

**Substance Use Disorder (SUD)
Oversight Policy Board Meeting
February 19, 2025 ~ 4:00 p.m.**

Community Mental Health Association of Michigan
507 S. Grand Ave.
Lansing, MI 48933

Members of the public and others unable to attend in person can participate in this meeting via Zoom Videoconference
Meeting URL: <https://us02web.zoom.us/j/5624476175>
and Teleconference
Call 1.312.626.6799 Meeting ID: 5624476175#

- 1) Call to Order
- 2) Roll Call
- 3) **ACTION ITEM:** Approval of the Agenda for February 19, 2025
- 4) **ACTION ITEM:** Approval of Minutes of October 16, 2024 (Page 4)
- 5) Public Comment
- 6) Board Chair Report
 - A. Annual Organization Meeting (Nominations from Floor)
 - i) **ACTION ITEM:** Election of Board Chairperson
 - ii) **ACTION ITEM:** Election of Board Vice-Chairperson
 - iii) **ACTION ITEM:** Election of Board Secretary
 - B. FY24 Attendance Report (Page 8)
- 7) Deputy Director Report (Page 9)
- 8) Chief Financial Officer Report
 - A. FY25 PA2 Funding & Expenditures by County (Page 24)
 - B. FY25 PA2 Use of Funds by County and Provider (Page 28)
 - C. FY25 SUD Financial Summary Report of December 2024 (Page 30)
- 9) **ACTION ITEM:** FY25 Substance Use Disorder PA2 Contract Listing (Page 31)
- 10) SUD Operating Update (Page 34)
 - A. FY2024 Q4 SUD County Reports (Page 37)

**MSHN SUD Oversight Policy
Board Officers**

Chair: Steve Glaser (Midland)
Vice-Chair: Bryan Kolk (Newaygo)
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:

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Should special accommodations be necessary to allow participation, please contact MSHN Executive Support Specialist, Sherry Kletke, at 517.253.8203 as soon as possible.

**UPCOMING FY25
SUD OVERSIGHT POLICY BOARD
MEETINGS**

April 16, 2025
CMHAM
507 S. Grand Ave
Lansing, MI 48933

June 18, 2025
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>

- 11) Other Business
- 12) Public Comment
- 13) Board Member Comment
- 14) Adjournment

FY25 MSHN SUD Oversight Policy Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Ashley	Lisa	ashleyl@clareco.net		989.630.5256		Gladwin	2025
Burke	Lori	lori.burke@myconnectedhealth.com		989.217.0412		Shiawassee	2026
Cahill	Irene	icahill@ingham.org	irenecahill@icloud.com	517.488.1486		Ingham	2026
Caswell	Bruce	bcaswell@frontier.com		517.425.5230	517.523.3067	Hillsdale	2026
Gambrell	Todd	todd@gambrelllaw.com		989.832.6387		Midland	2027
Gilmore	George	gilmoreg@clareco.net		989.329.5776		Clare	2027
Harrington	Christina	charrington@saginawcounty.com		989.758.3818		Saginaw	2025
Hemminger	Charlean	chemminger@ioniacounty.org		989.855.5235		Ionia	2025
Hunter	John	hunterjohn74@gmail.com		989.673.8223	989.551.2077	Tuscola	2025
Kolk	Bryan	bryank@newaygocountymi.gov		616.780.5751		Newaygo	2027
Kroneck	John	jkroneck@mmdhd.org		989.831.3659	616.302.6009	Montcalm	2027
Link	Karen	karen@huroncmmh.org		989.269.1109	989.269.9293	Huron	2026
Moreno	Jim	jmoreno@isabellacounty.org		989.954.5144		Isabella	2027
Peters	Justin	comicmonkey1@outlook.com		989.280.1369		Bay	2025
Rayburn	Emily	emily@childadvocacy.net		989.763.3436	989.463.1422	Gratiot	2025
Strong	Jerrilynn	jeristrong64@gmail.com		989.382.5452		Mecosta	2027
Thalison	Kimberly	kthalison@eatonresa.org		517.541.8711		Eaton	2025
Turner	David	davidturner49665@gmail.com		231.908.0501		Osceola	2027
Vallad	Rachel	rachel.vallad87@gmail.com		989.798.4743		Arenac	2026
Washington	Dwight	washindwi@gmail.com		517.974.1658		Clinton	2026
Woods	Ed	ejw1755@yahoo.com		517.796.4501	517.392.8457	Jackson	2026

Alternates:

Briggs	Margery	briggsmmb@sbcglobal.net		517.647.4747		Ionia-Alternate	2025
Fickes	Nicole	fickesn@clinton-County.org		517.899.9307		Clinton - Alternate	2026
Howard	Linda	lhoward8305@gmail.com		989.560.8305		Mecosta-Alternate	2027
Murphy	Joe	jmurphy0504@comcast.net		989.670.1057		Huron-Alternate	2026
Pratt	Tanya	tp Pratt@ingham.org	tpratt624@gmail.com			Ingham-Alternate	2026
Smith	Alaynah	asmith@co.midland.mi.us		989.837.6587	989.832.6389	Midland-Alternate	2027
Svetcos	Susan	ssvetcos@gmail.com		989.701.5516		Gladwin-Alternate	2025

Administration:

Ittner	Amanda	amanda.ittner@midstatehealthnetwork.org		517.253.7551			
Sedlock	Joe	joseph.sedlock@midstatehealthnetwork.org		517.657.3036			
Thomas	Leslie	leslie.thomas@midstatehealthnetwork.org		517.253.7546			
Kletke	Sherry	sheryl.kletke@midstatehealthnetwork.org		517.253.8203			

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, October 16, 2024, 4:00 p.m.

CMH Association of Michigan (CMHAM)

**507 S. Grand Ave
Lansing, MI 48933**

Meeting Minutes

1. Call to Order

Chairperson Steve Glaser called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Meeting to order at 4:00 p.m. Mr. Glaser reminded members participating virtually may not participate in or vote on matters before the board.

Board Member(s) Present: Lori Burke (Shiawassee), Irene Cahill (Ingham), Bruce Caswell (Hillsdale), Steve Glaser (Midland), Charlean Hemminger (Ionia), John Hunter (Tuscola), John Kroneck (Montcalm)-joined at 4:08 p.m., Karen Link (Huron), Jim Moreno (Isabella)-joined at 4:02 p.m., Justin Peters (Bay), Jerrilynn Strong (Mecosta), and Dwight Washington (Clinton)

Board Member(s) Remote: Nichole Badour (Gratiot)-joined at 4:02 p.m. and George Gilmore (Clare)-joined at 4:05 p.m.

Board Member(s) Absent: Lisa Ashley (Gladwin), Christina Harrington (Saginaw), Bryan Kolk (Newaygo), Kim Thalison (Eaton), David Turner (Osceola), Rachel Vallad (Arenac), and Ed Woods (Jackson)

Alternate Member(s) Present: Simar Pawar (Ingham)-joined at 4:08 p.m.

Staff Members Present: Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Dr. Dani Meier (Chief Clinical Officer), Dr. Trisha Thrush (Director of Substance Use Disorder Services and Operations); Sarah Andreotti (SUD Prevention Administrator), Beth LaFleche (Treatment Specialist), Cari Patrick (Prevention Specialist), and Sherry Kletke (Executive Support Specialist)

Staff Members Remote: Joe Sedlock (Chief Executive Officer), Kate Flavin (Treatment Administrator), and Sarah Surna (Prevention Specialist)

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

2. Roll Call

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

3. Approval of Agenda for October 16, 2024

Board approval was requested for the Agenda of the October 16, 2024 Regular Business Meeting, as presented.

MOTION BY DWIGHT WASHINGTON, SUPPORTED BY JOHN HUNTER, FOR APPROVAL OF THE OCTOBER 16, 2024 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 11-0.

4. Approval of Minutes from the August 21, 2024 Regular Business Meeting

Board approval was requested for the draft meeting minutes of the August 21, 2024 Regular Business Meeting.

MOTION BY BRUCE CASWELL, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE MINUTES OF THE AUGUST 21, 2024, MEETING, AS PRESENTED. MOTION CARRIED: 11-0.

5. Public Comment

Dr. Dani Meier introduced MSHN newest staff members to the Substance Use Disorder Treatment and Prevention team; Cari Patrick, Prevention Specialist and Beth LaFleche, Treatment Specialist. Dr. Meier wished to recognize Sarah Andreotti for being named "Preventionist of the Year" at the recent Substance Use Disorder and Co-Occurring Disorder conference.

6. Board Chair Report

Mr. Steve Glaser was happy to see everyone and thanked the members for their time to attend the meeting.

7. Deputy Director Report

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

Regional Matters:

- SUD Oversight Policy Board Annual Report
- Michigan Health Endowment Fund Award Notice

State of Michigan/Statewide Activities

- Michigan Healing and Recovery Fund (State Opioid Settlement Funds)

8. Chief Financial Officer Report

Ms. Leslie Thomas provided an overview of the financial reports and an updated PA2 overview included in board meeting packets along with a FY2025 Budget Overview available in board member folders:

- FY2024 PA2 Funding and Expenditures by County
- FY2024 PA2 Use of Funds by County and Provider
- FY2024 Substance Use Disorder (SUD) Financial Summary Report as of August 2024
- PA2 Overview
- FY2025 Budget Overview

9. Substance Use Disorder PA2 Contract Listing

Ms. Leslie Thomas provided an overview and information on the FY25 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet noting a correction to reflect \$95,116 to be allocated to Lansing Syringe Services.

MOTION BY JOHN KRONECK, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FY25 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING WITH A CORRECTION TO REFLECT \$95,116 TO LANSING SYRINGE SERVICES. MOTION CARRIED: 12-0.

10. SUD Operating Update

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

- MSHN Prevention staff and many provider staff attended the 25th Annual Michigan SUD and Co-Occurring Conference on September 15 and 16
- Engaging with Michigan Association of Counties (MAC) to discuss status and collaboration with counties for Opioid Settlement Funds activities
- Impact of Cannabis Legalization on Youth Following Passage of Proposal 1 in 2018
- Opioid Task Force Treatment Sub-Committee Medication First White Paper

11. Other Business

There was no other business.

12 Public Comment

There was no public comment.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

Mr. Bruce Caswell left the meeting at 5:13 p.m.

13. Board Member Comment

There were no further board member comments.

14. Adjournment

Chairperson Steve Glaser adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:15 p.m.

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

DRAFT



MSHN Substance Use Disorder Oversight Policy Board Attendance - FY2024

OPB Member	Attendance						Rate	***Notes
	10/18/2023	12/20/2023	2/21/2024	4/17/2024	6/26/2024	8/21/2024		
Ashley, Lisa (Gladwin)	P	P	A	P	A	A	50%	
Badour, Nichole (Gratiot)	A	A	P*	A	A	P*	33%	
Burke, Lori (Shiawassee)		P	P	P	P	A	80%	appointed 1/1/24
Cahill, Irene (Ingham)	P	P	P	P	P	P	100%	
Caswell, Bruce (Hillsdale)	P	A	P*	P	P	P	83%	
Gilmore, George (Clare)	P*	P*	A	A	P*	A	50%	
Glaser, Steve (Midland)	P	P	P	P	P	P	100%	
Harrington, Christina (Saginaw)	P*	A	A	A	P*	A	33%	
Hemminger, Charlean (Ionia)		P	P	P	P*	P	100%	appointed 12/5/23
Hunter, John (Tuscola)	P	P	P	P	P	P	100%	
Kolk, Bryan (Newaygo)	P	P	P	P	P	P	100%	
Kroneck, John (Montcalm)	P	P	P	P	P	P	100%	
Link, Karen (Huron)						P	100%	appointed 8/15/24
Luce, Robert (Arenac)	A	A	A	A	A	A	0%	
Moreno, Jim (Isabella)	P	A	P	P	P	P*	83%	
Murphy, Joe (Huron)	A	A	A	A	A		0%	resigned 8/15/24
Peters, Justin (Bay)	P	A	P	P	P	A	67%	
Schultz, Vicky (Shiawassee)	A	P					50%	resigned 12/31/23
Strong, Jerrilynn (Mecosta)	P	A	P	P	P	P	83%	
Thalison, Deb (Ionia)	P*						100%	resigned 10/31/23
Thalison, Kim (Eaton)	A	P	P	A	P	P	67%	
Turner, David (Osceola)	A	A	A	A	A	A	0%	
Washington, Dwight (Clinton)	P	P	P	P	P	P	100%	
Woods, Ed (Jackson)	P	P	P	A	P	P	83%	

P=Present
P*=Present via Phone
A=Absent

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)**

December/January

MSHN/REGIONAL MATTERS

SUD By-Laws Review

The Substance Use Disorder Oversight Policy Board By-Laws are being presented for review and amendment to ensure compliance with the Open Meetings Act, as it currently stands. As indicated in my previous reports, the only legal basis for a member of a public body to participate in a meeting via telephonic or video conferencing as a member of the public body is if that member is absent due to military duty.

