

**Substance Use Disorder (SUD)  
Oversight Policy Board Meeting  
June 18, 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 June 18, 2025
- 4) **ACTION ITEM:** Approval of Minutes of February 19, 2025 (Page 3) and April 16, 2025 (Page 7)
- 5) Public Comment
- 6) Board Chair Report
  - A. **ACTION ITEM:** Approval of FY2026 Board Calendar (Page 10)
- 7) Deputy Director Report (Page 11)
- 8) **ACTION ITEM:** Approval of Substance Use Disorder Oversight Policy Board Bylaws (Page 17)
- 9) Chief Financial Officer Report
  - A. FY25 PA2 Funding & Expenditures by County (Page 32)
  - B. FY25 PA2 Use of Funds by County and Provider (Page 34)
  - C. FY25 SUD Financial Summary Report of April 2025 (Page 36)
- 10) **ACTION ITEM:** FY25 Substance Use Disorder PA2 Contract Listing (Page 39)
- 11) SUD Operating Update (Page 42)
  - A. FY2025 Q2 SUD County Reports (Page 45)
- 12) Other Business
- 13) Public Comment
- 14) Board Member Comment
- 15) Adjournment

**MSHN SUD Oversight Policy  
Board Officers**

Chair: Bryan Kolk (Newaygo)  
Vice-Chair: Irene Cahill (Ingham)  
Secretary: Dwight Washington  
(Clinton)

**MEETING LOCATION:**

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

**VIDEOCONFERENCE:**

<https://us02web.zoom.us/j/5624476175>  
Meeting ID: 5624476175

**TELECONFERENCE:**

Call 1.312.626.6799  
Meeting ID: 5624476175#

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

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**UPCOMING FY25**

**SUD OVERSIGHT POLICY BOARD  
MEETINGS**

August 20, 2025  
CMHAM  
507 S. Grand Ave  
Lansing, MI 48933

**UPCOMING FY26**

**SUD OVERSIGHT POLICY BOARD  
MEETINGS**

*Pending board approval*  
October 15, 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>

## FY25 MSHN SUD Oversight Policy Board Roster

Last Name	First Name	Address 1	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Ashley	Lisa	400 E. Wisconsin St.	<a href="mailto:ashlevl@clareco.net">ashlevl@clareco.net</a>		989.630.5256		Gladwin	2025
Burke	Lori	3797 W. Boulder Lane	<a href="mailto:lori.burke@myconnectedhealth.com">lori.burke@myconnectedhealth.com</a>		989.217.0412		Shiawassee	2026
Cahill	Irene	657 Virginia Ave	<a href="mailto:icahill@ingham.org">icahill@ingham.org</a>	<a href="mailto:irenecahill@icloud.com">irenecahill@icloud.com</a>	517.488.1486		Ingham	2026
Caswell	Bruce	8940 E. Bacon Road	<a href="mailto:bcaswell@frontier.com">bcaswell@frontier.com</a>		517.425.5230	517.523.3067	Hillsdale	2026
Gambrell	Todd		<a href="mailto:todd@gambrelllaw.com">todd@gambrelllaw.com</a>		989.832.6387		Midland	2027
Gross	Jacob	8755 Hemlock Ave.	<a href="mailto:grossj@clareco.net">grossj@clareco.net</a>		989.506.2163		Clare	2027
Harrington	Christina	1600 N. Michigan Ave.	<a href="mailto:charrington@saginawcounty.com">charrington@saginawcounty.com</a>		989.758.3818		Saginaw	2028
Hemminger	Charlean	170 E. Garden St	<a href="mailto:chemminger@ioniacounty.org">chemminger@ioniacounty.org</a>		989.855.5235		Ionia	2025
Hunter	John	Po Box 9	<a href="mailto:hunterjohn74@gmail.com">hunterjohn74@gmail.com</a>		989.673.8223	989.551.2077	Tuscola	2028
Kolk	Bryan	5646 W. 72nd Street	<a href="mailto:bryank@newaygocountymi.gov">bryank@newaygocountymi.gov</a>		616.780.5751		Newaygo	2027
Kroneck	John	11472 Cherry Drive	<a href="mailto:jkroneck@mmdhd.org">jkroneck@mmdhd.org</a>		989.831.3659	616.302.6009	Montcalm	2027
Link	Karen	3459 Lakeshore	<a href="mailto:karenl@huroncmh.org">karenl@huroncmh.org</a>		989.269.1109	989.269.9293	Huron	2026
Moreno	Jim	316 S. Arnold St	<a href="mailto:jmoreno@isabellacounty.org">jmoreno@isabellacounty.org</a>		989.954.5144		Isabella	2027
Peters	Justin	367 Old Orchard	<a href="mailto:comicmonkey1@outlook.com">comicmonkey1@outlook.com</a>		989.280.1369		Bay	2025
Rayburn	Emily	509 S. Main St	<a href="mailto:emily@childadvocacy.net">emily@childadvocacy.net</a>		989.763.3436	989.463.1422	Gratiot	2025
Strong	Jerrilynn	1137 17 Mile Road	<a href="mailto:jeristrong64@gmail.com">jeristrong64@gmail.com</a>		989.382.5452		Mecosta	2027
Thalison	Kimberly	1771 S. Krepps Road	<a href="mailto:kthalison@eatonresa.org">kthalison@eatonresa.org</a>		517.541.8711		Eaton	2025
Turner	David	Po Box 236	<a href="mailto:davidturner49665@gmail.com">davidturner49665@gmail.com</a>		231.908.0501		Osceola	2027
Vallad	Rachel	5033 Lincoln Road	<a href="mailto:rachel.vallad87@gmail.com">rachel.vallad87@gmail.com</a>		989.798.4743		Arenac	2026
Washington	Dwight	4600 Clark Road	<a href="mailto:washindwi@gmail.com">washindwi@gmail.com</a>		517.974.1658		Clinton	2026
Woods	Ed	724 17th Street	<a href="mailto:ejw1755@yahoo.com">ejw1755@yahoo.com</a>		517.796.4501	517.392.8457	Jackson	2026

### Alternates:

Briggs	Margery	307 Kent St.	<a href="mailto:briggsmmb@sbcglobal.net">briggsmmb@sbcglobal.net</a>		517.647.4747		Ionia-Alternate	2025
Fickes	Nicole	6340 Victoria Shore Dr	<a href="mailto:fickesn@clinton-County.org">fickesn@clinton-County.org</a>		517.899.9307		Clinton - Alternate	2026
Howard	Linda	10235 75th Ave	<a href="mailto:lhoward8305@gmail.com">lhoward8305@gmail.com</a>		989.560.8305		Mecosta-Alternate	2027
Mahar	Charlie	11447 S. West County l	<a href="mailto:cmahar@greenridge.com">cmahar@greenridge.com</a>		616.205.6435		Montcalm-Alternate	12.31.25
Mott	Jim	929 Miller Hwy	<a href="mailto:jmott@eatoncounty.org">jmott@eatoncounty.org</a>		517.749.4236		Eaton-Alternate	2025
Murphy	Joe	312 S. Huron Ave	<a href="mailto:jmurphy0504@comcast.net">jmurphy0504@comcast.net</a>		989.670.1057		Huron-Alternate	2026
Pratt	Tanya	5524 Star Flower Dr.	<a href="mailto:tpratt@ingham.org">tpratt@ingham.org</a>	<a href="mailto:tlpratt624@gmail.com">tlpratt624@gmail.com</a>	810.919.1542		Ingham-Alternate	2026
Smith	Alaynah	406 E. Grove St	<a href="mailto:asmith@co.midland.mi.us">asmith@co.midland.mi.us</a>		989.837.6587	989.832.6389	Midland-Alternate	2027
Svetcos	Susan	215 S. Antler St	<a href="mailto:ssvetcos@gmail.com">ssvetcos@gmail.com</a>		989.701.5516		Gladwin-Alternate	2025

### Administration:

Ittner	Amanda	Deputy Director	<a href="mailto:amanda.ittner@midstatehealthnetwork.org">amanda.ittner@midstatehealthnetwork.org</a>		517.253.7551			
Sedlock	Joe	Chief Executive Officer	<a href="mailto:joseph.sedlock@midstatehealthnetwork.org">joseph.sedlock@midstatehealthnetwork.org</a>		517.657.3036			
Thomas	Leslie	Chief Financial Officer	<a href="mailto:leslie.thomas@midstatehealthnetwork.org">leslie.thomas@midstatehealthnetwork.org</a>		517.253.7546			
Kletke	Sherry	Executive Assistant	<a href="mailto:sheryl.kletke@midstatehealthnetwork.org">sheryl.kletke@midstatehealthnetwork.org</a>		517.253.8203			

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

**Wednesday, February 19, 2025, 4:00 p.m.**

**CMH Association of Michigan (CMHAM)**

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

**Meeting Minutes**

**1. Call to Order**

Vice-Chairperson Bryan Kolk called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Meeting to order at 4:00 p.m. Mr. Kolk reminded members participating virtually may not participate in or vote on matters before the board. Mr. Kolk welcomed new members, Emily Rayburn appointed from Gratiot County, Todd Gambrell appointed from Midland County and Jacob Gross appointed from Clare County. New alternate members Nicole Fickes appointed from Clinton County, Tanya Pratt appointed from Ingham County and Jim Mott appointed from Eaton County were also welcomed.

**Board Member(s) Present:** Lori Burke (Shiawassee), Irene Cahill (Ingham), Bruce Caswell (Hillsdale), Todd Gambrell (Midland), Jacob Gross (Clare), Charlean Hemminger (Ionia), John Hunter (Tuscola), Bryan Kolk (Newaygo), John Kroneck (Montcalm), Karen Link (Huron), Jim Moreno (Isabella), Emily Rayburn (Gratiot), and Dwight Washington (Clinton)

**Board Member(s) Remote** Ed Woods (Jackson) – joined at 4:33 p.m.

**Board Member(s) Absent:** Lisa Ashley (Gladwin), Christina Harrington (Saginaw), Justin Peters (Bay), Jerrilynn Strong (Mecosta), Kim Thalison (Eaton), David Turner (Osceola), and Rachel Vallad (Arenac)

**Alternate Member(s) Present:** Nicole Fickes (Clinton), Jim Mott (Eaton), and Tanya Pratt (Ingham)

**Alternate Member(s) Remote** Margery Briggs (Ionia)

**Staff Members Present** Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Dr. Trisha Thrush (Director of Substance Use Disorder Services and Operations); Sarah Andreotti (SUD Prevention Administrator), and Sherry Kletke (Executive Support Specialist)

**Staff Members Remote** Kate Flavin (SUD Treatment Administrator), Sherrie Donnelly (Treatment and Recovery Specialist), Beth LaFleche (Treatment Specialist), 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 Vice-Chair, Bryan Kolk, that a quorum was present for Board meeting business.

**3. Approval of Agenda for February 19, 2025**

Board approval was requested for the Agenda of the February 19, 2025 Regular Business Meeting, as presented.

**MOTION BY JOHN HUNTER, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FEBRUARY 19, 2025 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 14-0.**

**4. Approval of Minutes from the October 16, 2024 Regular Business Meeting**

Board approval was requested for the draft meeting minutes of the October 16, 2024 Regular Business Meeting.

