heroin	1
Methamphetamine / Speed	1
Other Opiates / Synthetics	1

## Secondary Substance Adult

Benzodiazepines	1
Cocaine	1
Marijuana/Hashish	2
Other Amphetamines	1

# Ingham

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

2248

Total Attendees

332

# of Activities

## Admitted

Service	Adult
Withdrawal	124
SUDHH	19
Residential	223
Outpatient	251

### WSS

Adult

11

### MAT

Adult

77

## Served

Service	Adult	Minor
Outpatient	1180	7
Residential	282	
SUDHH	112	
Withdrawal	130	

### WSS

Adult

22

### MAT

Adult

355

## Primary Substance at Admission Adult

Alcohol	270
Benzodiazepines	5
Cocaine	70
Hallucinogens	1
Heroin	88
Inhalants	1
Marijuana/Hashish	13
Methamphetamine / Speed	110
Other Drugs	3
Other Opiates / Synthetics	36
Other Stimulants	1

## Secondary Substance Adult

(None)	22
Alcohol	62
Benzodiazepines	5
Cocaine	84
Hallucinogens	1
Heroin	29
Marijuana/Hashish	63
Methamphetamine / Speed	53
Non-prescription methadone	1
Other Drugs	6
Other Opiates / Synthetics	13
Other Stimulants	3

# Ionia

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

1850

Total Attendees

119

# of Activities

## Admitted

Service	Adult	Minor
Withdrawal	9	
Residential	12	
Outpatient	41	1

### WSS

Adult

2

### MAT

Adult

9

## Served

Service	Adult	Minor
Outpatient	165	3
Residential	18	
SUDHH	1	
Withdrawal	10	

### WSS

Adult

2

### MAT

Adult

19

## Primary Substance at Admission

Substance	Adult	Minor
Alcohol	24	
Cocaine	1	
Heroin	8	
Inhalants	1	
Marijuana/Hashish	4	1
Methamphetamine / Speed	18	
Non-prescription methadone	1	
Other Amphetamines	2	
Other Opiates / Synthetics	3	

## Secondary Substance

Substance	Adult	Minor
(None)	1	
Alcohol	4	1
Benzodiazepines	1	
Cocaine	4	
Hallucinogens	1	
Heroin	2	
Marijuana/Hashish	9	
Methamphetamine / Speed	8	
Other Amphetamines	1	
Other Drugs	1	
Other Opiates / Synthetics	3	

# Isabella

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

2213

Total Attendees

289

# of Activities

## Admitted

Service	Adult
Withdrawal	9
SUDHH	1
Residential	17
Outpatient	21

### WSS

Adult

1

### MAT

Adult

9

## Served

Service	Adult
Outpatient	172
Residential	23
SUDHH	5
Withdrawal	9

### WSS

Adult

4

### MAT

Adult

88

## Primary Substance at Admission Adult

Alcohol	13
Cocaine	1
Heroin	6
Methamphetamine / Speed	15
Non-prescription methadone	1
Other Opiates / Synthetics	11

## Secondary Substance Adult

(None)	4
Alcohol	1
Cocaine	3
Heroin	4
Marijuana/Hashish	7
Methamphetamine / Speed	6
Other Opiates / Synthetics	2

# Jackson

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

6646

Total Attendees

825

# of Activities

## Admitted

Service	Adult
Withdrawal	33
SUDHH	19
Residential	102
Outpatient	133

### WSS

Adult

22

### MAT

Adult

25

## Served

Service	Adult
Outpatient	522
Residential	146
SUDHH	117
Withdrawal	44

### WSS

Adult

51

### MAT

Adult

240

## Primary Substance at Admission Adult

Alcohol	102
Benzodiazepines	3
Cocaine	20
Heroin	38
Marijuana/Hashish	5
Methamphetamine / Speed	83
Other Drugs	3
Other Opiates / Synthetics	12
Other Stimulants	2

## Secondary Substance Adult

(None)	25
Alcohol	20
Barbiturates	1
Benzodiazepines	2
Cocaine	19
Hallucinogens	1
Heroin	8
Inhalants	1
Marijuana/Hashish	25
Methamphetamine / Speed	37
Non-prescription methadone	1
Other Drugs	2
Other Opiates / Synthetics	9
Other Sedatives / Hypnotics	1
Other Stimulants	1
Over-the-Counter Medications	1

# Mecosta

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

2115

Total Attendees

215

# of Activities

## Admitted

Service	Adult
Withdrawal	5
Residential	13
Outpatient	24

### WSS

Adult

1

### MAT

Adult

4

## Served

Service	Adult
Outpatient	95
Residential	17
Withdrawal	6

### WSS

Adult

2

### MAT

Adult

21

## Primary Substance at Admission Adult

Alcohol	22
Cocaine	4
Heroin	4
Methamphetamine / Speed	12

## Secondary Substance Adult

(None)	4
Alcohol	3
Cocaine	2
Heroin	1
Marijuana/Hashish	1
Methamphetamine / Speed	6
Other Opiates / Synthetics	5

# Midland

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

2924

Total Attendees

210

# of Activities

## Admitted

Service	Adult
Withdrawal	19
SUDHH	3
Residential	25
Outpatient	36

### WSS

Adult

2

### MAT

Adult

16

## Served

Service	Adult	Minor
Outpatient	159	1
Residential	34	
SUDHH	28	
Withdrawal	21	

### WSS

Adult

15

### MAT

Adult

27

## Primary Substance at Admission Adult

Alcohol	41
Cocaine	1
Heroin	8
Methamphetamine / Speed	15
Other Opiates / Synthetics	15