MSHN's by-laws indicate: "These bylaws may be amended by the members of the Board acting in accordance with the voting requirements set forth in Section 4.8. The agenda of the meeting shall set forth a summary of the proposed amendment(s) at **least fourteen (14) days prior to the date of the meeting. An affirmative vote to amend the Bylaws must be approved by the Board of Directors of MSHN.** Any amendment of these bylaws must be consistent with the Michigan law, the Code and the Intergovernmental Contract.

MSHN administration recommends the following edits to the SUD OPB By-Laws as indicated in the attached noted in red. The edits are consistent with the MSHN Board of Directors By-Laws. **OPB Board members are asked to review and provide feedback by April 1, 2025.** The final edited version will be presented at the April OPB meeting for final approval to submit to the MSHN Board of Directors in May.

Substance Use Disorder Health Homes (SDUHH) Expansion

On December 3, 2024, Mid-State Health Network issued a request for interest in expanding participation in the Substance Use Disorder Health Homes (SDUHH). Michigan's SUDHH model is comprised of a team, including a Lead Entity (LE) and designated Health Home Partners (HHP). MSHN functions as the Lead Entity. Qualified providers function as Health Home Partners. Providers must meet the specific qualifications set forth in the State Plan Amendment, Medicaid Services Administration policy, the SUDHH Handbook and provide the six federally required core health home services. Michigan's SUDHHs must coordinate with other community-based organizations to manage the full breadth of beneficiary needs.

SUDHH services will provide integrated, person-centered, and comprehensive care to eligible beneficiaries to successfully address the complexity of comorbid physical and behavioral health conditions. The SUDHH must provide the following six core health home services as appropriate for each beneficiary:

- Comprehensive Care Management

- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Individual and Family Support
- Referral to Community and Social Support Services

To qualify, individuals must present diagnosis for alcohol, stimulant and/or opioid substance use disorders and must also be at risk of developing mental health conditions, asthma, diabetes, heart disease, Body Mass Index (BMI) over 25 and/or Chronic Obstructive Pulmonary Disease (COPD).

MSHN received interest from Ten (10) providers to expand over 14 counties. To ensure sufficient implementation, management and oversight as the lead entity, MSHN will be reviewing the interest and awarding participation based on priority locations within our region, provider capacity and provider quality and compliance with current standards.

Geographic areas already supported by current providers include Bay, Clare, Clinton, Eaton, Gladwin, Hillsdale, Ingham, Jackson, Osceola, and Saginaw.

More information will be forthcoming about our expansion of SUDHH.

SUD Recovery Housing Services Request for Proposal

On December 23, 2024 MSHN posted a request for proposal seeking new providers to develop Recovery Housing Services across MSHN's 21 county region and/or a current Pre-paid Inpatient Health Plan (PIHP) Network Provider who is interested in expanding or re-locating to the identified region. MSHN will prioritize proposals made for counties that currently have no recovery housing supports in place, such as Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Hillsdale, Huron, Ionia, Isabella, Jackson, Mecosta, Newaygo, Osceola, Shiawassee, and Tuscola.

Recovery housing is defined by the Substance Use, Gambling, and Epidemiology department at the Michigan Department of Health and Human Services (SUGE, MDHHS) as "providing a location where individuals in early recovery from a behavioral health disorder are given time needed to rebuild their lives, while developing the necessary skills to embark on a life of recovery. This temporary arrangement will provide the individual with a safe and secure environment to begin the process of reintegration into society, and to build the necessary recovery capital to return to a more independent and functional life in the community. These residences provide varying degrees of support and structure. Participation is based on individual need and the ability to follow the requirements of the program." Recovery housing is expected to be a safe, structured, and substance free environment.

Intent to Bid was due by 5:00 p.m. EST on January 17, 2025 and MSHN only received one intent to bid, but anticipate more responses to the proposal which is due February 7, 2025.

Annual Consumers Served Survey Results

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

Summary of the survey results:

- MSHN performed above the national performance and the 80% standard for the following domains: Access, Participation in Treatment, Appropriateness, General Satisfaction, Cultural Sensitivity.
- Growth areas include the domains that did not meet the 80% standard and/or performed below the National average. These domains include Perception of Social Functioning, Social Connectedness, and Outcomes.
- Distribution methods with the highest rate of return for children and families was phone distribution, and adults was face to face distribution method. The method with the highest increase in utilization and most consistent used was electronic. Phone surveys were the least used method.

Figures 1 & 2 below represent the domain results in comparison to national performance. MSHN’s Quality Improvement Council will establish a plan to address any systemic issues including exploration of an electronic process for the entire region, conduct additional analysis to include separation of results by race/ethnicity and gender and finally to review areas below the 80% standard where MSHN’s performance decreased from previous years as well as by CMHSP specific results.

Figure 1: Experience of Care Surveys-Children and Family Performance Comparison to National Performance.

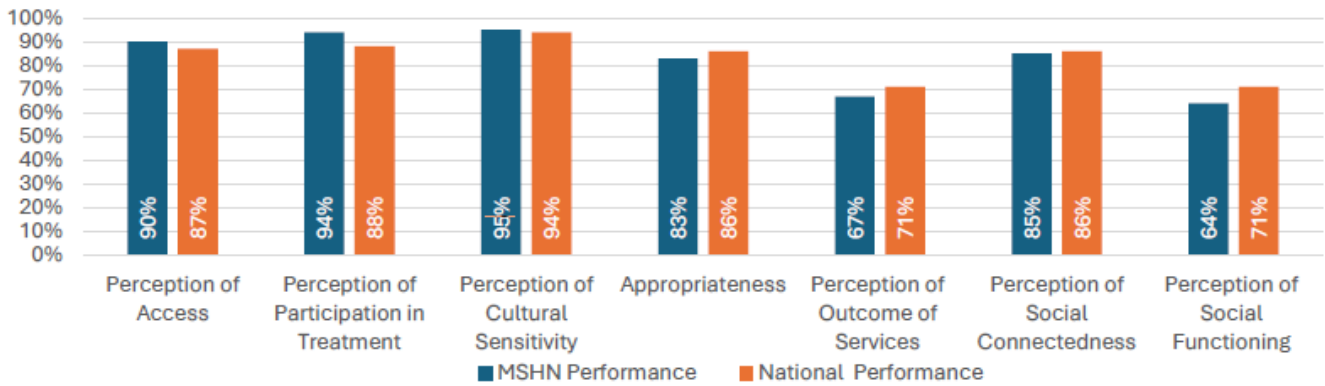
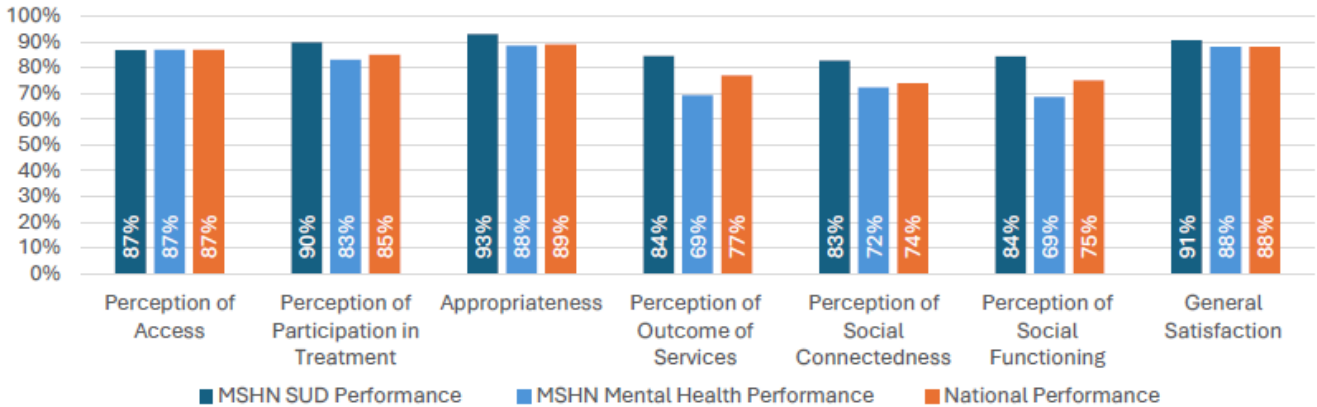


Figure 2: Experience of Care Surveys-Adult Performance Comparison to National Performance.



For more detailed information, see MSHN’s website at: <https://midstatehealthnetwork.org/consumers-resources/quality-compliance/satisfaction-surveys>.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Treatment Policy – Off-Site Dosing Released

MDHHS announced on January 31, 2025 a revised Treatment Policy for Off-Site Dosing, which will replace the current Treatment Policy, issued November 13, 2006. This policy was revised to reflect requirements resulting from changes to 42 Code of Federal Regulations (CFR) Part 8. The purpose of this policy is to clarify the rules and procedures pertaining to off-site dosing of medication for opioid use disorders (MOUD), and guidance on using the Substance Abuse and Mental Health Services Administration (SAMHSA) Extranet site for submission of all exception requests.

Previously, patients needed to meet specified criteria before off site was allowed. Prior to revisions to 42 CFR Part 8 (2024) qualifications for off-site dosing included:

- Time in treatment,
- Periods of sustained abstinence from illicit substance use,
- Conduct and comportment within the Opioid Treatment Program (OTP), and
- Required attendance at key treatment functions.

However, experience, research, and challenges with access to and retention in Opioid Use Disorder (OUD) treatment have shown the need to revise the standards. Greater importance has been placed on an individualized pace, patient engagement, personalized accomplishments, and individual and community safety. This allows for greater flexibility in creating plans of care that promote individualized treatment goals and recovery activities such as employment or education, while also eliminating the stigma and barrier of frequent OTP visits for individuals.

All Opioid Treatment Programs are required to be:

- Licensed by the Department of Licensing and Regulatory Affairs.
- Registered with the Drug Enforcement Administration.
- Accredited by a SAMHSA approved accrediting body.
- Certified by SAMHSA (having been approved by the State Opioid Treatment Authority).

Certification requests are submitted through the SAMHSA Extranet System, and all OTP's must register with this system. Additional information is available on MSHN website.

FEDERAL/NATIONAL ACTIVITIES

Centers for Medicare and Medicaid Services (CMS)

CMS has “approved a new section 1115 demonstration for the State of Michigan titled Reentry Services. This reentry demonstration will allow the state to provide limited pre-release demonstration coverage to certain incarcerated individuals under Medicaid, as well as for applicable youth who are or would be eligible for CHIP if not for their incarceration status, for up to 90 days. Michigan has selected to provide pre-release services in state prisons, county jails, tribal correctional facilities, and juvenile facilities (including Juvenile Justice Facilities and County-Operated Juvenile Detention Centers). The approval is for operations through December 31, 2029.” The approval letter is available at <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/mi-reentry-services-ca-12272024.pdf>.