**MOTION BY BRUCE CASWELL, SUPPORTED BY IRENE CAHILL, FOR APPROVAL OF THE MINUTES OF THE OCTOBER 16, 2024, MEETING, AS PRESENTED. MOTION CARRIED: 14-0.**

**5. Public Comment**

There was no public comment

**6. Board Chair Report**

Mr. Bryan Kolk announced the start of the 2025 Organizational Meeting's Board Officer Elections.

- **Election of Chairperson:** Mr. Bryan Kolk called for nominations from the floor for the office of Chairperson.
  - **MOTION BY JOHN HUNTER, SUPPORTED BY JIM MORENO TO NOMINATE BRYAN KOLK FOR THE OFFICE OF CHAIRPERSON AND BEING ONLY ONE NOMINEE FOR CHAIRPERSON, TO CLOSE NOMINATIONS AND CAST A UNANIMOUS BALLOT FOR BRYAN KOLK AS CHAIRPERSON. MOTION CARRIED: 14-0.**
- **Election of Vice-Chairperson:**
  - **MOTION BY BRUCE CASWELL, SUPPORTED BY JOHN KRONECK TO NOMINATE IRENE CAHILL FOR THE OFFICE OF VICE-CHAIRPERSON AND BEING ONLY ONE NOMINEE FOR VICE-CHAIRPERSON, TO CLOSE NOMINATIONS AND CAST A UNANIMOUS BALLOT FOR IRENE CAHILL AS VICE-CHAIRPERSON. MOTION CARRIED: 14-0.**
- **Election of Secretary:**
  - **MOTION BY JOHN HUNTER, SUPPORTED BY JIM MORENO TO NOMINATE DWIGHT WASHINGTON FOR THE OFFICE OF SECRETARY AND BEING ONLY ONE NOMINEE FOR SECRETARY, TO CLOSE NOMINATIONS AND CAST A UNANIMOUS BALLOT FOR DWIGHT WASHINGTON AS SECRETARY. MOTION CARRIED: 14-0.**

## 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 By-Laws Review
- SUD Health Homes (SUDHH) Expansion
- SUD Recovery Housing Services Request for Proposal
- Annual Consumers Served Survey Results

### State of Michigan/Statewide Activities

- Treatment Policy – Off-Site Dosing Released

### Federal/National Activities

- Centers for Medicare and Medicaid Services (CMS)
- National Council for Mental Wellbeing – Model Building the SUD Workforce of the Future Act

## 8. Chief Financial Officer Report

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

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

## 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.

**MOTION BY JIM MORENO, SUPPORTED BY IRENE CAHILL, FOR APPROVAL OF THE FY25 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 14-0.**

## 10. SUD Operating Update

Dr. Trisha Thrush and Ms. Sarah Andreotti provided an overview of the written SUD Operations Report and the FY24 Q4 SUD County reports included in the board meeting packet, highlighting the below.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

- Prevention activities related to:
  - Designated Youth Tobacco Use Representatives (DYTURs) timelines and expectations.
  - MPDS (Michigan Prevention Data System) tracking and review
- Opioid Settlement Funds engaging and planning
- Request for Proposal for Recovery Housing
- Planning for implementation of MDHHS Recovery Incentive Pilot for FY25
- Update on SUD withdrawal management and residential expansion
- SUD Health Home expansion
- Redhead Creative Consultancy media campaign focused on reducing SUD stigma

**11. Other Business**

There was no other business.

**12 Public Comment**

There was no public comment.

**13. Board Member Comment**

There were no further board member comments.

**14. Adjournment**

Chairperson Bryan Kolk adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 4:53 p.m.

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

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

**Wednesday, April 16, 2025, 4:00 p.m.**

**CMH Association of Michigan (CMHAM)**

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

**Meeting Minutes**

**1. Call to Order**

Chairperson Bryan Kolk called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Meeting to order at 4:07 p.m. Mr. Kolk reminded members participating virtually may not participate in or vote on matters before the board unless absent due to military duty, disability, or health-related condition.

**Board Member(s) Present:** Lori Burke (Shiawassee), Irene Cahill (Ingham), Bruce Caswell (Hillsdale), Jacob Gross (Clare), John Hunter (Tuscola), Bryan Kolk (Newaygo), Jim Moreno (Isabella), Kim Thalison (Eaton), and Dwight Washington (Clinton)

**Board Member(s) Remote** Emily Rayburn (Gratiot), Ed Woods (Jackson) – joined at 4:32 p.m.

**Board Member(s) Absent:** Lisa Ashley (Gladwin), Todd Gambrell (Midland), Christina Harrington (Saginaw), Charlean Hemminger (Ionia), John Kroneck (Montcalm), Karen Link (Huron), Justin Peters (Bay), Jerrilynn Strong (Mecosta), David Turner (Osceola), and Rachel Vallad (Arenac)

**Alternate Member(s) Present:** Nicole Fickes (Clinton), Charlie Mahar (Montcalm), and Tanya Pratt (Ingham)

**Alternate Member(s) Remote** Susan Svetcos (Gladwin)-joined at 4:22 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 Surna (Prevention Specialist), and Sherry Kletke (Executive Support Specialist)

**Staff Members Remote** Kate Flavin (SUD Treatment Administrator), Sherrie Donnelly (Treatment and Recovery Specialist), and Joe Sedlock (Chief Executive Officer)

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

**2. Oversight Policy Board Member Ten Year Service Recognition**

Ms. Amanda Ittner presented Mr. Bruce Caswell and Ms. Kim Thalison each with a plaque in recognition of their 10 years of service on the board.

**3. Roll Call**

Mr. Dwight Washington provided the Roll Call for Board Attendance and informed the Board Chair, Bryan Kolk, that only 10 members were present in-person which does not meet the minimum requirements for a quorum, so no action was taken on action items noted below. Items requiring action will be added to the agenda for the next meeting on June 18, 2025.

**4. Approval of Agenda for April 16, 2025**

No quorum was present to take action to approve the Agenda of the April 16, 2025 Regular Business Meeting, as presented.

**5. Approval of Minutes from the February 19, 2025 Regular Business Meeting**

No quorum was present to take action to approve the draft meeting minutes of the February 19, 2025 Regular Business Meeting.

**6. Public Comment**

There was no public comment

**7. Board Chair Report**

Mr. Bryan Kolk reported a new member orientation was held prior to this meeting.

**8. 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 By-Laws Review
- Michigan Department of Health and Human Services (MDHHS) Press Release
- Health and Human Services (HHS) COVID-19 Grant Termination

**9. Substance Use Disorder Oversight Policy Board Bylaws**

No quorum was present to take action to approve the revisions presented to the Substance Use Disorder Oversight Policy Board Bylaws.

**10. Chief Financial Officer Report**

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

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

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

**11. Substance Use Disorder PA2 Contract Listing**

No quorum was present to take action to approve the FY25 contract listing as provided in the board meeting packet.

**12. SUD Operating Update**

Dr. Dani Meier provided an overview of the written SUD Operations Report and the FY25 Q1 SUD County reports included in the board meeting packet, highlighting the below.

- Several Grant Funding Cuts
- MPDS (Michigan Prevention Data System) tracking and review
- Opioid Settlement Funds engaging and planning

**13. Other Business**

There was no other business.

**14. Public Comment**

There was no public comment.

**15. Board Member Comment**

There were no further board member comments.

**16. Adjournment**

Chairperson Bryan Kolk adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 4:42 p.m.

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



**TENTATIVE**

FY26 MID-STATE HEALTH NETWORK

SUBSTANCE USE DISORDER (SUD)

OVERSIGHT POLICY BOARD

(All meetings are scheduled to convene at 4:00 p.m. unless otherwise noted)

Meeting Date	Meeting Location
October 15, 2025	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933
December 17, 2025	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933
February 18, 2026	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933
April 15, 2026	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933
June 17, 2026	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933
August 19, 2026	Community Mental Health Association of Michigan 507 S. Grand Ave. Lansing, MI 48933

*Calendar is tentative until Board approved*

Mid-State Health Network | 530 W. Ionia Street, Suite F | Lansing, MI 48933 | 517.253.7525

[www.midstatehealthnetwork.org](http://www.midstatehealthnetwork.org)

Please contact Sherry Kletke, Executive Assistant, with questions related to the MSHN Board of Directors at [sheryl.kletke@midstatehealthnetwork.org](mailto:sheryl.kletke@midstatehealthnetwork.org)

## Community Mental Health Member Authorities

Bay Arenac  
Behavioral Health



CMH of  
Clinton.Eaton.Ingham  
Counties



CMH for Central  
Michigan



Gratiot Integrated  
Health Network



Huron Behavioral Health



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



LifeWays CMH



Montcalm Care Center



Newaygo County  
Mental Health Center



Saginaw County CMH



Shiawassee  
Health & Wellness



Tuscola Behavioral  
Health Systems

**Board Officers**  
Edward Woods  
*Chairperson*

Irene O'Boyle  
*Vice-Chairperson*

Deb McPeck-McFadden  
*Secretary*

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

April/May

### MSHN/REGIONAL MATTERS

#### SUD OPB Bylaws Review

OPB Board members were asked to review and provide feedback by April 1, 2025 regarding the proposed changes to the Substance Use Disorder Oversight Policy Board Bylaws. The included changes 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, disability, or health-related condition.

MSHN's bylaws 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 therefore recommends approval of the SUD OPB Bylaws as indicated in the attached noted in red. The final edited version will be presented to the MSHN Board of Directors in July, with an approved final version distributed to OPB members shortly thereafter.

#### Michigan Department of Health and Human Services (MDHHS) Bidder Qualifications Announced (noted below under State Activities)

As noted in my communication to the SUD OPB Board members on April 16, 2025, MDHHS issued a press release that directly affects the public behavioral health system. More specifically, it directly affects Mid-State Health Network, our staff and related current and future operations planning. On May 23, 2025, MDHHS issued a press release announcing anticipated contract requirements (linked below) that include:

1. Operate exclusively as a payor entity, fully independent from provider,
2. Have a non-profit organizing structure, and
3. Have National Committee for Quality Assurance (NCQA) accreditation.

Additional details under number one above regarding the exclusively as a payor entity include the requirements that contractors are expected to provide managed care functions to enrollees. Managed care functions include, but are not limited to, eligibility and coverage verification, utilization management, network development, contracted network provider training, claims processing, activities to improve health care quality, and fraud prevention activities. Contractors may not directly provide or deliver health care services beyond these managed care functions. In addition,

contractors may not delegate managed care functions to contracted provider entities. Mid-State Health Network was formed and operated with a philosophy to delegate managed care functions to the Community Mental Health Service Programs (CMHSPs) where feasible and appropriate, while providing oversight as the Pre-Paid Inpatient Health Plan (PIHP) to ensure compliance with state and federal requirements.

The MDHHS bidder requirements restrict any delegation to the CMHSPs and the SUD Providers, which will be another significant change not only for the prospective PIHP but for the network as well. MSHN will work with our regional partners to strategize and plan for this large system change.

MSHN SUD OPB Board members will continue to receive updates as soon as possible.

### **Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions**

MSHN is contractually responsible for monitoring ownership and controlling interests within its provider network and disclosing criminal convictions of any staff member, director, or manager of MSHN, any individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with MSHN. Therefore, Board Members must complete an annual disclosure statement that ensures MSHN's compliance with the contractual and federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions.