## Secondary Substance Adult

(None)	6
Alcohol	9
Benzodiazepines	2
Cocaine	8
Heroin	1
Marijuana/Hashish	13
Methamphetamine / Speed	7
Other Drugs	3
Other Opiates / Synthetics	1

# Montcalm

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

540

Total Attendees

55

# of Activities

## Admitted

Service	Adult
Withdrawal	11
Residential	35
Outpatient	50

### WSS

Adult

3

### MAT

Adult

8

## Served

Service	Adult	Minor
Outpatient	125	1
Residential	44	
SUDHH	2	
Withdrawal	11	

### WSS

Adult

5

### MAT

Adult

31

## Primary Substance at Admission Adult

Alcohol	36
Cocaine	5
Heroin	11
Marijuana/Hashish	5
Methamphetamine / Speed	35
Other Opiates / Synthetics	3
Other Stimulants	1

## Secondary Substance Adult

(None)	6
Alcohol	2
Benzodiazepines	1
Cocaine	11
Heroin	9
Marijuana/Hashish	7
Methamphetamine / Speed	10
Other Drugs	2
Other Opiates / Synthetics	3

# Newwaygo

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

1044

Total Attendees

143

# of Activities

## Admitted

Service	Adult
Withdrawal	6
Residential	18
Outpatient	4

WSS

Adult

|

MAT

Adult

| 1

## Served

Service	Adult
Outpatient	41
Residential	21
Withdrawal	7

WSS

Adult

| 6

MAT

Adult

| 17

## Primary Substance at Admission Adult

Alcohol	8
Cocaine	2
Heroin	3
Methamphetamine / Speed	13
Other Opiates / Synthetics	2

## Secondary Substance Adult

Alcohol	3
Heroin	4
Methamphetamine / Speed	1

# Osceola

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

1336

Total Attendees

118

# of Activities

## Admitted

Service	Adult
Withdrawal	4
Residential	17
Outpatient	12

WSS

Adult

0

MAT

Adult

2

## Served

Service	Adult
Outpatient	35
Residential	22
Withdrawal	5

WSS

Adult

1

MAT

Adult

14

## Primary Substance at Admission Adult

Alcohol	9
Cocaine	1
Heroin	1
Marijuana/Hashish	1
Methamphetamine / Speed	16
Other Opiates / Synthetics	4
Other Stimulants	1

## Secondary Substance Adult

(None)	1
Alcohol	2
Cocaine	1
Heroin	2
Marijuana/Hashish	3
Methamphetamine / Speed	4

# Saginaw

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

7304

Total Attendees

706

# of Activities

## Admitted

Service	Adult
Withdrawal	46
SUDHH	21
Residential	102
Outpatient	141

### WSS

Adult

23

### MAT

Adult

51

## Served

Service	Adult	Minor
Outpatient	557	2
Residential	134	
SUDHH	140	
Withdrawal	54	

### WSS

Adult

89

### MAT

Adult

193

## Primary Substance at Admission Adult

Alcohol	121
Benzodiazepines	3
Cocaine	66
Heroin	41
Marijuana/Hashish	13
Methamphetamine / Speed	16
Other Drugs	1
Other Opiates / Synthetics	27
Other Sedatives / Hypnotics	1

## Secondary Substance Adult

(None)	42
Alcohol	33
Cocaine	60
Heroin	7
Marijuana/Hashish	35
Methamphetamine / Speed	13
Other Drugs	2
Other Opiates / Synthetics	11
Other Sedatives / Hypnotics	2

# Shiawassee

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

2769

Total Attendees

584

# of Activities

## Admitted

Service	Adult
Withdrawal	16
SUDHH	10
Residential	25
Outpatient	45

### WSS

Adult

9

### MAT

Adult

15

## Served

Service	Adult	Minor
Outpatient	192	1
Residential	31	
SUDHH	42	
Withdrawal	21	

### WSS

Adult

25

### MAT

Adult

37

## Primary Substance at Admission Adult

Alcohol	44
Benzodiazepines	1
Cocaine	5
Heroin	16
Methamphetamine / Speed	12
Other Opiates / Synthetics	7
Other Stimulants	1

## Secondary Substance Adult

(None)	2
Alcohol	5
Benzodiazepines	1
Cocaine	8
Heroin	1
Marijuana/Hashish	9
Methamphetamine / Speed	11
Other Amphetamines	1
Other Drugs	2
Other Opiates / Synthetics	7

# Tuscola

FY26 Q1

## Count of intervention/Prevention programs/activities during the period

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

2340

Total Attendees

251

# of Activities

## Admitted

Service	Adult	Minor
Withdrawal	4	
SUDHH	3	
Residential	9	1
Outpatient	19	

### WSS

Adult

3

### MAT

Adult

5

## Served

Service	Adult	Minor
Outpatient	124	
Residential	11	1
SUDHH	10	
Withdrawal	4	

### WSS

Adult

13

### MAT

Adult

18

## Primary Substance at Admission

Substance	Adult	Minor
Alcohol	17	
Benzodiazepines	2	
Cocaine	5	
Heroin	4	
Marijuana/Hashish	1	1
Methamphetamine / Speed	2	
Other Opiates / Synthetics	1	

## Secondary Substance

Substance	Adult	Minor
(None)		1
Cocaine	6	
Heroin	1	
Other Drugs	1	
Other Opiates / Synthetics	4	
Other Stimulants	1	