CMS has “released new 2023 Medicaid and CHIP Child and Adult Core Set data products. CMS publicly releases data on measures that are reported by at least 25 states and that meet data quality standards. This release

represents the most robust year of Medicaid and CHIP quality measure reporting to date: 26 of the 27 Child Core Set measures and 30 of 34 Adult Core Set measures. The Core Set data products include:

- NEW: Chart Packs, provide an overview of reporting as well as more in-depth analysis on measures using visuals for each publicly reported Child and Adult Core Set measure.
- NEW: Trends in State Performance: 2012 to 2023 Child and Adult Core Sets Chart Pack that provides information on trends in median state performance on measures that were publicly reported by a set of at least 20 states from 2021 to 2023 and did not have substantial changes in their technical specifications.
- 2023 Core Set Fact Sheet which provides an overview of state reporting, highlights measures with high and low national median performance, and identifies trends in select measures over the last three years.
- Measure Performance Tables (MPTs), which present national means, medians, and state performance on each publicly reported measure.
- Trendability Methods Brief which summarizes the criteria CMS uses to assess trends in state performance and to identify which measures can be used to report trends for the three-year period from 2021 to 2023; and
- 2023 Core Set dataset which provides the raw data, means, medians and state-specific notes for publicly reported measures for researchers and others to use.”

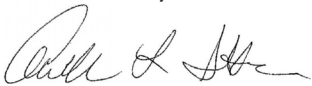
Additional information is available at <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-chip-data-products/index.html>.

National Council for Mental Wellbeing - Model Building the SUD Workforce of the Future Act

This new comprehensive framework, which includes contributions by National Council Substance Use Strategy Lead Phil Rutherford, is designed to help states tackle workforce shortages with a 10-year strategy to recruit, train and retain diverse professionals for SUD prevention, treatment and recovery services. Drafted in collaboration with the O’Neill Institute for National and Global Health Law at the Georgetown University Law Center, the purpose of the Model Building the Substance Use Disorder Workforce of the Future Act is to address the current and projected shortage of professions for the substance use disorder workforce, including psychiatrists, psychologists, physicians who are certified in addiction medicine, addiction counselors, social workers, nursing professionals, peer support professionals, and others. This legislation guides states in adopting a strategy that supports and advances immediate, intermediate, and long-term measures to build and sustain an SUD workforce.

Click [here](#), to read the Model Building the Substance Use Disorder Workforce of the Future Act.

Submitted by:



Amanda L. Ittner

Finalized: 2.6.25

Attachments:

SUD OPB BYLAWS

**BYLAWS OF
MID-STATE HEALTH NETWORK
SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD**

**ARTICLE I
NAME AND FORMATION**

1.1 NAME

The name of the entity is the Mid-State Health Network Substance Use Disorder Oversight Policy Board, referred to as the “Board” in these bylaws.

1.2 LEGAL BASIS FOR FORMATION

1.2.1 Mid-State Health Network (“MSHN”) is a community mental health regional entity formed under Section 204 the Michigan Mental Health Code (Public Act 258 of 1974, as amended the “Code”) which serves the following twenty-one (21) counties commonly referred to collectively as Region 5 by the Michigan Department of Community Health (MDCH): Arenac County, Bay County, Clare County, Clinton County, Eaton County, Gladwin County, Gratiot County, Hillsdale County, Huron County, Ingham County, Ionia County, Isabella County, Jackson County, Mecosta County, Midland County, Montcalm County, Newaygo County, Osceola County, Saginaw County, Shiawassee County and Tuscola County (referred to individually as a “County,” and collectively as the “Counties).

1.2.2 MSHN has qualified for status as a MDCH-designated community mental health entity authorized to coordinate the provision of substance use disorder services in Region 5.

1.2.3. The Board is formed pursuant to Section 287(5) of the Code which requires “A department-designated community mental health entity (designated as a Pre-Paid Inpatient Health Plan or PIHP) shall establish a Substance Use Disorder Oversight Policy Board through a contractual agreement between the department-designated community mental health entity and each of the counties served by the community mental health services program under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, or other appropriate state law.” 1.2.4. As a designated community mental health entity, the Code requires MSHN to establish a substance use disorder oversight policy board through a written contractual agreement with the Counties

1.2.5. MSHN and the Counties entered into a written Intergovernmental Contract to establish the Board effective as indicated on the referenced documents (the “Intergovernmental Contract”).

1.2.6. These Bylaws were adopted by the SUD Oversight Policy Board and approved by the MSHN Board in accordance with the provisions of the Code and the Intergovernmental Contract.

ARTICLE II PURPOSES

2.1 PURPOSES

In accordance with the Code and the Intergovernmental Contract, the purposes of the Board are as follows:

2.1.1 Approval of any portion of MSHN's budget that contains 1986 PA 2 (MCL 211.24e(11) funds ("PA 2 Funds") or other local funds for the treatment or prevention of substance use disorders which shall be used only for substance use disorder treatment, intervention and prevention in the Counties from which the PA 2 Funds or other local funds originated;

2.1.2. Advise and make recommendations regarding MSHN's budgets for substance use disorder treatment or prevention using non-PA 2 Funds or other non-local funding sources; and

2.1.3 Advise and make recommendations regarding contracts with substance use disorder treatment or prevention providers.

2.1.4 Advise and make recommendations regarding any other matters as agreed to by the Counties and MSHN, and assigned to the Board by MSHN.

ARTICLE III BOARD MEMBERSHIP

3.1 NUMBER AND SELECTION OF MEMBERS

3.1.1 The Board shall consist of twenty-one (21) members. ~~The Board of Commissioners of each of the Counties shall appoint one (1) voting member and one (1) alternate. The Board of Commissioners of each County shall appoint one (1) person to serve as a member of the Board.~~ Each County Board of Commissioners may appoint a county commissioners or others, as allowed by Michigan law, that it deems best represents the interests of the County. While the appointment decision is vested within the sole authority of the each County Board of Commissioners, the Board encourages appointments which represent the diversity and cultural diversity of the MSHN service area, appointments of persons in recovery from a substance use disorder, underserved population and other related constituencies such as education, health, and social services agencies; advocacy organizations; public or private substance abuse prevention, treatment or recovery providers; or, members of the general public, including civic organizations and the business community.

3.1.2 ~~Each Board member shall have the right to assign a designated alternate to appear on his or her behalf at Board meetings, and such~~The ~~-alternate shall carry the right to vote on behalf of the appointed Board member only in the absence of the Board appointed voting member. To exercise this option, the appointing County Board of Commissioner's must advise the Boards Chairperson in writing of the alternate's appointment. Unless such a written notification of appointment is on file with the Board, the Chairperson will not recognize the standing of the alternate at a Board meeting.~~

3.2 TERM, REMOVAL, AND RESIGANATION

3.2.1 The members of the Board shall serve at the pleasure of the appointing Board for a term of membership of three (3) years, from September 1 of the year of appointment. Members may be reappointed to additional or successive terms in the discretion of the respective appointing Board of Commissioners.

3.2.1.1 For purposes of initial Board appointment, members shall establish a process to stagger terms to assure no more than one-third (1/3) of the members terms expire in any given year.

3.2.2 Each Board member may be removed from the Board, with or without cause, by a majority vote of the appointing County Board of Commissioners, The removal shall become effective upon receipt by the Board of a duly adopted written resolution of the appointing County. The Board Chairperson is responsible for informing the appointing County of any lack of participation or attendance by the County's appointed Board member(s).

3.2.3 A Board member may resign at any time by providing notification to the appointing County of Commissioners and the Board. The resignation will become effective upon receipt of notice by the appointing County Board of Commissioners or at a later time designated in the notice.

3.3 VACANCIES

A vacancy on the Board may occur through death, removal or resignation of a Board member. A vacancy shall be filled for the unexpired term by the appointing County in the same manner as the original appointment. The County may notify the Board of its intent not to fill the vacant position.

ARTICLE IV BOARD ACTION

4.1 PLACE OF MEETINGS

All meetings of the Board shall be held at the principal office of MSHN or at such other place as shall be determined by the Board members and stated in the notice of meeting.

4.2 ORGANIZATIONAL MEETING

The first meeting in each calendar year shall be the organizational meeting. At each such meeting, the previous Board Chairperson if he or she is still a member of the Board or another member if there is no former Chair shall initially preside ("Presiding Chair"). The organizational meeting shall be held within sixty (60) days of New Year's Day, at the call of the Presiding Chair. The first item of business shall be election of the Board Chairperson. The Presiding Chair shall call for nominations for the office of Chairperson and when nominations are closed by majority vote or no other nominations are forthcoming, the Presiding Chair shall call for a roll call vote. When one nominee receives a majority of the votes of the members elected and serving, the nominee shall be declared Board Chairperson. The newly elected Chairperson shall assume the role of Chairperson and proceed with the election to the Vice-chairperson and Secretary, which shall be conducted by roll call vote.

4.3 ANNUAL MEETING

The annual meeting of the Board for purposes of reviewing and approving the portions of the MSHN budget that contain PA 2 Funds, and such other business as may be come before the meeting, shall be held during the month of August each year after MSHN has prepared its budget.

4.4 SPECIAL MEETINGS

The Board may hold special meetings as needed in order to fulfill the purposes listed in Section 2.1. Special meetings of the Board may be called by the Chairperson, and shall be called by the Chairperson at the written request of two or more Board members. Notice shall be given as provided in Section 4.5 of these Bylaws.

4.5 NOTICE OF BOARD MEETINGS

Written notice of the time, place and purposes of each meeting of the members of the Board shall be given to each Board member and the public in accordance with the Michigan Open Meetings Act, 1976 PA 267, as amended. The attendance of a Board member at a Board meeting shall constitute a waiver of notice of the meeting, except for where a Board member attends the meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully convened. In addition, a Board member may submit a signed waiver of notice that shall constitute waiver of notice of the meeting.

4.6 QUORUM AND MEETING BY REMOTE COMMUNICATION

4.6.1 A majority of members of the Board, appointed and serving shall constitute a quorum for the transaction of ordinary business of the Board. In the event the Board shall meet and a quorum is not present, the Board, with the approval of those present, may adjourn the meeting to a later day and time provided that proper notice to members and the public is given.

~~**4.6.2** A Board member may participate in a meeting by conference telephone or any other similar communication equipment through which all persons participating in the meeting can hear each other and can be heard by and hear the public; provided that a quorum exists as defined in Section 4.6.1 of Board members who are physically present at the meeting. Unless permitted by law, Board members who participate by remote communication will not be considered in determining the existence of a quorum. If a quorum is physically present, Board members who participate by telephone or other similar communication equipment satisfying this Article are eligible to vote in and otherwise participate in the business of the meeting.~~

4.6.2 Board members are considered present for the purposes of voting (a) if they are physically present during the meeting, or (b) if not physically present due to military duty, or as otherwise permitted under the Open Meetings Act, are present via telephone, teleconference, videoconference, or other similar means, through which all Board members participating can communicate with each other, for the entire duration of the discussion which is the subject of the motion and/or vote, subject to the following requirement:

A Board member may not participate in a Board meeting without being physically present except as specifically permitted under the Open Meetings Act, and then only if a quorum of the Board is physically present.

4.7 COMPENSATION AND EXPENSES

Board members will be eligible for a per diem and mileage expenses as fixed by the MSHN Board. However, Board members will not be eligible for reimbursement of mileage expenses if employed by a public entity and to the extent the Board member receives reimbursement of mileage expenses from the Board member's employer. A Board member may not receive more than one per diem per day regardless of the number of meetings scheduled for the Board on that day.

4.8 VOTING

The Board members shall be entitled to one vote each. The alternate shall be a voting member only if representing in the absence of the appointed member. No member present shall abstain from voting yes or no unless he or she has received the unanimous permission of the Board members in attendance.