Included in the Board Members' folders is the disclosure form required to be filled out, signed, and returned. For Board members not in attendance, the form will be emailed/mailed directly to the member. Common questions that arise when completing the form:

- ***Do I have to provide my social security number?*** 42 CFR § 455.104 requires names, address, DOB, and Social Security numbers in the case of an individual.
- ***How will my information be kept confidential and secure?*** MSHN maintains policies and practices that protect the confidentiality of personal information, including Social Security numbers, obtained from its providers and associates in the course of its regular business functions. MSHN is committed to protecting information about its providers and associates, especially the confidential nature of their personal information. Access to this, and other confidential documentation, is limited to MSHN staff who need to access information in order to perform their duties, relative to monitoring disclosures.
- ***What does MSHN do with the information it obtains through disclosure statements?*** MSHN is required to ensure it does not have a 'relationship' with an 'excluded' individual and must search the Office of Inspector General's (OIG) exclusions database to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), have not been excluded from participating in federal health care programs. MSHN must search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time new disclosure information is provided.

If Board Members have questions about the disclosures or need assistance completing the form, please feel free to reach out to Sherry Kletke or myself.

### **Provider Network Adequacy Assessment (NAA) – FY24**

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

- 1) Maximum time and distance (*NEW this year MDHHS will calculate*)
- 2) Medicaid to Enrollee Ratios
- 3) Timely appointments
- 4) Language, Cultural competence, and Physical accessibility

MSHN delegates Network Management to the CMHSPs, including assurance of sufficient capacity to meet the community needs. MSHN and the CMHSPs began assessing the adequacy of our regional Network. The NAA plan was updated with FY24 data points, including the state required analysis on the above elements. After a review of the results, MSHN developed a list of recommendations to address identified gaps, areas for improvement and future demand considerations.

More detailed information including regional, SUD Provider Network and CMHSP specific results, related to information above is included and linked on MSHN's website at: [FY24 Provider Network Adequacy Assessment](#).

### **26<sup>th</sup> Annual Substance Use and Co-Occurring Disorder Hybrid Conference**

The 26<sup>th</sup> Annual Substance Use and Co-Occurring Disorder Conference will be hybrid this year and take place on September 8-9, 2025. The in-person option will take place at the Grand Traverse Resort. MSHN sponsors board members to participate and provides reimbursement for travel related costs. SUD Oversight Policy Board members interested in attending should contact me or Sherry Kletke.

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

### **MDHHS releases results of behavioral health care survey and details related to PIHP procurement requirements**

On Friday, May 23, 2025, the Michigan Department of Health and Human Services released results from its recent survey about behavioral health care as well as information about an upcoming competitive procurement process for the state's Prepaid Inpatient Health Plan (PIHP) contracts.

Michigan's specialty behavioral health care system provides health care coverage to approximately 300,000 Michiganders, including adults with serious mental illness, children with serious emotional disturbance, individuals with substance use disorder and individuals with intellectual and developmental disabilities. MDHHS contracts with regional PIHPs to manage and deliver these Medicaid-covered services in communities across the state.

PIHPs are responsible for making sure people receive the behavioral health care services and support they need and manage the network of behavioral health care providers including Community Mental Health Service Providers. They play a vital role in helping the department achieve its mission to improve the health, safety and prosperity of residents.

Through a competitive procurement process, MDHHS will select PIHPs to contract with the state to provide managed care functions for the specialty behavioral health care services.

“Michigan Medicaid beneficiaries deserve access to behavioral health care services when and where they need them,” said Elizabeth Hertel, MDHHS Director. “The department is changing to a competitive procurement process for the state’s Prepaid Inpatient Health Plan contracts to help create a more accessible and person-centered system of care dedicated to ensuring Michigan residents a healthier future.”

In February 2025, [MDHHS solicited feedback](#) from Medicaid beneficiaries and their families, advocacy groups, community-based organizations, federally recognized tribal governments, health care providers and other interested parties via an online survey. MDHHS received more than 2,600 responses representing a variety of individuals and partners across Michigan.

Several themes emerged from survey feedback on topics including:

- Provider availability - patients and providers shared dissatisfaction with breadth of care options, suggesting too few providers may be driving limited access to care.
- Services - patients indicated need to advocate for their own care, referencing prior authorization requirements, burdensome paperwork and limited care settings were limiting their access.
- Structure - respondents requested more PIHP accountability to address bias and limitations on managing complaints.
- Input on potential program changes – all respondent types indicated increased provider availability and expanded care settings were of highest interest.

[The survey results](#) will be used to inform four strategic pillars of the upcoming procurement, which include:

- Provide high-quality, timely services.
- Improve choice and consistency across regions.
- Ensure accountability and transparency.
- Simplify the system with reduced bureaucracy.

MDHHS plans to issue a request for proposals (RFP) for PIHPs in summer 2025 with the goal of a service start date of October 1, 2026.

“As organizations representing providers across Michigan’s behavioral health continuum, we welcome MDHHS’s focus on timely care, consumer choice and system accountability. A well-designed system can move us beyond bureaucracy and into a future where access and outcomes – not process – drive the work,” said Daniel Cherrin, on behalf of the MI Care Council, MI Behavioral Health & Wellness Collaborative and the Michigan Association of Substance Addiction Providers. “This is Michigan’s moment to build a behavioral health system rooted in impact and transparency where care is consistent, conflicts are removed and every Michigander gets the support they need, no matter where they live.”

As part of the department’s commitment to transparency and planning, [anticipated contract requirements are being released today](#) on the MDHHS website to provide guidance about eligibility and evaluation for the upcoming RFP. Sharing these criteria is intended to support prospective contractors in understanding the requirements for participation, as well as key priorities that will inform the department’s selection process. This early visibility is critical to ensuring preparation, alignment with program goals and strong, regionally coordinated proposals ahead of the formal RFP release.

Additional information can be found at [Michigan.gov/BehavioralHealth](https://Michigan.gov/BehavioralHealth). There is also [a recorded webinar](#) with additional details.

Email [MDHHS-BehavioralHealth@michigan.gov](mailto:MDHHS-BehavioralHealth@michigan.gov) with procurement-related questions.

### **Michigan Projects Third Consecutive Year of Decline in Opioid Overdose Deaths**

Michigan overdose deaths are projected to decline in 2024 for the third consecutive year – an encouraging sign that the state’s comprehensive response to the opioid crisis is saving lives. Analysis of provisional data from the Michigan Department of Health and Human Services (MDHHS) indicates a 34% reduction in overdose deaths between 2023 and 2024 – about 1,000 deaths. This continued progress reflects the impact of sustained, strategic investment in prevention, treatment, recovery, and harm-reduction efforts – many of which are made possible through additional funding received as a result of Michigan’s participation in the national opioid settlements.

The majority of opioid settlement funds are distributed equally between local governments and the state’s [Michigan Opioid Healing and Recovery Fund](#). These dollars have supported evidence-based strategies identified by the Michigan Opioids Task Force – including the [distribution](#) of more than 1.3 million naloxone kits, with nearly 34,000 reported uses to reverse overdoses and save lives. Funds have also supported early detection of emerging contaminants in the drug supply and the development of data tools that guide local and statewide response efforts.

Community-based groups are also playing a vital role in Michigan’s progress by expanding outreach, providing education, and offering peer recovery support. One such organization is Face Addiction Now, a nonprofit organization that connects individuals and families impacted by substance use with no-cost programs and resources.

To ensure clarity in opioid settlement documents and distributions, the Attorney General launched a [web page dedicated to opioid settlements](#) in March 2024. The web page is intended to help residents and local units of government find multiple sources of information in one place, including an opioid settlement payment estimator searchable by individual settlement, municipality, and year of receipt.

The State also maintains a [public dashboard](#) and regularly updated web pages to help communities track how funds are being used and to monitor progress toward statewide goals.

More information and resources can be found at the [Michigan Opioids webpage](#).

Michigan Overdose Data to Action Surveillance Report is available: [Click here to view the web version](#). The **April 2025 Overdose Report** pdf version is included as an attachment.

## **FEDERAL/NATIONAL ACTIVITIES**

### **Centers for Medicare and Medicaid Services (CMS)**

CMS “released the latest enrollment figures for Medicaid and CHIP. CMS releases the Medicaid and CHIP Eligibility Operations and Enrollment Snapshot on a monthly-basis, providing current month and retrospective data to convey a national and state-specific picture of Medicaid and CHIP eligibility operations and enrollment.”

The information is available at <https://www.medicaid.gov/resources-for-states/downloads/eligib-oper-and-enrol-snap-january2025.pdf>.

**Health Affairs Forefront - Approach to Addiction Treatment Is Dangerously Flawed**

The Health Affairs Forefront feed has included an article entitled HHS Secretary RFK Jr.'s Approach to Addiction Treatment Is Dangerously Flawed. "As members of the harm reduction working group of the Alcohol Tobacco and Other Drugs (ATOD) Section of the American Public Health Association (APHA), we have concerns about the confirmation of Robert F. Kennedy Jr. (RFK) as the Secretary of the United States Department of Health and Human Services. In general, we share the broad concerns of how RFK will impact the country's public health (e.g., vaccine misinformation, lack of understanding of the Medicare and Medicaid programs, general inexperience), but we are specifically concerned about his impact on the field of substance use and addiction. With disregard for the evidence, RFK has suggested the following abstinence-focused strategies to address addiction and the current drug crisis (which he still refers to as the opioid epidemic, even though the crisis has broadened beyond opioids):

- "Healing farms," described as abstinence-based programs that combine tough love, peer support, and therapeutic labor
- "Tough love" approaches, like cutting off financial support or contact, that force people using drugs to suffer the consequences of their addiction. Often described as "hitting rock bottom."
- 12-step programs, faith-based and rigidly anti-medication (also called "mutual help" groups)

As a group, we are concerned that RFK will use his position to promote punishment, abstinence only, and 12-step programs as a way to address the current drug crisis. There is no evidence that those strategies will lead to sustained recovery for most people with substance use disorders and addiction, and there IS evidence that they are insufficient or will cause harm. In its policy statement, APHA calls for policy actions that address barriers and foster equitable access to the full continuum of prevention, intervention services, and evidence-based care.

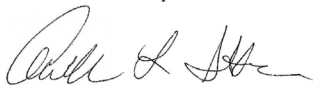
Federal, state, and local health authorities should take steps to:

- 1) enhance and improve prevention and treatment programs and policies with special attention to vulnerable and marginalized populations;
- 2) minimize harm to the public by improving access to Medications for Opioid Use Disorder (MOUD), overdose prevention, and harm reduction; and
- 3) expand monitoring of patterns of opioid use and related public health and safety outcomes.

We urge policymakers, researchers, colleagues, friends, family, and the public to stay vigilant and to promote evidence-based treatment and harm reduction measures for persons who use drugs."

The article is available at <https://www.healthaffairs.org/content/forefront/hhs-secretary-rfk-jr-s-approach-addiction-treatment-dangerously-flawed>.

Submitted by:



Amanda L. Ittner

Finalized: 6.7.25

**Attachments:**

SUD OPB Bylaws  
April 2025 Overdose Report

**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

# Michigan Monthly Overdose Update

## April 2025



This report overviews recent substance use and overdose trends and patterns in Michigan and is created by the Michigan Overdose Data to Action (MODA) program. Emergency department (ED), emergency medical services (EMS), substance use disorder (SUD) treatment, and rapid toxicology data are included. See "Data Notes" page for more detail.

**Report distribution:** These reports are sent to subscribers of "Drug Poisoning Surveillance" on [GovDelivery](#).

### Fast Facts

**Figure 1. 12-Month Percent Change**

Most recent vs. previous 12-month rate: May 2024-Apr 2025 vs. May 2023-Apr 2024

<b>-17.2%</b>	<b>-32.4%</b>	<b>-7.7%</b>
All Drug Overdose ED Visits	Probable Opioid Overdose EMS Responses	EMS Responses Mentioning Methamphetamine

**Figure 2. Fatal Drug Overdoses**

Counts and rates of all drug overdose deaths, finalized 12 months after year-end

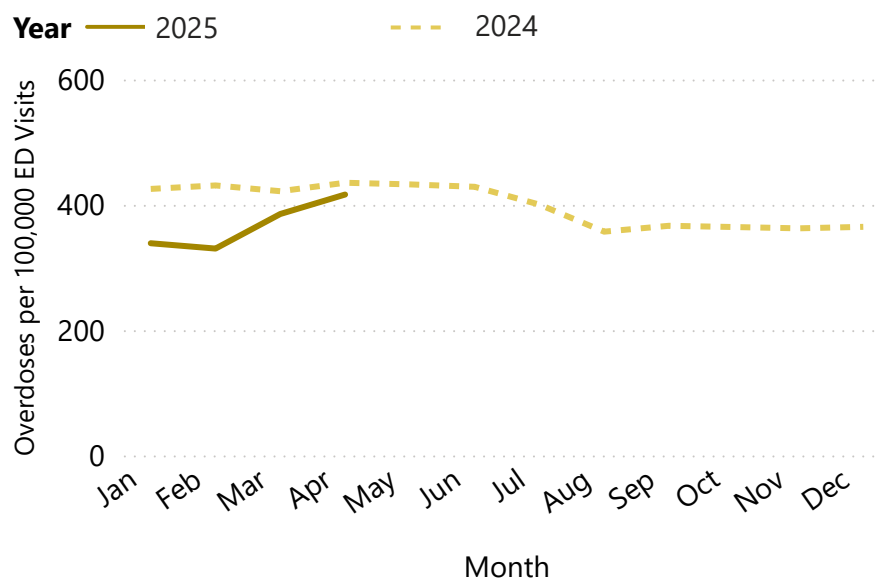
<b>2022</b>	<b>2,998</b>	<b>29.9</b> per 100,000
<b>2023</b>	<b>2,931</b>	<b>29.2</b> per 100,000

### Data in Action

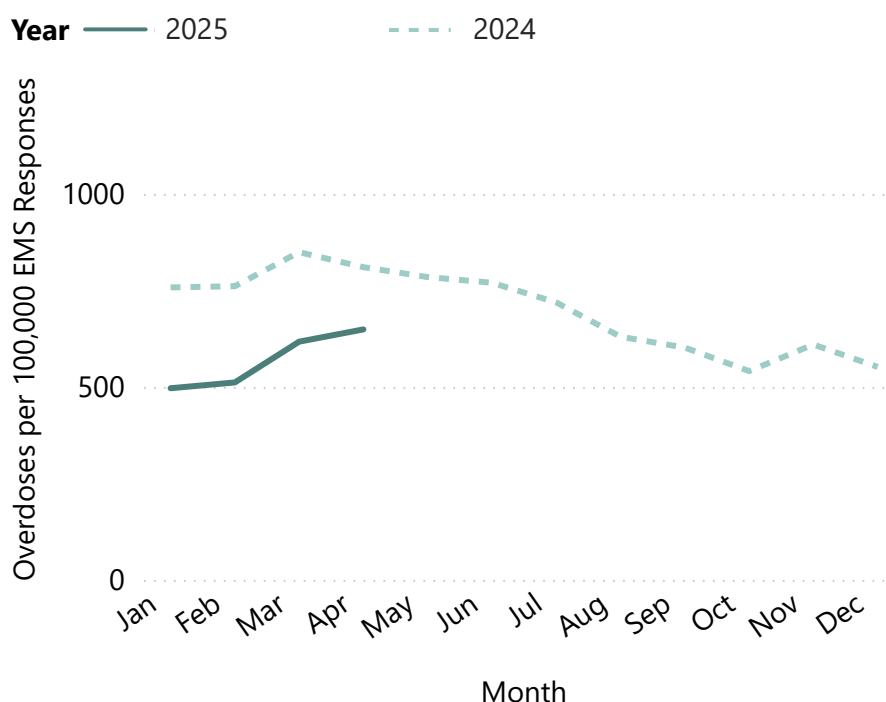
During the month of March, the MDHHS Harm Reduction Unit distributed 4,284 Naloxone kits and 6,398 fentanyl test strips. The Harm Reduction Unit is also planning for their annual Harm Reduction Summit, with more information found at this link: [Michigan Harm Reduction Summit](#)

### Overdose Trends

**Figure 3. All Drug Overdose ED Visit Rate per 100,000 Visits Year-to-Date Compared To Previous Year**



**Figure 4. Probable Opioid Overdose EMS Responses per 100,000 Responses Year-to-Date Compared To Previous Year**



**Data Sources:** MI Syndromic Surveillance System (MSSS) (ED), MI EMS Information System (MIEMSIS) (EMS), Michigan Resident Death Files (Death).

5/28/2025

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Report Refresh Date

# Demographic Patterns

Figure 5. All Drug Overdose ED Visit Rate per 100,000 Visits by Demographic Group

May 2023-Apr 2024    May 2024-Apr 2025

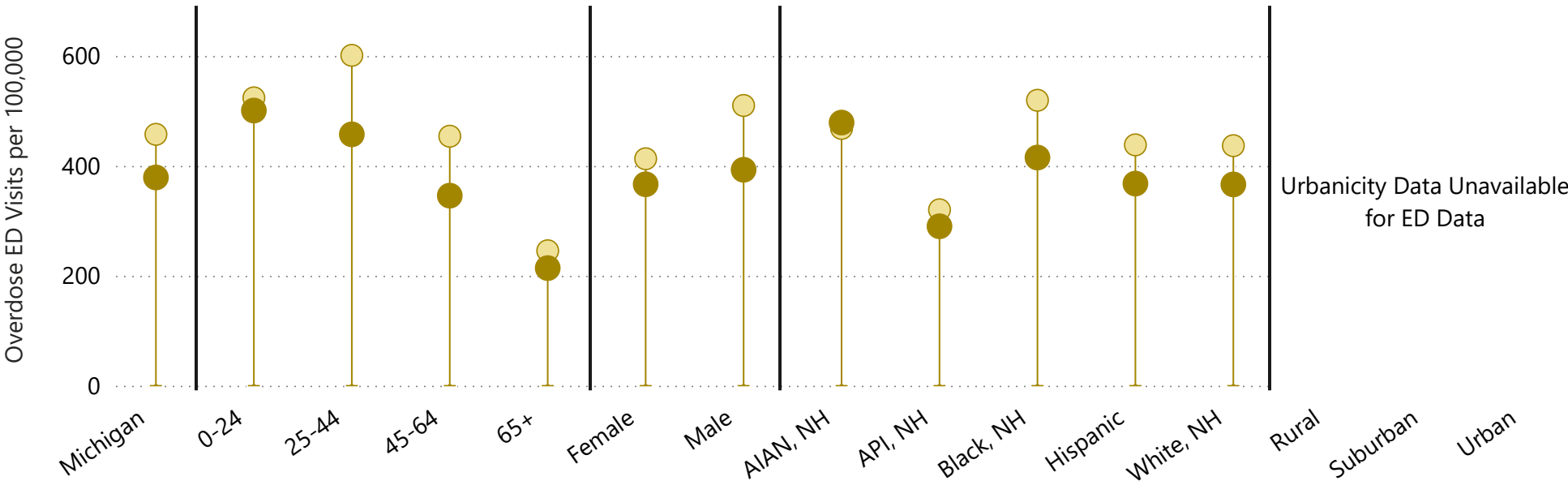


Table 1. Demographic Groups with Largest, Increasing 12-Month % Change in ED Overdose Visits

May 2024-Apr 2025 v. May 2023-Apr 2024

Group	% Change
American Indian/Alaska Native, NH	+2.3%

Figure 6. Probable Opioid Overdose EMS Response Rate per 100,000 Responses by Demographic Group

May 2023-Apr 2024    May 2024-Apr 2025

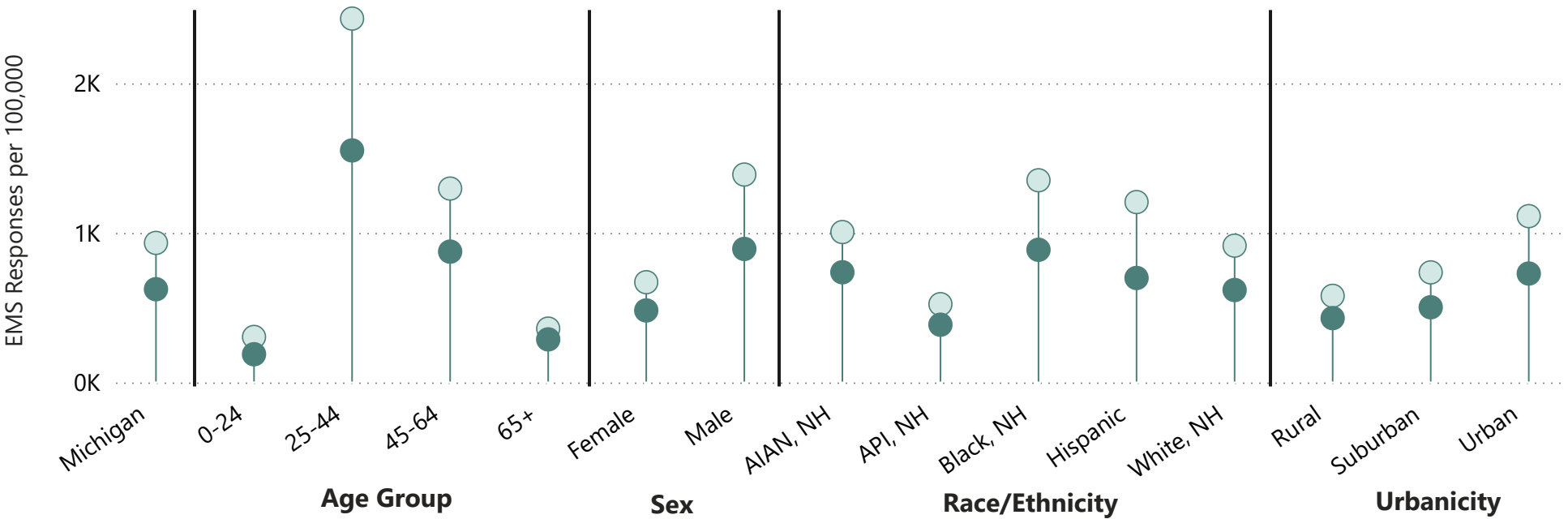


Table 2. Demographic Groups with Largest, Increasing 12-Month % Change in Probable Opioid Overdose EMS Responses