Approval of any portion of MSHN's budget that contains PA 2 Funds or matters of a non-advisory nature shall be decided by a majority of the members appointed and serving, not just those attending at any meeting. Procedural matters or advisory matters are decided by an affirmative vote of the majority of Board members present at a meeting where a quorum is present.

4.9 AGENDA FOR MEETINGS

The Board Chairperson, after first reviewing pending matters and requests, shall prepare a draft of the agenda of business for all Board meetings. Matters on the agenda and not yet acted upon at the time of adjournment will be placed on the agenda of the next regular meeting or special meeting if one is called. The Chairperson of the Board shall review and add or delete items, as he or she considers proper. Unanticipated agenda items that require discussion or decisions may be covered under the Other Business agenda reference. It is each Board members responsibility to attend the meeting to understand other business items that may be covered. Upon completion of the agenda for a regular Board meeting, the Board Chairperson shall have distributed to Board members copies of the agenda, together with copies of reports, explanations, etc. which shall relate to matters of business contained within the agenda. Unless extenuating circumstances arise, the agenda and related materials shall be sent to each Board member at the address each has provided, at least five (5) calendar days prior to any regular meeting.

4.10 Order of Business

Generally, Board meetings should adhere to the following order of business, although the Board may deviate from this order if approved by a majority of the members attending a meeting:

- a. Call to Order
- b. Roll Call
- c. Approval of Agenda
- d. Approval of Previous Meeting Minutes
- e. Public Comment
- f. Board Chair Report
- g. Chief Executive Officer Report
- h. Action Items

i. Adjournment

4.11. CONDUCT OF MEETINGS

4.11.1. Chairperson. The person elected Chairperson in the first meeting each year of the Board shall preside at all meetings of the Board. In the absence of the Chairperson, the person elected Vice-chairperson shall preside. If neither the Chairperson nor the Vice-chairperson is present, the Board members present shall elect a member to preside during the absence of the Chairperson or Vice-chairperson.

4.11.2 Minutes Requirements. All meetings shall be open to the public, with the exception of closed meetings as provided by the Open Meetings Act, 1976 PA 267. Minutes shall be kept on file in the office of MSHN.

4.11.3 Order of Precedence of Motions. When a motion is seconded and before the Board, or a Committee of the Board, no other motion shall be received except the following:

- a. To fix the time to which to adjourn
- b. To adjourn
- c. For the previous question
- d. To lay on the table
- e. To postpone indefinitely
- f. To postpone to a date certain
- g. To refer
- h. To amend

These motions shall have precedence in the order as above named.

4.11.4 Motions to Adjourn. A motion to adjourn shall always be in order except while a vote is being taken on any other motion already before the Committee or Board, or when a member has the floor; provided, that there shall be other intervening business or a change in the circumstances between the two motions to adjourn.

4.11.5 Motions to Reconsider. A motion for the reconsideration of any question shall be in order if made on the same day or at the Committee or Board meeting next succeeding that on which the decision proposed to be reconsidered was made; providing, however, that a second reconsideration of any question or a reconsideration at a later date may be had with the consent of two-thirds (2/3) of the members elected and serving, but in such event the moving member shall file written notice of his/her intention to move for a reconsideration in the office of the Executive Director of MSHN at least one day before making such a motion.

4.11.5 Reports and Motions Requiring Signatures. Reports of Committees shall be in writing and the names of the members of such Committees concurring in such reports shall be noted thereon. Every written resolution or motion shall have noted the name of the member or members introducing the same.

4.11.6 Division of Question. Upon request by any member, any question before the Committee or Board may be divided and separated into more than one question; provided, however, that such may be done only when the original is of such a nature that upon division, each of the resulting questions is a complete question permitting independent consideration and action.

4.11.7 Motion To Clear The Floor. If, in the judgment of the Chairperson, there is a confusion of parliamentary procedure existing, the Chairperson shall have the right to request a "motion to clear the floor" which motion, if made and seconded, shall be undebatable, shall take precedence over all other motions, shall be forthwith put by the Chairperson, and, if carried, shall clear the floor completely and with the same effect as if all matters on the floor were withdrawn. The motion to clear the floor shall not be reconsidered; but its passage shall not limit the right of any member to move the reconsideration of any other matter in the same manner as, but for the passage of the motion to clear the floor, would be in accordance with these Rules.

4.11.8 Appeal From A Decision Of Chairperson. When an appeal is taken from the decision of the Chairperson, the member taking the appeal shall be allowed to state his/her reason for doing so. The question shall be then immediately put in the following form: "Shall the ruling of the Chairperson be sustained?" The question shall be determined by a majority vote of the members present, except the Chairperson, upon the request of any member, shall not preside over such a vote.

4.11.9 Public Comment. A public comment period will be provided at every Board meeting. The length of comment during this period will be limited to three (3) minutes per person, unless the Board authorizes additional time

4.11.11 Procedures to Address the Board. Any person who addresses the Board shall state their name for the record. When there are many people who desire to address the Board, the Chairperson may implement other reasonable rules for public participation.

4.11.12 Parliamentary Authority. Robert's Rules of Order (Newly Revised) shall govern all questions of procedure not otherwise provided by these Bylaws, the Intergovernmental Contract, or by state law.

4.11.13 Temporary Suspension of the Rules. The Board's parliamentary rules may be suspended temporarily at any time by vote of two-thirds (2/3's) of the members elected.

4.12. RECORD OF MEETINGS

MSHN shall provide clerical support to take minutes as required by the Open Meetings Act, MCL 15.261, et seq. The Chairperson shall verify that such clerical support will be available prior to each meeting, and may appoint a member to prepare such minutes in the absence of such support being available. The minutes shall include all the actions and decisions of the Board. The minutes shall include the names of the movant and second on all motions and resolutions and the vote of the members thereon. The record shall also state whether the vote was by voice or by roll call; when by roll call, and the names of persons addressing the Board. Copies of each resolution or other matter acted upon by the Board, as well as the official minutes, shall be maintained in a location designated by the Board. Copies of the approved, affirmed minutes shall be provided to each County. The minutes shall not be required to include a written record or summary of the discussion or comments of the Board members, nor of the comments made by members of the public.

4.13 COMPLIANCE WITH LAWS

The Board and its members shall fully comply with all applicable laws, regulations and rules applicable to its operation, including without limitation 1976 PA 267 (the “Open Meetings Act”), 1976 PA 422 (the “Freedom of Information Act”), 2012 PA 500, 2012 PA 501 and 1986 PA 2.

4.14 CONFLICT OF INTEREST

The Board shall adopt and adhere to a conflict of interest policy. Each member of the Board shall disclose any conflicts of interest while serving on the Board.

ARTICLE V OFFICERS

5.1 OFFICERS

The officers shall be a Chairperson, Vice Chairperson and Secretary. Only Board members may serve as an officer.

5.2 ELECTION AND TERM OF OFFICE

Officers shall be elected from among the Board members for a term of one (2) year (or until their successors have been elected) by the Board at its [annual-organizational](#) meeting.

5.3 REMOVAL OF BOARD OFFICERS

Any officer of the Board may be removed from office with or without cause by the vote of a majority of the Board members elected and serving during a regular or special meeting of the Board.

5.4 VACANCIES

In the event of the death, resignation, removal or other inability to serve of any officer, the Board shall elect a successor who shall serve until the expiration of the normal term of such officer or until his or her successor has been elected.

ARTICLE VI COMMITTEES

6.1 COMMITTEES

The Board may establish and define the responsibilities of such standing or special committees from time to time as it shall deem appropriate to fulfill the purposes of the Board set out in Section 2.1. The Chairperson shall, in consultation with the Board, select membership of any committee formed. Only Board members may serve as committee members.

**VII
CONSTRUCTION AND AMENDMENTS**

7.1. Interpretation

Wherever possible, these Bylaws shall be construed in a manner consistent with Michigan law, the Code and the Intergovernmental Contract. Where there is a conflict with Michigan law, the Code or the Intergovernmental Contract, the conflicting terms of these Bylaws shall be null and void and considered severed from the remaining portions, which shall continue in full force and effect.

7.2 Amendment

These bylaws may be amended by the members of the Board acting in accordance with the voting requirements set forth in Section 4.8. The agenda of the meeting shall set forth a summary of the proposed amendment(s) at least fourteen (14) days prior to the date of the meeting. An affirmative vote to amend the Bylaws must be approved by the Board of Directors of MSHN. Any amendment of these bylaws must be consistent with the Michigan law, the Code and the Intergovernmental Contract

ATTESTATION

These Bylaws were revised by the Mid-State Health Network Substance Use Disorder Oversight Policy Board at a regularly scheduled meeting held on February 17, 2016.

_____, 2016
Chairperson of Mid-State Health Network
Substance Use Disorder Oversight Policy Board

These Bylaws were approved as revised by the Mid-State Health Network Board of Directors at a regularly scheduled meeting held on _____.

_____, 2016
Chairperson of Mid-State Health Network
Board of Directors

**Mid-State Health Network
FY2025 PA2 Funding Summary by County**

County	Beginning PA2 Fund Balance	Total Amount Received	PA2 Balance Available for Expenses
Arenac	66,822	2,128	68,950
Bay	448,582	11,682	460,264
Clare	132,748	3,140	135,889
Clinton	537,626	7,447	545,073
Eaton	379,382	13,931	393,313
Gladwin	70,747	2,225	72,972
Gratiot	84,686	2,604	87,289
Hillsdale	167,062	3,448	170,510
Huron	126,776	4,102	130,878
Ingham	1,476,422	39,830	1,516,251
Ionia	270,289	4,406	274,694
Isabella	251,037	7,479	258,516
Jackson	572,863	19,584	592,447
Mecosta	182,023	5,108	187,131
Midland	353,997	9,778	363,775
Montcalm	246,452	5,798	252,250
Newaygo	135,379	4,854	140,233
Osceola	74,496	2,024	76,520
Saginaw	1,089,316	27,350	1,116,666
Shiawassee	224,413	5,855	230,268
Tuscola	99,317	3,296	102,613
	\$ 6,990,434	\$ 186,068	\$ 7,176,502

**Mid-State Health Network
FY2025 PA2 Expenditure Summary by County**

County	PA2 Balance Available for Expenses	YTD Payments	Ending PA2 Fund Balance
Arenac	68,950	11,846	\$ 57,104
Bay	460,264	49,071	\$ 411,193
Clare	135,889	16,449	\$ 119,440
Clinton	545,073	35,456	\$ 509,617
Eaton	393,313	77,305	\$ 316,009
Gladwin	72,972	10,939	\$ 62,033
Gratiot	87,289	18,424	\$ 68,865
Hillsdale	170,510	18,245	\$ 152,266
Huron	130,878	18,075	\$ 112,803
Ingham	1,516,251	207,895	\$ 1,308,356
Ionia	274,694	26,048	\$ 248,647
Isabella	258,516	42,697	\$ 215,819
Jackson	592,447	79,482	\$ 512,965
Mecosta	187,131	23,830	\$ 163,301
Midland	363,775	54,394	\$ 309,382
Montcalm	252,250	-	\$ 252,250
Newaygo	140,233	16,963	\$ 123,269
Osceola	76,520	13,497	\$ 63,023
Saginaw	1,116,666	95,735	\$ 1,020,931
Shiawassee	230,268	42,878	\$ 187,390
Tuscola	102,613	32,015	\$ 70,598
	\$ 7,176,502	891,244	\$ 6,285,258