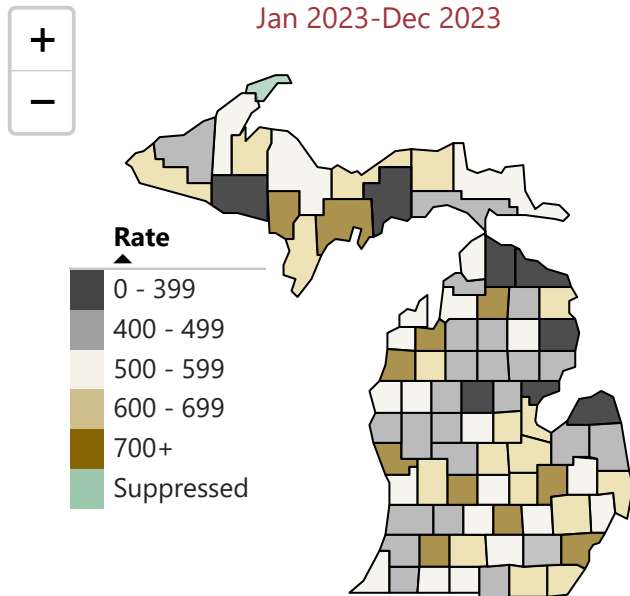
May 2024-Apr 2025 v. May 2023-Apr 2024

Group	% Change
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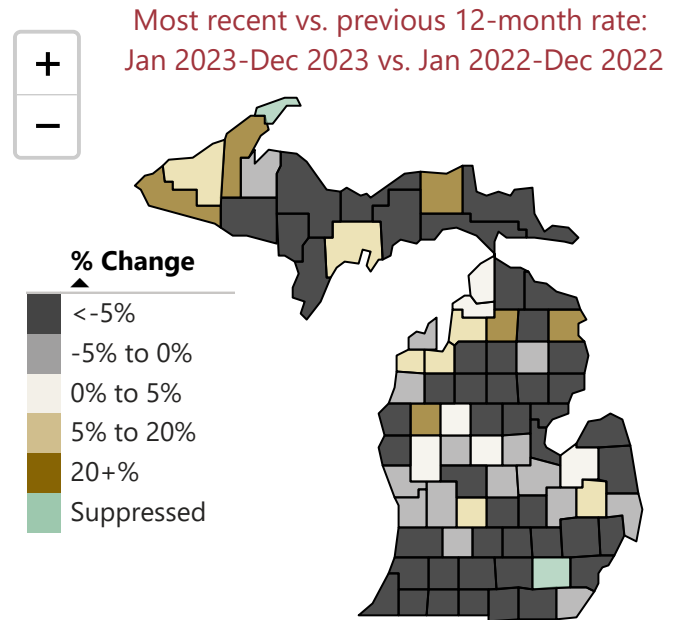
**Abbreviations:** ED=Emergency Department, EMS=Emergency Medical Services, AIAN=American Indian or Alaska Native, NH=non-Hispanic, API=Asian or Pacific Islander. **Data Sources:** MSSS (ED), MiEMSIS (EMS). **Data Missingness:** On average, approximately 24% of ED overdose data and 11% of EMS meth/opioid data are missing race/ethnicity information.

# Geographic Patterns

**Figure 7. All Drug Overdose ED Visit Rate per 100,000 Visits by County of Residence over Previous 12 Months\***

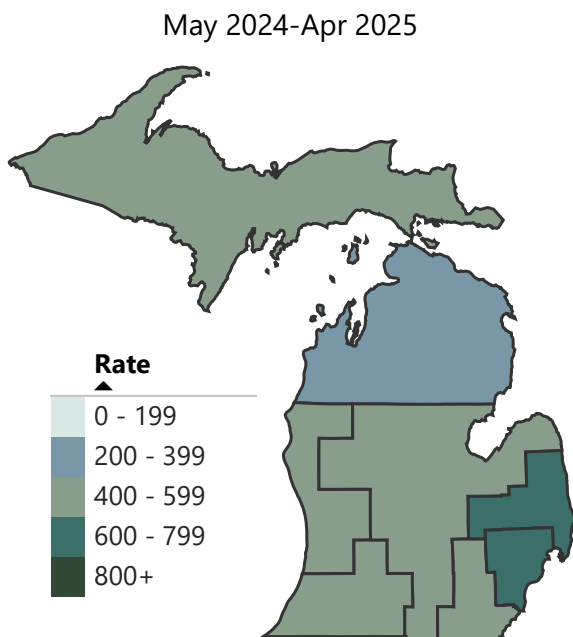


**Figure 8. 12-Month Percent Change in All Drug Overdose ED Visit Rate by County of Residence\***

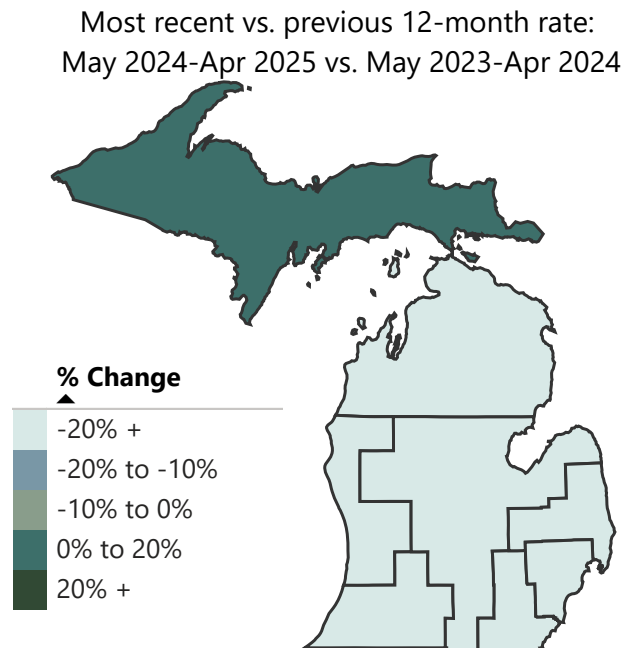


**\*Data Note:** ED data on this page have a different source/timeframe from other figures in report. MSSS data are not stable at county-level. Note that the ED definition on this page differs from that on the dashboard (see data notes). Percent change in Washtenaw county is suppressed due to changing participation of a Washtenaw hospital in dataset.

**Figure 9. Probable Opioid Overdose EMS Response Rate per 100,000 Responses by Region of Occurrence over Previous 12 Months**



**Figure 10. 12-Month Percent Change in Probable Opioid Overdose EMS Response Rate by Region of Occurrence**



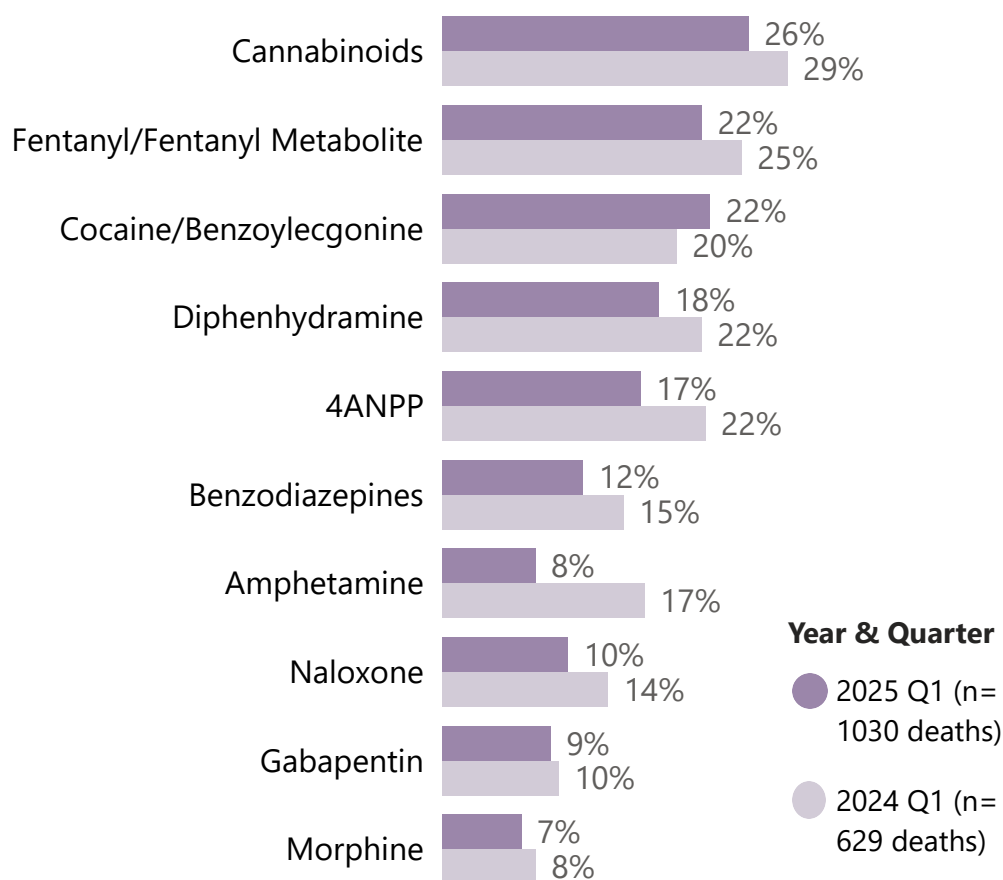
**Abbreviations:** ED=Emergency Department, EMS=Emergency Medical Services. **Data Sources:** Michigan Inpatient, Outpatient Databases (MIDB/MODB) (ED), MiEMSIS (EMS). **Location:** ED map is based on patient's residence; EMS map is based on overdose location due to missingness (22.5%) of EMS residence information. **Regions:** [Prepaid Inpatient Health Plan \(PIHP\)](#) regions were used in figures 7/8, as county-level rates cannot be calculated based on overdose location. The PIHP regional grouping was chosen as PIHPs provide SUD treatment services. **Regions 7-9 are combined**

## Drug-Specific Patterns

Figures 11-13 data are from toxicology testing of deaths submitted to the [Swift Toxicology of Overdose-Related Mortality \(STORM\)](#) project. Figure 14 data are from SUD treatment admissions collected by the Treatment Episode Dataset (TEDS). These data are not reflective of the entire substance-using population in Michigan; see data notes on page 5. Three-month estimates are provided to highlight emerging drug trends.

**Figure 11. Top Ten Substances Found in Death Sample Toxicology Testing (STORM)\***

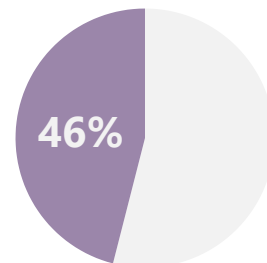
Jan - Mar 2025 vs Jan - Mar 2024



\*STORM tests for drug presence at time of death and cannot determine if the substance caused the death.

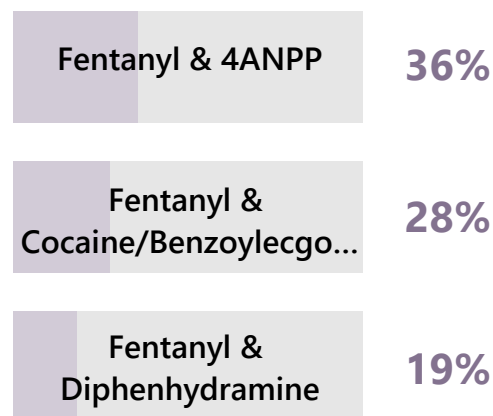
**Figure 12. Postmortem Samples Positive for Multiple Substances (n=474 deaths), (STORM)**

Jan - Mar 2025



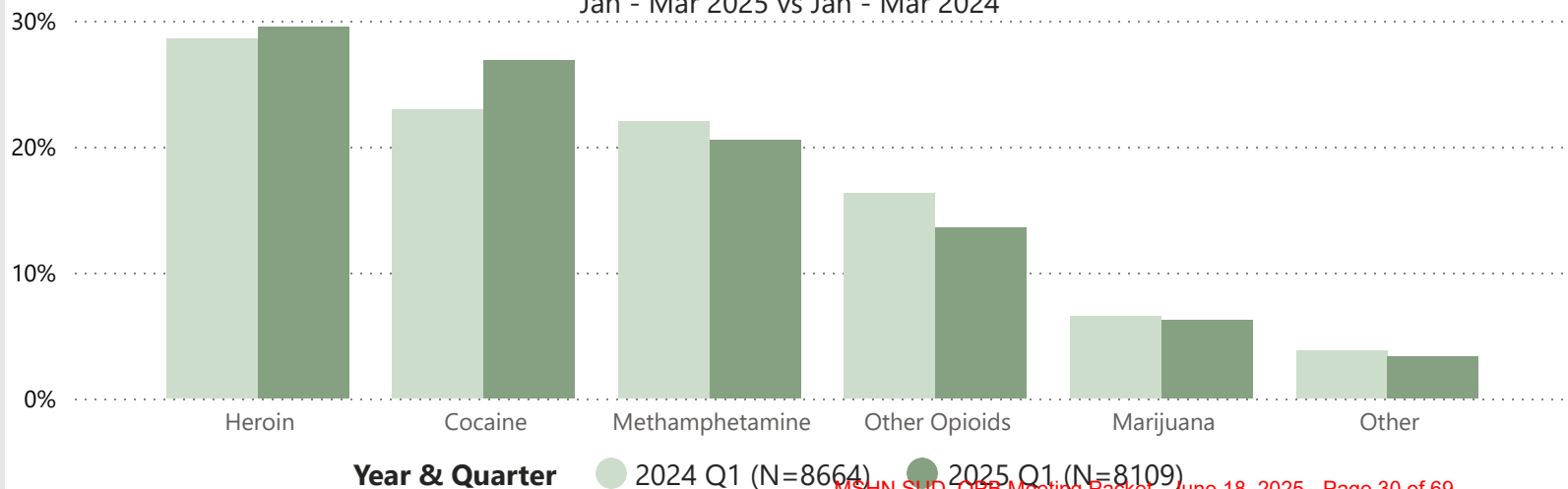
**Figure 13. Most Common Drug Combinations in Polysubstance Death Samples (n=474 deaths), (STORM)**

Jan - Mar 2025



**Figure 14. Drugs Self-Reported as Primary Substance of Use by Patients Entering Publicly Funded SUD Treatment (%), (TEDS)**

Jan - Mar 2025 vs Jan - Mar 2024



# Data Notes

**Table 3. Data Sources/Case Definitions**

Data Point	Source (Owner)	Case Definition
Drug Overdose ED Visits (Figures 1, 3, 5, Table 1)	MSSS (MDHHS)	ED visits with a drug poisoning International Classification of Disease, 10th Revision, Clinical Modification (ICD-10-CM) diagnosis code (T36-T50), limited to initial visits among Michigan residents.
Opioid Overdose EMS Responses (Figures 1, 4, 5, 6, 9, 10, Table 2)	MiEMSIS (MDHHS)	Identified through a likelihood formula that utilizes: provider impression, chief complaint, case narrative, respiratory rate, Glasgow Coma Scale, medications administered, and procedures performed. For more information, see <a href="#">online case definition documentation</a> .
Methamphetamine EMS Responses (Figure 1)	MiEMSIS (MDHHS)	EMS responses in which the narrative or chief complaint mentions methamphetamine use; may capture meth-related emergencies and/or history of meth use. Excludes responses related to meth-lab accidents.
Drug Overdose ED Visits (Figures 7, 8)	MIDB/MODB (Michigan Health and Hospital Association)	Initial ED visits with a drug poisoning ICD-10-CM diagnosis code (T36-T50) among MI residents. Note: Minor differences may exist between this report and dashboard due to case definition differences (dashboard additionally includes emergency hospitalizations).
Death Data (Figure 2)	Michigan Resident Death Files (MDHHS)	Deaths of Michigan residents with a drug poisoning underlying cause of death ICD-10 code (X40-X44, X60-X64, X85, Y10-Y14).
Toxicology Testing (Figures 11-13)	STORM (Western Michigan University)	Deaths were included in the figure if they were sent to the STORM project and were positive for the noted drug(s) in toxicology testing.
Self-Reported Substance of Use (Figure 14)	Treatment Episode Dataset (MDHHS)	Numerator in the percentage calculations is the number of patients self-reporting the noted drug as their primary substance of use (PSU) when entering treatment. Denominator is all SUD treatment episode admissions, excluding those for alcohol as the PSU. Limited to Michigan residents.

## Statistical Methods

**Rate Calculation:** All rates presented are crude rates. Rates are suppressed when numerator is between 1-5 for statistical stability purposes. As of August 2024, Denominators in rates have changed from population estimates to total healthcare encounters (total ED visits or total EMS responses for time period). **Geographic Considerations:** ED rates by county were calculated based on patient residence. EMS rates were not calculated at the county-level due to high missingness of residence information in EMS records. EMS rates were instead aggregated at the region level, with geography based on the location of overdose incident.

## Limitations

**Event Data:** EMS, ED, and treatment data represent events, not individuals; individuals may be in data multiple times in timeframe. **Data Location:** ED data is based on resident location, while EMS data is based on incident location; this should be considered when interpreting map data. **STORM:** [STORM data](#) are based on a subset of deaths from participating medical examiner (ME) offices. Western Michigan, Sparrow, and Genesee ME offices are the primary participants and cover 19 counties. Trends seen in STORM are not generalizable to all of Michigan. **Treatment Episodes:** Treatment data is based on publicly-funded treatment program admissions; it is not reflective of the entire substance-using population in Michigan. **Drug Specificity:** ED data are limited to all drug overdoses due to lack of drug specific diagnosis data in MSSS; EMS data are limited to opioid overdoses based on available case definition.

**Title Page Mural:** For National Recovery Month in September 2021, Muralmatics, a Lansing-based firm, created a mural (in part, featured on the first page) at the [National Council on Alcoholism and Drug Dependence](#) (NCADD) in Detroit, Michigan to symbolize the impact of the drug overdose crisis. Photograph taken by [Val Waller Photography](#).

## 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	19,204	86,025
Bay	448,582	105,425	554,007
Clare	132,748	28,339	161,087
Clinton	537,626	67,203	604,829
Eaton	379,382	125,724	505,106
Gladwin	70,747	20,078	90,824
Gratiot	84,686	23,496	108,182
Hillsdale	167,062	31,116	198,178
Huron	126,776	37,020	163,796
Ingham	1,476,422	359,443	1,835,865
Ionia	270,289	39,760	310,049
Isabella	251,037	67,492	318,529
Jackson	572,863	176,732	749,595
Mecosta	182,023	46,098	228,121
Midland	353,997	88,240	442,238
Montcalm	246,452	52,324	298,776
Newaygo	135,379	43,806	179,184
Osceola	74,496	18,266	92,762
Saginaw	1,089,316	246,820	1,336,136
Shiawassee	224,413	52,838	277,251
Tuscola	99,317	29,749	129,066
	\$ 6,990,434	\$ 1,679,172	\$ 8,669,606

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

County	PA2 Balance Available for Expenses	YTD Payments	Ending PA2 Fund Balance
Arenac	86,025	33,753	\$ 52,272
Bay	554,007	116,734	\$ 437,272
Clare	161,087	39,013	\$ 122,074
Clinton	604,829	74,852	\$ 529,977
Eaton	505,106	163,247	\$ 341,860
Gladwin	90,824	23,577	\$ 67,247
Gratiot	108,182	41,711	\$ 66,471
Hillsdale	198,178	36,548	\$ 161,630
Huron	163,796	41,398	\$ 122,398
Ingham	1,835,865	523,144	\$ 1,312,721
Ionia	310,049	65,852	\$ 244,196
Isabella	318,529	98,598	\$ 219,931
Jackson	749,595	177,850	\$ 571,745
Mecosta	228,121	60,752	\$ 167,369
Midland	442,238	165,876	\$ 276,362
Montcalm	298,776	167,711	\$ 131,065
Newaygo	179,184	46,337	\$ 132,847
Osceola	92,762	31,421	\$ 61,341
Saginaw	1,336,136	288,987	\$ 1,047,149
Shiawassee	277,251	101,434	\$ 175,817
Tuscola	129,066	68,102	\$ 60,964
	<b>\$ 8,669,606</b>	<b>2,366,899</b>	<b>\$ 6,302,707</b>

**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	02.18.25	17,076	05.12.25			44,780	19,204	86,025
Bay	448,582	11,682	02.13.25	93,743	05.09.25			232,767	105,425	554,007
Clare	132,748	3,140	02.20.25	25,199	05.15.25			64,373	28,339	161,087
Clinton	537,626	7,447	02.14.25	59,756	05.09.25			149,877	67,203	604,829
Eaton	379,382	13,931	02.24.25	111,793				276,447	125,724	505,106
Gladwin	70,747	2,225	02.18.25	17,853				43,802	20,078	90,824
Gratiot	84,686	2,604	02.07.25	20,893	05.02.25			54,584	23,496	108,182
Hillsdale	167,062	3,448	02.10.25	27,668	04.30.25			65,929	31,116	198,178
Huron	126,776	4,102	02.07.25	32,918	05.02.25			81,262	37,020	163,796
Ingham	1,476,422	39,830	02.18.25	319,614				804,327	359,443	1,835,865
Ionia	270,289	4,406	02.18.25	35,354	05.12.25			89,500	39,760	310,049
Isabella	251,037	7,479	02.18.25	60,013	05.12.25			148,318	67,492	318,529
Jackson	572,863	19,584	02.10.25	157,148	05.07.25			383,154	176,732	749,595
Mecosta	182,023	5,108	02.10.25	40,990	05.12.25			102,596	46,098	228,121
Midland	353,997	9,778	02.14.25	78,462	05.09.25			190,134	88,240	442,238
Montcalm	246,452	5,798	02.27.25	46,526				118,381	52,324	298,776
Newaygo	135,379	4,854	03.14.25	38,952				97,316	43,806	179,184
Osceola	74,496	2,024	02.10.25	16,242	05.12.25			39,687	18,266	92,762
Saginaw	1,089,316	27,350	02.27.25	219,470	05.13.25			552,253	246,820	1,336,136
Shiawassee	224,413	5,855	02.18.25	46,983	05.05.25			116,044	52,838	277,251
Tuscola	99,317	3,296	02.10.25	26,453				67,516	29,749	129,066
<u>\$ 6,990,434</u>		<u>\$ 186,068</u>		<u>\$ 1,493,104</u>		<u>\$ -</u>		<u>\$ 3,723,047</u>	<u>\$ 1,679,172</u>	<u>\$ 8,669,606</u>