**Mid-State Health Network
FY2025 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	66,822	2,128						44,780	2,128	68,950
Bay	448,582	11,682						232,767	11,682	460,264
Clare	132,748	3,140						64,373	3,140	135,889
Clinton	537,626	7,447						149,877	7,447	545,073
Eaton	379,382	13,931						276,447	13,931	393,313
Gladwin	70,747	2,225						43,802	2,225	72,972
Gratiot	84,686	2,604						54,584	2,604	87,289
Hillsdale	167,062	3,448						65,929	3,448	170,510
Huron	126,776	4,102						81,262	4,102	130,878
Ingham	1,476,422	39,830						804,327	39,830	1,516,251
Ionia	270,289	4,406						89,500	4,406	274,694
Isabella	251,037	7,479						148,318	7,479	258,516
Jackson	572,863	19,584						383,154	19,584	592,447
Mecosta	182,023	5,108						102,596	5,108	187,131
Midland	353,997	9,778						190,134	9,778	363,775
Montcalm	246,452	5,798						118,381	5,798	252,250
Newaygo	135,379	4,854						97,316	4,854	140,233
Osceola	74,496	2,024						39,687	2,024	76,520
Saginaw	1,089,316	27,350						552,253	27,350	1,116,666
Shiawassee	224,413	5,855						116,044	5,855	230,268
Tuscola	99,317	3,296						67,516	3,296	102,613
	<u>\$ 6,990,434</u>	<u>\$ 186,068</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ 3,723,047</u>	<u>\$ 186,068</u>	<u>\$ 7,176,502</u>

**Mid-State Health Network
FY2025 PA2 Expenditure Summary by County**

County	PA2 Balance Available for Expenses	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	YTD Payments	Ending PA2 Fund Balance
Arenac	68,950	3,367	4,048	4,431				11,846	\$ 57,104
Bay	460,264	17,384	16,512	15,176				49,071	\$ 411,193
Clare	135,889	4,600	6,098	5,751				16,449	\$ 119,440
Clinton	545,073	9,318	15,210	10,928				35,456	\$ 509,617
Eaton	393,313	28,776	27,853	20,675				77,305	\$ 316,009
Gladwin	72,972	3,796	3,244	3,899				10,939	\$ 62,033
Gratiot	87,289	5,201	7,662	5,562				18,424	\$ 68,865
Hillsdale	170,510	7,504	4,676	6,065				18,245	\$ 152,266
Huron	130,878	6,310	6,578	5,187				18,075	\$ 112,803
Ingham	1,516,251	71,751	50,242	85,902				207,895	\$ 1,308,356
Ionia	274,694	5,035	7,478	13,534				26,048	\$ 248,647
Isabella	258,516	13,582	14,886	14,229				42,697	\$ 215,819
Jackson	592,447	26,347	26,074	27,061				79,482	\$ 512,965
Mecosta	187,131	11,799	5,246	6,785				23,830	\$ 163,301
Midland	363,775	11,618	17,927	24,848				54,394	\$ 309,382
Montcalm	252,250	-	-	-				-	\$ 252,250
Newaygo	140,233	5,980	5,498	5,486				16,963	\$ 123,269
Osceola	76,520	4,564	4,369	4,564				13,497	\$ 63,023
Saginaw	1,116,666	38,675	33,568	23,493				95,735	\$ 1,020,931
Shiawassee	230,268	15,171	16,351	11,355				42,878	\$ 187,390
Tuscola	102,613	10,193	12,468	9,354				32,015	\$ 70,598
\$ 7,176,502		\$ 300,971	\$ 285,987	\$ 304,286	\$ -	\$ -	\$ -	891,244	\$ 6,285,258

Mid-State Health Network
 Summary of PA2 Use of Funds by County and Provider
 October 1, 2024 through December 31, 2024

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
Arenac				
Peer 360 Recovery			4,924	4,924
Ten Sixteen Recovery		6,922		6,922
Arenac Total		6,922	4,924	11,846
Bay				
McLaren Prevention Services		1,896		1,896
Peer 360 Recovery			14,939	14,939
Sacred Heart Rehabilitation		5,942		5,942
Ten Sixteen Recovery	1,927	13,107	11,260	26,294
Bay Total	1,927	20,945	26,199	49,071
Clare				
Ten Sixteen Recovery	3,236	13,213		16,449
Clare Total	3,236	13,213		16,449
Clinton				
Eaton Regional Education Service Agency		35,456		35,456
Clinton Total		35,456		35,456
Eaton				
Eaton Regional Education Service Agency		58,136		58,136
Wellness, InX	9,102		10,067	19,169
Eaton Total	9,102	58,136	10,067	77,305
Gladwin				
Ten Sixteen Recovery	1,146	9,793		10,939
Gladwin Total	1,146	9,793		10,939
Gratiot				
Gratiot County Child Advocacy Association		16,593		16,593
Ten Sixteen Recovery	1,831			1,831
Gratiot Total	1,831	16,593		18,424
Hillsdale				
LifeWays Community Mental Health Authority		18,245		18,245
Hillsdale Total		18,245		18,245
Huron				
Peer 360 Recovery			18,075	18,075
Huron Total			18,075	18,075
Ingham				
Child and Family Charities		15,941		15,941
Cristo Rey Community Center		12,550		12,550
Eaton Regional Education Service Agency		26,298		26,298
Ingham County Health Department		19,175		19,175
Lansing Syringe Access, Inc			17,651	17,651
Prevention Network		3,394		3,394
Punks With Lunch Lansing			4,717	4,717
Wellness, InX	68,198		39,972	108,169
Ingham Total	68,198	77,358	62,340	207,895
Ionia				
County of Ionia		26,048		26,048
Ionia Total		26,048		26,048

Mid-State Health Network
 Summary of PA2 Use of Funds by County and Provider
 October 1, 2024 through December 31, 2024

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
Isabella				
Peer 360 Recovery			10,615	10,615
Ten Sixteen Recovery	2,670	6,388	23,024	32,082
Isabella Total	2,670	6,388	33,639	42,697
Jackson				
Big Brothers Big Sisters of Jackson County, Inc		5,402		5,402
Family Service and Childrens Aid (Born Free)		61,937		61,937
Home of New Vision			12,143	12,143
Jackson Total		67,339	12,143	79,482
Mecosta				
Ten Sixteen Recovery	4,165	8,914	10,751	23,830
Mecosta Total	4,165	8,914	10,751	23,830
Midland				
Peer 360 Recovery			24,288	24,288
Ten Sixteen Recovery	8,982			8,982
The Legacy Center for Community Success		21,124		21,124
Midland Total	8,982	21,124	24,288	54,394
Newaygo				
Arbor Circle		16,963		16,963
Newaygo Total		16,963		16,963
Osceola				
Ten Sixteen Recovery	3,754	9,743		13,497
Osceola Total	3,754	9,743		13,497
Saginaw				
Peer 360 Recovery			26,041	26,041
Sacred Heart Rehabilitation		13,131		13,131
Saginaw County Youth Protection Council		20,638		20,638
Saginaw Police Department		7,175		7,175
Women of Colors		28,750		28,750
Saginaw Total		69,694	26,041	95,735
Shiawassee				
Catholic Charities of Shiawassee and Genesee		21,625		21,625
Peer 360 Recovery			16,576	16,576
Shiawassee County		4,676		4,676
Shiawassee Total		26,302	16,576	42,878
Tuscola				
List Psychological Services		18,566		18,566
Peer 360 Recovery			13,449	13,449
Tuscola Total		18,566	13,449	32,015
Grand Total	105,010	527,742	258,492	891,244

Mid-State Health Network
Summary of SUD Revenue and Expenses as of December 2024 (25% of Budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	2,248,017.74	9,876,315.00	7,628,297.26	22.76%
SOR and Other Grants	313,600.20	2,313,980.00	2,000,379.80	13.55%
Medicaid	4,677,382.87	19,668,781.00	14,991,398.13	23.78%
Healthy Michigan	6,908,093.62	30,488,957.00	23,580,863.38	22.66%
PA2	891,243.70	4,864,052.00	3,972,808.30	18.32%
Totals	15,038,338.13	67,212,085.00	52,173,746.87	22.37%
Direct Expenses				
Block Grant	2,248,017.74	9,876,315.00	7,628,297.26	22.76%
SOR and Other Grants	313,600.20	2,313,980.00	2,000,379.80	13.55%
Medicaid	3,637,180.91	19,049,480.00	15,412,299.09	19.09%
Healthy Michigan	6,698,125.43	31,200,000.00	24,501,874.57	21.47%
PA2	891,243.70	4,864,052.00	3,972,808.30	18.32%
Totals	13,788,167.98	67,303,827.00	53,515,659.02	20.49%
Surplus / (Deficit)	1,250,170.15			
Surplus / (Deficit) by Funding Source				
Block Grant	-			
SOR Grants	-			
Medicaid	1,040,201.96			
Healthy Michigan	209,968.19			
PA2	-			
Totals	1,250,170.15			

Actual revenue greater than budgeted revenue
Actual expenses greater than budgeted expenses

Surplus/(Deficit) by Funding Source - Please Note: A surplus or deficit listed above only relates to SUD. MSHN uses the amounts above in conjunction with behavioral health surpluses and deficits to determine a regional total. MSHN then applies MDHHS's set formula to calculate the portion of surplus dollars we can retain.

**Mid-State Health Network
 FY2025 PA2 Funding Recommendations by Provider
 February 2025 Oversight Policy Board**

Provider	Provider Funding Total Requested	MSHN Funding Recommended	PA2 Amount Recommended*
Arbor Circle Total			
Big Brothers Big Sisters of Jackson Total			
Boys and Girls Club of Bay County Total			
Catholic Charities of Shiawassee and Genesee Counties Total			
Child Advocacy Center Total			
Child and Family Charities Total			
Cristo Rey Community Center Total			
District Health Department #10			
Eaton Regional Education Service Agency (RESA) Total			
Face Addiction Now (FAN)	144,809	144,809	144,809
Family Services and Children's Aid Total			
First Ward Community Center Total			
Henry Ford Allegiance Health Total			
Home of New Vision Total			
Huron County Health Department Total			
Ingham County Health Department Total			
Ionia County Health Department Total			
Lansing Syringe Services			
LifeWays			
List Psychological Services Total			
McLaren Prevention Services Total			
Mid-Michigan District Health Department Total			
Parishioners on Patrol Total			
Peer 360 Recovery Total			
Prevention Network Total			
Punks with Lunch			
Randy's House			
Sacred Heart Rehabilitation Center Total			
Saginaw City Police Total			
Saginaw County Health Department Total			
Saginaw Youth Protection Council Total			
Shiawassee County Court Total			
St. Johns Police Department Total			
Ten Sixteen Recovery Network Total			
The Legacy Center Total			
Wellness, Inx Total			
Women of Colors Total			
GRAND TOTAL	144,809	144,809	144,809

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

**Mid-State Health Network
FY2025 PA2 Funding Recommendations by County**

County	Projected Beginning Reserve Balance	Projected FY2025 Treasury Revenue	OPB Approved PA2 Provider Funding	MSHN Funding Recommendations February	Projected Ending Reserve Balance
Arenac	54,672	44,780	57,575	-	41,877
Bay	402,695	232,767	383,850	-	251,612
Clare	109,439	64,373	86,675	-	87,137
Clinton	471,531	149,877	140,947	-	480,461
Eaton	448,560	276,447	299,889	-	425,118
Gladwin	63,247	43,802	47,100	-	59,949
Gratiot	80,721	54,584	78,300	-	57,005
Hillsdale	162,203	65,929	149,949	-	78,183
Huron	124,630	81,262	115,605	-	90,287
Ingham	1,229,310	804,327	951,921	-	1,081,716
Ionia	238,919	89,500	205,881	-	122,538
Isabella	237,829	148,318	187,989	-	198,158
Jackson	491,259	383,154	482,786	-	391,627
Mecosta	162,568	102,596	148,000	-	117,164
Midland	339,120	190,134	302,535	-	226,719
Montcalm	193,458	118,381	191,713	-	120,126
Newaygo	134,317	97,316	134,422	-	97,211
Osceola	70,315	39,687	64,100	-	45,902
Saginaw	869,349	552,253	661,220	144,809	615,573
Shiawassee	195,446	116,044	177,955	-	133,535
Tuscola	97,884	67,516	90,756	-	74,644
Total	\$ 6,177,472	\$ 3,723,047	\$ 4,959,168	\$ 144,809	\$ 4,796,542

Mid-State Health Network
Comparison of FY2024 and FY2025 PA2 by County and Provider

County	Provider	FY2024 OPB	FY2025 MSHN	*New Provider / Renewal Contract	Coalition	Detail of Services Provided for FY2025 Requests
		Approved PA2 Provider Funding	Funding Recommendations February		Reviewed; New Providers (Yes/No)	
Saginaw						
	Face Addiction Now (FAN)			New	Yes	Harm Reduction: Funds to support street outreach in Saginaw County; MSHN BOD approved Nov. 2024
		PA2	-	144,809		
		Grants	-	-		
		Total	-	144,809		
	PA2 Subtotal		-	144,809		
	Grants Subtotal		-	-		
Grand Total			-	144,809		

*New Provider / Renewal Contract:

New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2024

"Grants" refers to Community Grant, State Opioid Response and ARPA Grants

Coalition does not review annual plans and budgets. Coalition reviews new providers only.