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

County	PA2 Balance Available for Expenses	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	YTD Payments	Ending PA2 Fund Balance
Arenac	86,025	4,048	4,431	4,091	5,030	7,066	5,720	33,753	\$ 52,272
Bay	554,007	16,512	15,176	17,232	13,320	15,123	21,988	116,734	\$ 437,272
Clare	161,087	6,098	5,751	5,642	5,519	6,123	5,280	39,013	\$ 122,074
Clinton	604,829	15,210	10,928	9,502	9,402	10,731	9,760	74,852	\$ 529,977
Eaton	505,106	27,853	20,675	19,071	25,060	20,077	21,734	163,247	\$ 341,860
Gladwin	90,824	3,244	3,899	3,078	3,228	2,951	3,381	23,577	\$ 67,247
Gratiot	108,182	7,662	5,562	6,069	6,164	5,597	5,458	41,711	\$ 66,471
Hillsdale	198,178	4,676	6,065	5,179	-	13,125	-	36,548	\$ 161,630
Huron	163,796	6,578	5,187	5,561	5,343	5,639	6,780	41,398	\$ 122,398
Ingham	1,835,865	50,242	85,902	78,507	78,993	79,828	77,921	523,144	\$ 1,312,721
Ionia	310,049	7,478	13,534	9,332	12,680	10,520	7,272	65,852	\$ 244,196
Isabella	318,529	14,886	14,229	13,754	13,364	14,328	14,455	98,598	\$ 219,931
Jackson	749,595	26,074	27,061	30,669	28,791	15,518	23,390	177,850	\$ 571,745
Mecosta	228,121	5,246	6,785	6,803	7,095	11,293	11,731	60,752	\$ 167,369
Midland	442,238	17,927	24,848	35,632	26,584	19,762	29,503	165,876	\$ 276,362
Montcalm	298,776	-	-	-	5,304	161,056	1,351	167,711	\$ 131,065
Newaygo	179,184	5,498	5,486	5,759	6,063	7,683	9,868	46,337	\$ 132,847
Osceola	92,762	4,369	4,564	4,679	4,278	4,481	4,486	31,421	\$ 61,341
Saginaw	1,336,136	33,568	23,493	38,468	67,516	38,183	49,084	288,987	\$ 1,047,149
Shiawassee	277,251	16,351	11,355	12,879	12,329	12,878	20,471	101,434	\$ 175,817
Tuscola	129,066	12,468	9,354	10,209	9,662	10,025	6,191	68,102	\$ 60,964
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	\$ 8,669,606	\$ 285,987	\$ 304,286	\$ 322,115	\$ 345,726	\$ 471,989	\$ 335,825	2,366,899	\$ 6,302,707

**Mid-State Health Network**  
Summary of PA2 Use of Funds by County and Provider  
October 1, 2024 through April 30, 2025

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
<b>Arenac</b>				
Peer 360 Recovery			11,279	11,279
Ten Sixteen Recovery		22,474		22,474
<b>Arenac Total</b>		<b>22,474</b>	<b>11,279</b>	<b>33,753</b>
<b>Bay</b>				
McLaren Prevention Services		11,651		11,651
Peer 360 Recovery			34,215	34,215
Sacred Heart Rehabilitation		14,303		14,303
Ten Sixteen Recovery	2,908	27,204	26,453	56,565
<b>Bay Total</b>	<b>2,908</b>	<b>53,158</b>	<b>60,668</b>	<b>116,734</b>
<b>Clare</b>				
Ten Sixteen Recovery	6,760	32,253		39,013
<b>Clare Total</b>	<b>6,760</b>	<b>32,253</b>		<b>39,013</b>
<b>Clinton</b>				
Eaton Regional Education Service Agency		74,852		74,852
<b>Clinton Total</b>		<b>74,852</b>		<b>74,852</b>
<b>Eaton</b>				
Eaton Regional Education Service Agency		119,324		119,324
Wellness, InX	19,961		23,962	43,923
<b>Eaton Total</b>	<b>19,961</b>	<b>119,324</b>	<b>23,962</b>	<b>163,247</b>
<b>Gladwin</b>				
Ten Sixteen Recovery	1,981	21,596		23,577
<b>Gladwin Total</b>	<b>1,981</b>	<b>21,596</b>		<b>23,577</b>
<b>Gratiot</b>				
Gratiot County Child Advocacy Association		37,496		37,496
Ten Sixteen Recovery	4,215			4,215
<b>Gratiot Total</b>	<b>4,215</b>	<b>37,496</b>		<b>41,711</b>
<b>Hillsdale</b>				
LifeWays Community Mental Health Authority		36,548		36,548
<b>Hillsdale Total</b>		<b>36,548</b>		<b>36,548</b>
<b>Huron</b>				
Peer 360 Recovery			41,398	41,398
<b>Huron Total</b>			<b>41,398</b>	<b>41,398</b>
<b>Ingham</b>				
Child and Family Charities		50,213		50,213
Cristo Rey Community Center		41,266		41,266
Eaton Regional Education Service Agency		56,149		56,149
Ingham County Health Department		44,262		44,262
Lansing Syringe Access, Inc			76,839	76,839
Prevention Network		8,958		8,958
Punks With Lunch Lansing			7,352	7,352
Wellness, InX	145,015		93,091	238,106
<b>Ingham Total</b>	<b>145,015</b>	<b>200,847</b>	<b>177,282</b>	<b>523,144</b>
<b>Ionia</b>				
County of Ionia		65,852		65,852
<b>Ionia Total</b>		<b>65,852</b>		<b>65,852</b>

**Mid-State Health Network**  
Summary of PA2 Use of Funds by County and Provider  
October 1, 2024 through April 30, 2025

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
<b>Isabella</b>				
Peer 360 Recovery			24,313	24,313
Ten Sixteen Recovery	5,937	16,218	52,130	74,285
<b>Isabella Total</b>	<b>5,937</b>	<b>16,218</b>	<b>76,443</b>	<b>98,598</b>
<b>Jackson</b>				
Big Brothers Big Sisters of Jackson County, Inc		10,502		10,502
Family Service and Childrens Aid (Born Free)		136,325		136,325
Home of New Vision			31,023	31,023
<b>Jackson Total</b>		<b>146,827</b>	<b>31,023</b>	<b>177,850</b>
<b>Mecosta</b>				
Ten Sixteen Recovery	9,119	20,896	30,737	60,752
<b>Mecosta Total</b>	<b>9,119</b>	<b>20,896</b>	<b>30,737</b>	<b>60,752</b>
<b>Midland</b>				
Peer 360 Recovery			55,627	55,627
Ten Sixteen Recovery	20,897			20,897
The Legacy Center for Community Success		89,352		89,352
<b>Midland Total</b>	<b>20,897</b>	<b>89,352</b>	<b>55,627</b>	<b>165,876</b>
<b>Montcalm</b>				
Mid-Michigan District Health Department		142,430		142,430
Randy's House of Greenville, Inc.			25,281	25,281
<b>Montcalm Total</b>		<b>142,430</b>	<b>25,281</b>	<b>167,711</b>
<b>Newaygo</b>				
Arbor Circle		46,337		46,337
<b>Newaygo Total</b>		<b>46,337</b>		<b>46,337</b>
<b>Osceola</b>				
Ten Sixteen Recovery	7,692	23,729		31,421
<b>Osceola Total</b>	<b>7,692</b>	<b>23,729</b>		<b>31,421</b>
<b>Saginaw</b>				
Face Addiction Now			40,455	40,455
First Ward Community Service		4,528		4,528
Peer 360 Recovery			59,639	59,639
Sacred Heart Rehabilitation		23,773		23,773
Saginaw County Youth Protection Council		81,238		81,238
Saginaw Police Department		15,019		15,019
Women of Colors		64,334		64,334
<b>Saginaw Total</b>		<b>188,893</b>	<b>100,094</b>	<b>288,987</b>
<b>Shiawassee</b>				
Catholic Charities of Shiawassee and Genesee		53,850		53,850
Peer 360 Recovery			37,963	37,963
Shiawassee County		9,622		9,622
<b>Shiawassee Total</b>		<b>63,471</b>	<b>37,963</b>	<b>101,434</b>
<b>Tuscola</b>				
List Psychological Services		37,300		37,300
Peer 360 Recovery			30,802	30,802
<b>Tuscola Total</b>		<b>37,300</b>	<b>30,802</b>	<b>68,102</b>
<b>Grand Total</b>	<b>224,486</b>	<b>1,439,855</b>	<b>702,558</b>	<b>2,366,899</b>

Mid-State Health Network  
Summary of SUD Revenue and Expenses as of April 2025 (58.3% of Budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
<b>Revenue</b>				
Block Grant	5,225,534.55	9,876,315.00	4,650,780.45	52.91%
SOR and Other Grants	788,476.56	2,313,980.00	1,525,503.44	34.07%
Medicaid	10,957,263.66	19,668,781.00	8,711,517.34	55.71%
Healthy Michigan	16,331,348.51	30,488,957.00	14,157,608.49	53.56%
PA2	2,366,899.08	4,864,052.00	2,497,152.92	48.66%
<b>Totals</b>	<b>35,669,522.36</b>	<b>67,212,085.00</b>	<b>31,542,562.64</b>	<b>53.07%</b>
<b>Direct Expenses</b>				
Block Grant	5,225,534.55	9,876,315.00	4,650,780.45	52.91%
SOR and Other Grants	788,476.56	2,313,980.00	1,525,503.44	34.07%
Medicaid	8,806,922.39	19,049,480.00	10,242,557.61	46.23%
Healthy Michigan	15,970,636.39	31,200,000.00	15,229,363.61	51.19%
PA2	2,366,899.08	4,864,052.00	2,497,152.92	48.66%
<b>Totals</b>	<b>33,158,468.97</b>	<b>67,303,827.00</b>	<b>34,145,358.03</b>	<b>49.27%</b>
<b>Surplus / (Deficit)</b>	<b>2,511,053.39</b>			
<b>Surplus / (Deficit) by Funding Source</b>				
Block Grant	-			
SOR Grants	-			
Medicaid	2,150,341.27			
Healthy Michigan	360,712.12			
PA2	-			
<b>Totals</b>	<b>2,511,053.39</b>			

Actual revenue greater than budgeted revenue

Actual expenses greater than budgeted expenses

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

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

<b>Provider</b>	<b>Provider Funding Total Requested</b>	<b>MSHN Funding Recommended</b>	<b>PA2 Amount Recommended*</b>
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)	-	-	-
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	49,391	49,391	49,391
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			
<b>GRAND TOTAL</b>	<b>49,391</b>	<b>49,391</b>	<b>49,391</b>

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

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

<b>County</b>	<b>Projected Beginning Reserve Balance</b>	<b>Projected FY2025 Treasury Revenue</b>	<b>OPB Approved PA2 Provider Funding</b>	<b>MSHN Funding Recommendations June</b>	<b>Projected Ending Reserve Balance</b>
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	806,029	49,391	566,182
Shiawassee	195,446	116,044	177,955	-	133,535
Tuscola	97,884	67,516	90,756	-	74,644
Total	<u>\$ 6,177,472</u>	<u>\$ 3,723,047</u>	<u>\$ 5,103,977</u>	<u>\$ 49,391</u>	<u>\$ 4,747,151</u>

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

County	Provider	FY2024 OPB	FY2025 MSHN		Coalition	Detail of Services Provided for FY2025 Requests
		Approved PA2	Funding Recommendations	*New Provider /	Reviewed; New	
		Provider Funding	June	Renewal Contract	Providers (Yes/No)	
Saginaw						
	Peer 360 Recovery					Community Recovery Supports: Stigma reduction efforts; sober social activities; peer-led facilitation groups; CCAR training; recovery coach training; community outreach; emergency transportation.
		PA2	86,000	49,391	New	In Progress
		Grants	28,000	-		
		Total	114,000	49,391		
	County Total		114,000	49,391		
Grand Total			114,000	49,391		

\*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 June 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