OPB Operational Report February 2025

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

- Participated in planning for upcoming anti-stigma media campaign and discussions with media team from Redhead Studio and separate internal staff meetings.
- Submitted Media Campaign approval form to MDHHS for two 15-second videos to be shared throughout the region for the Problem Gambling Prevention grant via streaming TV services. Upon approval, we hope to begin and run this campaign January-September.
- Work was completed on Tobacco Retailer Licensing educational videos for legislators and stakeholders as part of FY24 Tobacco Section funding that was delayed
- MSHN Prevention staff and DYTURs attended the first MDHHS Synar meeting of the year to prepare for 2025 Master Retailer List updates and Vendor Education process. Also had a regional DYTUR meeting to support DYTURs with TA and discuss MSHN timelines and expectations.
- Continued planning for new MPDS program coming later in FY25. This has required temporary procedures for collecting data until MDHHS is ready for the program to go live. Training for PIHP and provider staff has been tentatively pushed early 2025.
- Continued working with coalitions and providers to offer technical assistance for harm reduction activities, while encouraging engagement with county Opioid Settlement committees.
- Hosted Quarterly SUD Provider meeting and Prevention/Community Recovery breakout session
- Engaged in planning with other MSHN SUD Clinical Team staff for Opioid Settlement Fund listening sessions and allocation process
- Continued participation in MDHHS workgroup for Prevention requirement planning after the CAIT (Prevention) license is discontinued by LARA at an undetermined date in the near future
- Continued participation in the MDHHS Older Adult Prevention workgroup.
- Inter-regional coordination ongoing through Prevention Coordinators around the state.
- Review of prevention providers' entries into MPDS (Michigan Prevention Data System) tracking sheets 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

- MSHN Treatment Team Staffing Update: Stacey Lehmann has joined the SUD Clinical Team to support the role of Data & Grant Coordinator. Stacey joins the SUD Clinical Team after supporting a Utilization Management Specialist position at MSHN for the past 2 years. With Stacey's transition the SUD Clinical Team is now fully staffed.
- Planning, coordination, and implementation of MSHN roll out of Opioid Settlement Funds allocated to PIHPs from MDHHS for FY25. MSHN was allocated \$1,000,000 from the MDHHS Healing and Recovery Fund per the Governor's budget in FY25. MSHN has supported two listening sessions on January 8th and

9th to support feedback from our SUD provider network, local county governments, and regional stakeholders. Together, the listening sessions included about 100 individuals who attended to provide feedback and discussions about needs around the region. MSHN will be utilizing that feedback to help inform our open proposal process from our contracted in-region SUD provider network.

- Planned, coordinated, and implemented a proposal request process from the in-region MSHN SUD provider network for Opioid Settlement Funds in FY25. Proposal information was released to the network on 12/20/2024, with proposals due to MSHN on 2/3/2025. MSHN will be reviewing the proposals, consulting with MDHHS for allowable/not allowable items, and then making contract recommendations to the MSHN BOD in March for contracts to implement as of 4/1/25 thru 9/30/2025.
- Developing an Opioid Settlement webpage for the MSHN website to report Region 5's activities.
- Planning for implementation of updated MDHHS Treatment Policy 4: Off-Site Dosing & Extranet Use Requirements for Opioid Treatment Programs for providers.
- Planned, developed, and implemented an RFP for Recovery Housing for the MSHN region. Submissions are due to MSHN by 2/7/2025.
- Participated in planning for upcoming anti-stigma media campaign and discussions with media team from Redhead Studio.
- Supporting review and evaluation of new provider applications for SUD services for the MSHN region.
- Ongoing support for the MSHN internal Access Team implementation.
- Engaging with Michigan Association of Counties (MAC) to discuss status and collaboration with counties for Opioid Settlement Funds activities in collaboration with three other PIHPs and the MSU evaluation team.
- Preparation for quarterly SUD Provider Meeting planned for Thursday, 3-20-25 from 12-2p.
- Participation in the MDHHS 1115 Reentry Initiative Implementor Advisory Group to support planning for services for incarcerated settings (ie. MDOC, County Jails, and Juvenile Detention Facilities).
- Participation in MDHHS ASAM Criteria 4th Edition Workgroup to update treatment policies and ASAM designations to new/revised standards.
- Planning for ASAM Criteria 4th Edition revisions and roll out in Region 5, including ASAM Criteria trainings for SUD providers in the spring/summer/fall of FY25. MSHN will be supporting 13 ASAM Criteria Trainings for contracted SUD treatment providers between May-September 2025. This will include 10 virtual and 3 in-person trainings.
- Planning for implementation of MDHHS Recovery Incentive Pilot for FY25. MDHHS has chosen Lifeways – Jackson as the phase 1 provider, and PPS as the phase 2 provider for the MSHN region. MDHHS delayed planned implementation for 1-1-25 due to the incentive platform not being ready for implementation. As of 2/5/25 RI Pilot meeting, the implementation should be able to launch “soon.”
- Coordinate and support monthly Lunch & Learn series to support SUD provider network in calendar year 2025 with sessions provided by SUD Clinical, Utilization Management, Access, QAPI, Finance, Quality, Customer Service & Recipient Rights, and Veteran Navigator. Schedule, topics, and links to sessions available in the weekly constant contact newsletter. Sessions that were recorded can also be found on the MSHN website.
- Support Equity Upstream Learning Collaborative partners with DEI action plan implementation in FY25.
- Continued support for development of withdrawal management and residential levels of care with Bear River Health in Isabella County as the approved provider from WM/Residential RFP during FY23. The Mt. Pleasant location had an anticipated implementation of January 2025, but the facility experienced an occurrence of a pipe bursting and creating water damage. The renovations to this damage will delay implementation an additional 8-12 weeks. Service implementation is now anticipated in May/June of 2025.
- Continued support for value-based pilot for Project ASSERT with two regional providers and exploration of possible future VBP initiatives for FY25.

- MSHN has a total of 481 beneficiaries enrolled in 6 SUD Health Home locations. MSHN supported an RFP for providers interested in joining the SUD-Health Home for region 5. MSHN is currently reviewing the submissions and will be developing a plan for implementation in FY25. In FY25, MSHN onboarded Isabella Citizens for Health as a new health home provider in Isabella County. Currently the SUD Health Home locations in the MSHN region have the following enrolled in services:
 - a. VCS – Saginaw: 205
 - b. VCS – Jackson: 94
 - c. VCS – Lansing: 86
 - d. Recovery Pathways – Bay City: 64
 - e. MidMichigan Community Health Services: 31
 - f. Isabella Citizens for Health – Mt. Pleasant: 1
 - g. MSHN region has a total of 481 beneficiaries enrolled in the SUD Health Homes.
- Participation and support for internal IDEA workgroup for DEI initiatives.
- Ongoing support of technical assistance needs with SUD treatment providers.
- Continued Treatment Team attendance at prevention community coalition meetings.
- Ongoing evaluation of opportunities to expand services for specialty populations of older adults, adolescents, veterans, and military families.
- Coordinate and facilitate regional workgroups for Recovery, ROSC (Northwest, South, & East), Outpatient/MAT, WSS, and WM/residential.

Additional Activities October-December:

- Oversight and coordination of SUD prevention and treatment teams and all activities listed above.
- Ongoing coordination with statewide SUDS Directors & development of consensus as SUD content experts, e.g., opioid settlement fund support and direction to counties, etc.
- Met with all SUD providers involved in the Equity Upstream Learning Collaborative and progress in Q1 of FY25.
- Received messaging concepts from Redhead Creative Consultancy for media campaign focused on reducing SUD stigma in communities where overdose death rates are highest. Having selected the messaging concept, MSHN and Redhead will be meeting later in February to discuss implementation.
- Work on several advocacy fronts continued. MSHN organized a meeting with Regions 1, 4, 6 and 8 with Senator Kevin Hertel on opioid epidemic-related issues including:
 - Low Barrier Access to Treatment/Medication-First Principles (this White Paper was shared previously and is still under review and revision in collaboration with the Opioid Task Force)
 - Addressing Peer Recovery Coach (PRC) exclusions from working in the public system due to past misdemeanor and/or felony convictions. PRCs are one of our most effective partners in supporting recovery in our region and are lowest-cost at a time when our workforce shortages persist.
 - Addressing disparities in OD deaths which persist despite dropping OD deaths nationally and in Michigan.
 - Promoting county and state collaboration with PIHPs in allocation of opioid settlement funds.

Substance Use Disorder (SUD)
Clinical Team
Narrative Report
FY24
Quarter: 4

PREVENTION GOALS	RESULTS & PROGRESS
Reduce underage drinking	Alcohol Vendor Education this quarter totaled 16 activities with 159 attendees in Jackson, Hillsdale, and Gratiot counties. 17 counties held education-based SUD programming for a total of 1,994 activities, many of which were held in middle and high schools. Coalitions continue their community-based efforts with many hosting sub workgroups with the goal of reducing underage drinking. Prevention Coordinators across the region continue to participate in MCRUD (Michigan Coalition to Reduce Underage Drinking) focused issues as well as local Alcohol Policy Issues workgroups/sub-committees. Jackson County continued the MOST social norming campaign activity this quarter.
Reduce underage cannabis use	Peer Assisted Leadership (PAL) activities were held in Bay, Clinton, and Ingham counties which included education on cannabis misuse. 99 student assistance groups with multiple ATOD activities including Too Good For Drugs with over 1,800 attendees were recorded in this quarter. Prevention Coordinators across the region continue to participate in the MYCAEA (Michigan Youth Cannabis Action and Education Alliance). Midland County continued development of a Cannabis Community Awareness campaign and work continued on cannabis workgroups/sub-committees addressing local issues and concerns as part of their prevention or community coalitions.
Reduce prescription and over-the-counter drug misuse, including opioids	Prevention providers and coalitions continue to expend awarded requests in SOR funds to continue OEND and harm reduction activities/supplies this period. 33 naloxone/Narcan presentations were provided in the community during this period. Hundreds of activities were held to provide opioid education and peer recovery support/education. This included group and individual activities, as well as community events. Botvin Life Skills training totaled 313 hours of curriculum and over 2,500 attendees this quarter. Coalition and prevention staff sit on local community task forces addressing opioid use and harm reduction. Several of those

Substance Use Disorder (SUD)
 Clinical Team
 Narrative Report
 FY24
 Quarter: 4

	committees have established Narcan vending machines in their communities and are maintaining them through the MDHHS Narcan portal.
Reduce youth access to tobacco	16 groups and 52 activities provided educational and informational activities including sessions of NOT (Not on Tobacco), Catch My Breath, and INDEPTH. Note: the 4 th quarter covers the summer months when many children are not in school. Many coalitions continue to offer youth tobacco sub-committees and workgroups such as Tobacco Free Gratiot or CSAP Nicotine Sub-committee for community members and parents. 4 counties have completed Synar activities of vendor education and non Synar checks with at least 35 hours (146 units) of activity logged this quarter.
Increase access to prevention services for adults ages 55+	MSHN Older Adult Workgroup was held in November – discussion topics included identifying local resources WISE cohort updates, measurable goals for the workgroup and opportunities for growth. This workgroup hosted a WISE training course in this quarter with 12 groups initiated with 118 participants in 3 counties. The workgroup also continues collaborating on ideas for meeting the goal of increasing access to prevention services for seniors across MSHN region. Additionally, 38 cohorts of Adult/Senior SUD Education were completed with 333 participants in Saginaw County.

Substance Use Disorder (SUD)
Clinical Team
Narrative Report
FY24
Quarter: 4

TREATMENT and RECOVERY GOALS	RESULTS & PROGRESS
<p>Increase access to treatment and re-entry treatment for criminal justice involved population returning to communities.</p>	<p>Within this last quarter the GPRA jail services report showed a total number of 327 individuals served within the criminal justice systems. Recovery Pathways has expressed an interest in working with Shiawassee County Jail to support SUD services for inmates. MSHN continues to engage with HMA for the MDHHS Jail-Based MAT Collaborative to increase SUD/MOUD opportunities in county jails across the State. MSHN is also participating in the MDHHS workgroup related to the 1115 waiver exception submitted to CMS for use of Medicaid/HMP funds for 90-days prior to release for incarcerated individuals. This would be applicable to incarcerated settings like prisons, county jails, and juvenile detention.</p>
<p>Increase access to OUD treatment and harm reduction for persons living with Opioid Use Disorder.</p>	<p>In the last quarter there was a total of 3,327 Naloxone kits distributed and a total of 1,084 fentanyl test strips distributed. MSHN has received a request from a new provider to support mobile methadone for the MSHN region. The SUD Clinical Team will be evaluating the providers application and supportive services.</p>
<p>Increase access to behavioral health and primary care services for persons at-risk for and with mental health and substance use disorders.</p>	<p>All individuals entering SUD services at a MSHN contracted provider receive a needs assessment. If an individual identifies behavioral or primary health care as a need, a referral will be made for that individual to receive these services. MSHN requires that this be documented in the individual's chart. MSHN will also be working to expand the SUD Health Home providers and locations in FY25, which would support access and connection to behavioral health and primary care, as needed.</p>
<p>Increase access to trauma responsive services.</p>	<p>MSHN supported a Seeking Safety training for approximately 168 regional provider staff in August 2024. Seeking Safety is an evidence-based practice for supporting topics of trauma with individuals with SUD needs. As part of MSHN's</p>

Substance Use Disorder (SUD)
Clinical Team
Narrative Report
FY24
Quarter: 4

	<p>trauma policy, the SUD Clinical Team supports the provider network in completing a Trauma Informed Organizational survey every 3 years to determine areas of strength, and areas of further improvement. The majority of providers were due in FY24 to complete the Trauma Informed Organizational survey, and develop new goals in FY25. Progress towards the goals will be discussed and reviewed at the subsequent years annual plan meeting with each provider.</p>
<p>Reduction in percentage of substance exposed births/infants with WSS/NAS/FAS.</p>	<p>MSHN currently contracts with 22 SUD provider agencies that support designated or enhanced WSS. MSHN encourages all of our contracted WSS providers to work with local medical facilities (ie. Hospitals, Urgent Cares, OBGYN's, Primary Care Physicians, etc.) to ensure they are aware of their services and working to create referral pathways for people in need of support.</p>
<p>Increase access to treatment services for older adults 55 and older.</p>	<p>An older adult workgroup has been formed in the MSHN region to discuss the current senior services available in individual communities and what services are being utilized. Providers across the region are being encouraged to panel with Medicare in an effort to increase the number of providers able to accept people with this insurance. The expansion of Medicare allowing LPC credentialed individuals to support services has assisted providers with meeting one of the Medicare paneling requirements that used to be a barrier.</p>
<p>Increase in supporting coordinated strategies to support recovery.</p>	<p>MSHN submitted for, and was awarded funding through the Recovery Incentives pilot offered by the state to provide Contingency Management funds up to \$599/year for eligible Medicaid recipients receiving outpatient services. MSHN currently has 9 sites interested in participating in the pilot. Phase 1 of the pilot begins in January 2025 with Lifeways being chosen by MDHHS as the first provider to implement in the MSHN region. Subsequent phases of the pilot will be rolled out each quarter in FY25. Contingency Management (CM) is an evidence-based practice intervention where a person receives an incentive for</p>

Substance Use Disorder (SUD)
 Clinical Team
 Narrative Report
 FY24
 Quarter: 4

	meeting a treatment goal. For the MDHHS pilot, the goal is for the person to have abstained from stimulants and opioids, to receive the incentive.
Increase access to recovery services that promote life enhancing recovery and wellness for individuals and families.	Last quarter there were a total number of 24,455 people in region who were educated on the consequences of opioid and/or stimulant misuse using strategic messaging (e.g. media campaigns, targeted social media content, and other similar strategies).
Increase coordination of prevention, follow-up, and continuing care in recovery.	In Q3, the treatment team met with each provider for annual plans and identified a primary and secondary contact for each agency for coordination of care needs. This will add additional support to our network in ensuring individuals' records are easily sent and received by agencies where services are being provided.

OPB Report
FY24Q4

MSHN

Mid-State Health Network

Arenac

FY24 Q4

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:

427

Total Attendees

68

of Activities

Admitted

Service	Adult
Outpatient	7
Residential	5
Withdrawal	5

WSS

Adult

1

MAT

Adult

4

Served

Service	Adult
Outpatient	35
Residential	6
Withdrawal	6

WSS

Adult

4

MAT

Adult

5

Primary Substance at Admission	Adult	Minor
Alcohol	7	
Methamphetamine / Speed	4	
Heroin	3	
Other Opiates / Synthetics	2	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	3	
(None)	2	
Heroin	2	
Marijuana/Hashish	2	
Benzodiazepines	1	
Other Drugs	1	

Bay

FY24 Q4

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:

6091

Total Attendees

729

of Activities

Admitted

Service	Adult	Minor
Outpatient	108	2
Residential	66	
Withdrawal	42	

WSS

Adult

24

MAT

Adult

58

Served

Service	Adult	Minor
Outpatient	444	9
Residential	83	1
Withdrawal	48	

WSS

Adult

106

MAT

Adult

88

Primary Substance at Admission	Adult	Minor
Alcohol	66	1
Methamphetamine / Speed	39	
Cocaine / Crack	36	
Other Opiates / Synthetics	36	1
Heroin	33	
Marijuana/Hashish	10	
Benzodiazepines	3	
Other Amphetamines	1	
Other Drugs	1	
Other Sedatives / Hypnotics	1	

Secondary Substance at Admission	Adult	Minor
(None)	31	
Cocaine / Crack	27	
Marijuana/Hashish	27	1
Alcohol	24	
Heroin	17	
Other Opiates / Synthetics	16	
Other Drugs	13	
Methamphetamine / Speed	11	
Other Amphetamines	3	
Other Sedatives / Hypnotics	1	

Clare

FY24 Q4

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:

587

Total Attendees

21

of Activities

Admitted

Service	Adult
Outpatient	35
Residential	23
Withdrawal	11

WSS

Adult

5

MAT

Adult

5

Served

Service	Adult
Outpatient	128
Residential	26
Withdrawal	11

WSS

Adult

10

MAT

Adult

24

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	32	
Alcohol	24	
Heroin	7	
Other Opiates / Synthetics	6	
Non-prescription methadone	1	
Other Amphetamines	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	15	
Methamphetamine / Speed	7	
Other Opiates / Synthetics	6	
Alcohol	5	
(None)	3	
Heroin	2	
Cocaine / Crack	1	
Other Drugs	1	

Clinton

FY24 Q4

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:

88

Total Attendees

9

of Activities

Admitted

Service	Adult
Outpatient	24
Residential	19
Withdrawal	6

WSS

Adult

6

MAT

Adult

3

Served

Service	Adult	Minor
Outpatient	105	1
Residential	23	
Withdrawal	9	

WSS

Adult

9

MAT

Adult

25

Primary Substance at Admission	Adult	Minor
Alcohol	18	
Methamphetamine / Speed	12	
Heroin	8	
Cocaine / Crack	6	
Marijuana/Hashish	4	
Other Opiates / Synthetics	3	

Secondary Substance at Admission	Adult	Minor
Alcohol	8	
Marijuana/Hashish	5	
Cocaine / Crack	4	
Methamphetamine / Speed	4	
Other Drugs	3	
(None)	2	
Heroin	2	
Other Opiates / Synthetics	2	
Other Stimulants	1	

Eaton

FY24 Q4

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:

446

Total Attendees

64

of Activities

Admitted

Service	Adult	Minor
Outpatient	59	1
Residential	14	
Withdrawal	13	

WSS

Adult

MAT

Adult

18

Served

Service	Adult	Minor
Outpatient	214	5
Residential	23	
Withdrawal	14	

WSS

Adult

8

MAT

Adult

57

Primary Substance at Admission	Adult	Minor
Alcohol	40	
Heroin	26	
Methamphetamine / Speed	12	
Cocaine / Crack	5	
Marijuana/Hashish	4	1
Other Opiates / Synthetics	3	
Other Drugs	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	11	
Cocaine / Crack	10	
Marijuana/Hashish	9	
Alcohol	3	
Other Drugs	2	
Other Opiates / Synthetics	2	
(None)	1	
Benzodiazepines	1	
Heroin	1	

Gladwin

FY24 Q4

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:

256

Total Attendees

26

of Activities

Admitted

Service	Adult	Minor
Outpatient	24	
Residential	12	1
Withdrawal	6	

WSS

Adult

MAT

Adult

5

Served

Service	Adult	Minor
Outpatient	92	
Residential	18	1
Withdrawal	7	

WSS

Adult

7

MAT

Adult

15

Primary Substance at Admission	Adult	Minor
Alcohol	18	
Methamphetamine / Speed	15	
Heroin	6	
Other Opiates / Synthetics	2	
Barbiturates	1	
Benzodiazepines	1	
Marijuana/Hashish		1

Secondary Substance at Admission	Adult	Minor
(None)	8	
Marijuana/Hashish	8	
Alcohol	4	1
Other Opiates / Synthetics	3	
Cocaine / Crack	1	
Heroin	1	
Methamphetamine / Speed	1	
Other Amphetamines	1	
Other Drugs	1	

Gratiot

FY24 Q4

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:

878

Total Attendees

143

of Activities

Admitted

Service	Adult
Outpatient	12
Residential	15
Withdrawal	3

WSS

Adult

1

MAT

Adult

8

Served

Service	Adult
Outpatient	79
Residential	21
Withdrawal	3

WSS

Adult

3

MAT

Adult

42

Primary Substance at Admission	Adult	Minor
Alcohol	9	
Methamphetamine / Speed	8	
Heroin	7	
Cocaine / Crack	6	
Other Opiates / Synthetics	1	

Secondary Substance at Admission	Adult	Minor
(None)	3	
Methamphetamine / Speed	3	
Other Opiates / Synthetics	3	
Marijuana/Hashish	2	
Other Drugs	2	
Alcohol	1	
Cocaine / Crack	1	
Heroin	1	

Hillsdale

FY24 Q4

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:

451

Total Attendees

81

of Activities

Admitted

Service	Adult
Outpatient	31
Residential	12
Withdrawal	7

WSS

Adult

1

MAT

Adult

6

Served

Service	Adult
Outpatient	94
Residential	17
Withdrawal	8

WSS

Adult

4

MAT

Adult

11

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	19	
Alcohol	18	
Marijuana/Hashish	5	
Heroin	4	
Other Opiates / Synthetics	3	
Other Amphetamines	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	7	
(None)	5	
Alcohol	4	
Marijuana/Hashish	3	
Other Opiates / Synthetics	2	

Huron

FY24 Q4

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:

1693

Total Attendees

262

of Activities

Admitted

Service	Adult	Minor
Outpatient	19	
Residential	3	1
Withdrawal	9	

WSS

Adult

2

MAT

Adult

13

Served

Service	Adult	Minor
Outpatient	71	
Residential	3	2
Withdrawal	10	

WSS

Adult

7

MAT

Adult

9

Primary Substance at Admission	Adult	Minor
Alcohol	13	
Heroin	8	
Methamphetamine / Speed	5	
Cocaine / Crack	4	
Other Opiates / Synthetics	3	
Marijuana/Hashish		1

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	5	
Heroin	4	
(None)	3	
Marijuana/Hashish	2	
Other Drugs	2	
Other Opiates / Synthetics	2	
Alcohol	1	
Benzodiazepines	1	
Methamphetamine / Speed	1	
Over-the-Counter Medications		1

Ingham

FY24 Q4

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:

3004

Total Attendees

459

of Activities

Admitted

Service	Adult	Minor
Outpatient	363	4
Residential	151	
Withdrawal	115	

WSS

Adult

7

MAT

Adult

127

Served

Service	Adult	Minor
Outpatient	1182	8
Residential	212	
Withdrawal	127	

WSS

Adult

23

MAT

Adult

370

Primary Substance at Admission	Adult	Minor
Alcohol	310	
Methamphetamine / Speed	130	
Heroin	117	
Cocaine / Crack	69	
Other Opiates / Synthetics	40	
Marijuana/Hashish	24	4
Benzodiazepines	4	
Other Sedatives / Hypnotics	2	
Hallucinogens	1	
Non-prescription methadone	1	
Other Amphetamines	1	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	78	
Marijuana/Hashish	72	
Alcohol	59	
Methamphetamine / Speed	58	
Heroin	36	
(None)	22	
Other Opiates / Synthetics	18	
Other Drugs	14	
Benzodiazepines	9	
Non-prescription methadone	2	
Barbiturates	1	
Other Amphetamines	1	
Other Stimulants	1	

Ionia

FY24 Q4

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:

637

Total Attendees

72

of Activities

Admitted

Service	Adult	Minor
Outpatient	58	1
Residential	8	
Withdrawal	9	

WSS

Adult

4

MAT

Adult

7

Served

Service	Adult	Minor
Outpatient	172	5
Residential	12	
Withdrawal	10	

WSS

Adult

4

MAT

Adult

14

Primary Substance at Admission	Adult	Minor
Alcohol	32	1
Methamphetamine / Speed	24	
Heroin	7	
Other Opiates / Synthetics	5	
Other Stimulants	4	
Cocaine / Crack	3	
Marijuana/Hashish	2	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	15	
Methamphetamine / Speed	7	
Heroin	5	
Alcohol	4	
Cocaine / Crack	3	
Other Opiates / Synthetics	2	
(None)	1	
Inhalants	1	
Other Drugs	1	
Other Stimulants	1	

Isabella

FY24 Q4

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:

5135

Total Attendees

220

of Activities

Admitted

Service	Adult	Minor
Outpatient	21	1
Residential	18	
Withdrawal	7	

WSS

Adult

2

MAT

Adult

16

Served

Service	Adult	Minor
Outpatient	182	1
Residential	29	
Withdrawal	8	

WSS

Adult

7

MAT

Adult

89

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	14	
Alcohol	13	
Heroin	9	
Other Opiates / Synthetics	7	
Cocaine / Crack	4	
Benzodiazepines	1	
Other Amphetamines	1	
Marijuana/Hashish		1

Secondary Substance at Admission	Adult	Minor
(None)	7	
Methamphetamine / Speed	6	
Marijuana/Hashish	5	
Other Opiates / Synthetics	4	
Cocaine / Crack	3	
Other Sedatives / Hypnotics	2	
Alcohol	1	
Other Amphetamines	1	

Jackson

FY24 Q4

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:

8772

Total Attendees

1160

of Activities

Admitted

Service	Adult	Minor
Outpatient	131	1
Residential	86	
Withdrawal	32	

WSS

Adult

| 37

MAT

Adult

| 44

Served

Service	Adult	Minor
Withdrawal	40	
Residential	122	
Outpatient	507	1
	1	

WSS

Adult

| 62

MAT

Adult

| 202

Primary Substance at Admission	Adult	Minor
Alcohol	100	1
Methamphetamine / Speed	70	
Heroin	54	
Cocaine / Crack	17	
Other Opiates / Synthetics	13	
Marijuana/Hashish	8	
Benzodiazepines	1	
Other Amphetamines	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	30	
Methamphetamine / Speed	26	
Cocaine / Crack	25	1
(None)	22	
Other Opiates / Synthetics	13	
Alcohol	12	
Heroin	7	
Benzodiazepines	6	
Other Drugs	6	
Other Amphetamines	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Mecosta

FY24 Q4

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:

550

Total Attendees

61

of Activities

Admitted

Service	Adult
Outpatient	25
Residential	19
Withdrawal	7

WSS

Adult

3

MAT

Adult

9

Served

Service	Adult
Outpatient	86
Residential	24
Withdrawal	8

WSS

Adult

4

MAT

Adult

25

Primary Substance at Admission	Adult	Minor
Alcohol	27	
Methamphetamine / Speed	17	
Cocaine / Crack	2	
Heroin	2	
Marijuana/Hashish	2	
Over-the-Counter Medications	2	
Other Opiates / Synthetics	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	6	
Alcohol	5	
(None)	3	
Methamphetamine / Speed	3	
Other Drugs	2	
Cocaine / Crack	1	

Midland

FY24 Q4

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:

3774

Total Attendees

174

of Activities

Admitted

Service	Adult	Minor
Outpatient	25	
Residential	31	1
Withdrawal	18	

WSS

Adult

MAT

Adult

27

Served

Service	Adult	Minor
Outpatient	134	2
Residential	42	1
Withdrawal	20	

WSS

Adult

9

MAT

Adult

24

Primary Substance at Admission	Adult	Minor
Alcohol	29	
Methamphetamine / Speed	17	
Other Opiates / Synthetics	15	1
Heroin	8	
Cocaine / Crack	5	
Other Drugs	3	
Benzodiazepines	1	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	14	
Methamphetamine / Speed	9	
(None)	8	
Heroin	6	
Other Opiates / Synthetics	6	
Alcohol	5	1
Inhalants	3	
Benzodiazepines	2	
Cocaine / Crack	1	
Other Amphetamines	1	
Other Sedatives / Hypnotics	1	
Over-the-Counter Medications	1	

Montcalm

FY24 Q4

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:

627

Total Attendees

65

of Activities

Admitted

Service	Adult
Outpatient	41
Residential	20
Withdrawal	12

WSS

Adult

4

MAT

Adult

11

Served

Service	Adult	Minor
Outpatient	165	
Residential	29	1
Withdrawal	14	

WSS

Adult

11

MAT

Adult

26

Primary Substance at Admission	Adult	Minor
Alcohol	29	
Methamphetamine / Speed	16	
Heroin	13	
Other Opiates / Synthetics	8	
Other Stimulants	5	
Marijuana/Hashish	4	
Cocaine / Crack	3	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	12	
Cocaine / Crack	6	
Heroin	6	
Other Opiates / Synthetics	6	
(None)	5	
Marijuana/Hashish	4	
Alcohol	2	
Other Drugs	2	
Benzodiazepines	1	
Other Stimulants	1	

Newwaygo

FY24 Q4

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:

416

Total Attendees

57

of Activities

Admitted

Service	Adult
Outpatient	18
Residential	12
Withdrawal	10

WSS

Adult

4

MAT

Adult

7

Served

Service	Adult
Outpatient	78
Residential	17
Withdrawal	10

WSS

Adult

15

MAT

Adult

20

Primary Substance at Admission	Adult	Minor
Alcohol	17	
Methamphetamine / Speed	8	
Heroin	6	
Cocaine / Crack	5	
Other Opiates / Synthetics	4	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	6	
Alcohol	5	
Cocaine / Crack	5	
(None)	3	
Heroin	3	
Other Amphetamines	2	
Marijuana/Hashish	1	
Other Drugs	1	
Other Opiates / Synthetics	1	

Osceola

FY24 Q4

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:

205

Total Attendees

33

of Activities

Admitted

Service	Adult	Minor
Outpatient	16	
Residential	11	1
Withdrawal	8	

WSS

Adult

3

MAT

Adult

4

Served

Service	Adult	Minor
Outpatient	59	
Residential	14	1
Withdrawal	8	

WSS

Adult

5

MAT

Adult

9

Primary Substance at Admission	Adult	Minor
Alcohol	22	1
Methamphetamine / Speed	11	
Benzodiazepines	1	
Heroin	1	
Other Opiates / Synthetics	1	

Secondary Substance at Admission	Adult	Minor
Alcohol	4	
(None)	3	
Cocaine / Crack	3	
Other Opiates / Synthetics	2	
Heroin	1	
Marijuana/Hashish		1

Saginaw

FY24 Q4

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:

4659

Total Attendees

578

of Activities

Admitted

Service	Adult	Minor
Outpatient	118	24
Residential	91	
Withdrawal	101	

WSS

Adult

| 29

MAT

Adult

| 77

Served

Service	Adult	Minor
Outpatient	514	30
Residential	117	
Withdrawal	110	

WSS

Adult

| 102

MAT

Adult

| 150

Primary Substance at Admission	Adult	Minor
Alcohol	147	2
Cocaine / Crack	57	
Heroin	50	
Other Opiates / Synthetics	48	
Methamphetamine / Speed	18	
Marijuana/Hashish	12	22
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	62	
Marijuana/Hashish	44	1
(None)	26	21
Alcohol	23	2
Methamphetamine / Speed	16	
Other Opiates / Synthetics	12	
Other Drugs	10	
Benzodiazepines	8	
Heroin	8	
Other Stimulants	1	

Shiawassee

FY24 Q4

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:

2504

Total Attendees

503

of Activities

Admitted

Service	Adult	Minor
Outpatient	34	2
Residential	21	
Withdrawal	19	

WSS

Adult

15

MAT

Adult

16

Served

Service	Adult	Minor
Outpatient	178	2
Residential	29	
Withdrawal	21	

WSS

Adult

36

MAT

Adult

30

Primary Substance at Admission	Adult	Minor
Alcohol	41	
Methamphetamine / Speed	21	
Heroin	5	
Other Opiates / Synthetics	5	
Cocaine / Crack	2	
Marijuana/Hashish	2	1
Benzodiazepines		1

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	11	1
Cocaine / Crack	7	
Methamphetamine / Speed	5	
Other Opiates / Synthetics	5	
Alcohol	4	1
(None)	3	
Other Drugs	2	
Other Stimulants	2	
Benzodiazepines	1	

Tuscola

FY24 Q4

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:

1387

Total Attendees

195

of Activities

Admitted

Service	Adult
Outpatient	36
Residential	8
Withdrawal	7

WSS

Adult

7

MAT

Adult

8

Served

Service	Adult
Outpatient	164
Residential	10
Withdrawal	7

WSS

Adult

21

MAT

Adult

16

Primary Substance at Admission	Adult	Minor
Alcohol	19	
Other Opiates / Synthetics	11	
Methamphetamine / Speed	9	
Cocaine / Crack	8	
Marijuana/Hashish	3	
Benzodiazepines	2	
Heroin	2	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	6	
Alcohol	5	
Methamphetamine / Speed	4	
(None)	3	
Marijuana/Hashish	3	
Benzodiazepines	2	
Heroin	2	
Other Amphetamines	1	
Other Drugs	1	
Other Opiates / Synthetics	1	