- Problem Gambling Prevention media campaign continues through September. The campaign consists of two 15-second videos that will be shown as "pre-roll" connected to videos watched on popular websites.
- DYTURs concluded Vendor Education and non-Synar compliance checks. They received their random sample draw from the state to begin their formal Synar compliance checks. The MSHN region has 76 compliance checks throughout 19 of our counties this year.
- Continued completing FY25 Desk Audits with Prevention and Community Recovery Providers
- Offered technical assistance to providers for completing FY26 Annual Plan and Budget documents for submission by June 2, 2025
- Began workplan for FY26 MDHHS Tobacco Section funding that will include a vaping education video aimed at youth and parents
- Continued working with coalitions and providers to offer technical assistance for harm reduction activities, while encouraging engagement with county Opioid Settlement committees
- Held annual MSHN Region Prevention Conference with partner agency Eaton RESA. The conference was held May 5-6 with over 100 attendees and offered up to 9.5 CEUs
- Offered additional evidence-based practice materials for providers with SOR funds
- Engaged in planning with other MSHN SUD Clinical Team staff for Opioid Settlement Fund outcomes reporting including the transparency webpage items
- Began planning June Quarterly SUD Provider meeting including the Prevention and Community Recovery breakout
- 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) 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: MSHN has hired a new Treatment Specialist, MarChare Canada, who joined the Treatment team on April 28, 2025. Additionally, MSHN has hired a part time temporary position to support administrative duties for the SUD Clinical Team. Pamela Frattarelli joined the Clinical team in April 2025.
- Implement and coordinate FY26 annual planning process with SUD treatment and recovery housing providers. FY26 cost reimbursement budget reviews will occur in June 2025.
- Coordinate and implement the opportunity for in-region SUD providers to request evidence-based practice materials to support people in services.

- Implementation and monitoring of MSHN roll out of Opioid Settlement Funds allocated to PIHPs from MDHHS for FY25. MSHN supported 18 proposals with funding from April 1, 2025 thru September 30, 2025. OSF project monitoring and reporting can be found on the MSHN website at this link: [Opioid Settlement Transparency & Accountability](#)
- Provided MDHHS revised treatment policies for outpatient and residential levels of care to the SUD provider network to support feedback during public comments time period. Also supported gathering and coordinating feedback from providers to MDHHS during outpatient and residential workgroups.
- Supported revision and update of the Harm Reduction webpage content on the MSHN website. Available at this link: [Harm Reduction](#)
- Ongoing participation in planning for upcoming anti-stigma media campaign and discussions with media team from Redhead Studio.
- Supported review and evaluation of new provider applications for SUD services for the MSHN region.
- Preparation for quarterly SUD Provider Meeting on Thursday, 6-26-25 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).
- Planning for ASAM Criteria 4<sup>th</sup> 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 7 ASAM Criteria Trainings for contracted SUD treatment providers between May-September 2025. This will include 5 virtual and 2 in-person trainings. Registration for these events opened on 3/6/2025. Two virtual trainings have occurred with 59 individuals completing training thus far.
- Planning for implementation of MDHHS Recovery Incentive Pilot for FY25. Met with Lifeways team and Altarum to evaluate provider readiness. MDHHS implemented the pilot in April 2025 once the incentive platform was ready and active.
- 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. Service implementation is now anticipated in June of 2025. Pre-contract site visit occurred on May 29, 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 **470 beneficiaries enrolled** in 6 SUD Health Home locations. MSHN supported an RFP for providers interested in joining the SUD-Health Home for Region 5. The three agencies/sites were selected: LifeWays CMH, Recovery Pathways (Corunna) and Sacred Heart (Saginaw). Thus adding two new counties (Hillsdale & Shiawassee). Currently working through the certification process and enrolling/training new staff using the Waiver Support Application {WSA} with an anticipated start date in June. Currently the SUD Health Home locations in the MSHN region have the following enrolled in services:
  - VCS – Saginaw: 187
  - VCS – Jackson: 113
  - VCS – Lansing: 89

- Recovery Pathways – Bay City: 46
  - MidMichigan Community Health Services: 32
  - Isabella Citizens for Health – Mt. Pleasant: 4
- 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 April-May:

- Oversight and coordination of SUD prevention and treatment teams and all activities listed above.
- Ongoing leadership and coordination with statewide SUDS Directors. Consensus-building has become more complicated in context of PIHP disruptions despite our being SUD subject matter experts whose collective voices matter (e.g., in challenging mandatory sentencing for fentanyl possession).
- Completion of MSHN's Opioid Settlement Fund Transparency page on MSHN's website to report Region 5's OSF activities.
- ARPA funding cuts directly impacted SUD providers involved in the Equity Upstream Learning Collaborative. The work will continue to the extent possible and a meeting on strategies for sustainability are forthcoming this month.
- Continuing collaboration with Redhead Creative Consultancy on a marketing plan for reducing SUD stigma in communities where overdose death rates are highest. Redhead is developing videos and copy that can be shared with MDHHS for approval.
- Coordination with Dorothy Johnson Center (GVSU) in regard to evaluation of Learning Collaborative activities and progress.
- SUD Clinical Team is reviewing impacts on Region 5 residents of federal cuts to SAMHSA (and elimination of that branch of US dept. of HHS), to VA personnel and services, to ARPA SUD grants and to SUD Block Grant.
- SUD Clinical Team is looking at implications of procurement process on our operations in FY26 (as are all of MSHN's departments).

Substance Use Disorder (SUD)  
Clinical Team  
Narrative Report  
FY25-Q2  
January-March 2025

PREVENTION GOALS	RESULTS & PROGRESS
<b>Reduce Underage Drinking</b>	During Q2 of FY25 Botvin Lifeskills and Prime for Life curriculum were delivered to area schools with 2,739 total attendees throughout 386 sessions. These programs were delivered in Bay, Newago, Saginaw, Ingham, Hillsdale, and Jackson counties.
<b>Reduce prescription and over-the-counter drug abuse, including opiates</b>	During Q2 of FY25 there were 1,060 evidence-based program education activities completed with 1,060 attendees. This quarter PRC's and Peer related activity totaled 405 activities with 1,164 attendees. Narcan trainings were delivered in Gratiot, Jackson, Ingham, and Shiawassee counties with 49 attendees and 11 trainings completed.
<b>Reduce youth access to tobacco</b>	Tobacco-related activity this quarter totaled 246 attendees during 29 activities. This activity includes MRL updates, Vendor Education, Non-Synar checks, tobacco/nicotine related workgroups, and sub-committees.
<b>Reduce Substance Use in Older Adults</b>	MSHN continues to host bimonthly Older Adult Wellness workgroup meetings and participation at the MDHHS Older Adult Wellness workgroup continued this quarter.

Substance Use Disorder (SUD)  
Clinical Team  
Narrative Report  
FY25-Q2  
January-March 2025

TREATMENT GOALS	RESULTS & PROGRESS
<b>Increase women's specialty service programs</b>	No new programming was added during Q1. MSHN will be evaluating impacts of how federal cuts to DEI-related services might impact specialized funding for populations like women and/or fathers with children. MSHN provided consultation with one regional provider who was interested in learning more about implementing WSS services at outpatient and residential levels of care. MSHN continues to support another contracted WSS provider with re-establishing their WSS designation at their residential program with MDHHS.
<b>Increase array of medication assisted treatment programs</b>	MSHN Treatment Team is in the process of completing pre-contract review to add a new mobile MOUD provider who will be able to support this service in some of our more rural areas. Areas being evaluated and prioritized for implementation include counties with none or limited service providers for SUD outpatient services and MAT/MOUD supports.
<b>Expand Stimulant Use Disorder Treatment</b>	MSHN Treatment Team continues planning for implementation of MDHHS Recovery Incentive Pilot for FY25. MDHHS has chosen Lifeways – Jackson as the phase 1 provider. MDHHS delayed planned implementation until April due to the incentive platform not being ready for implementation. LifeWays should begin implementation sometime in June 2025. Two additional providers have been selected for Cohort 3, which was planned to begin in May. Additionally, MSHN has SUD Health Home locations for the region in the following counties: Bay, Saginaw, Jackson, and Ingham counties. The SUD Health Homes will be expanding to new locations in FY25 in Saginaw, Bay, Hillsdale, and Shiawassee counties.
<b>Expand Jail Based Services</b>	Continued efforts occur to increase services and availability. MSHN continues to attend and participate in the MDHHS workgroup for the 1115 Waiver Incarcerated Services planning and implementation in January of 2027 for prisons, jails, and juvenile detention facilities. The waiver

Substance Use Disorder (SUD)  
Clinical Team  
Narrative Report  
FY25-Q2  
January-March 2025

	would support Medicaid funding, for a specific set of services, for individuals while incarcerated for up to 90 days prior to their release to the community.
<b>Expand Trauma Informed Care</b>	As part of MSHN's trauma policy, the SUD Clinical Team supports the provider network with completing a Trauma Informed Organizational survey every 3 years to determine areas of strength, and areas of further improvement. The majority of MSHN's contracted providers were due to complete this in FY24 and develop new goals in FY25. Progress towards the goals were discussed and reviewed during the FY26 annual plan meeting with each provider. There are six providers who will be completing the survey in FY25. MSHN continues to provide trauma informed training opportunities to the provider network as they become available.
<b>Expand penetration rates for adolescents, older adults, and veterans/military families.</b>	<p>The MSHN Treatment Team is reviewing screening and admission data from FY20 through FY25 for adolescent services in an effort to evaluate the need for additional services in our region.</p> <p>MSHN is also leading an SUD Directors workgroup to develop a proposal to submit to MDHHS with recommendations of 1) Proposal for creating a new adolescent services location to support the full continuum of ASAM level of care services so every LOC is available within the State of Michigan, 2) Recommendations of how to strengthen existing adolescent service providers so they can sustain the services being provided, and 3) Recommendations of evidence-based practice trainings to support positive outcomes with adolescents in their home communities.</p> <p>MSHN will also be evaluating federal cuts to the Veterans Administration (VA)'s personnel and services.</p>



# OPB Quarterly Report

FY 2025 Q2  
(1/1/25 – 3/31/25)

# Arenac

FY25 Q2

## 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:

1105

Total Attendees

121

# of Activities

## Admitted

Service	Adult
Outpatient	13
Residential	1
Withdrawal	3

WSS

Adult

MAT

Adult

1

## Served

Service	Adult
Outpatient	45
Residential	4
Withdrawal	3

WSS

Adult

2

MAT

Adult

3

## Primary Substance at Admission

	Adult	Minor
Alcohol	8	
Heroin	4	
Methamphetamine / Speed	2	
Other Opiates / Synthetics	2	
Marijuana/Hashish	1	

## Secondary Substance at Admission

	Adult	Minor
(None)	5	
Cocaine / Crack	1	
Heroin	1	
Marijuana/Hashish	1	
Methamphetamine / Speed	1	
Other Opiates / Synthetics	1	

# Bay

**FY25 Q2**

## 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:

**12425**

Total Attendees

**1054**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	92	1
Residential	42	
Withdrawal	26	

WSS

Adult

16

MAT

Adult

11

## Served

Service	Adult	Minor
Outpatient	444	8
Residential	61	
Withdrawal	27	

WSS

Adult

96

MAT

Adult

90

Primary Substance at Admission	Adult	Minor
Alcohol	62	
Cocaine / Crack	33	
Heroin	33	
Methamphetamine / Speed	21	
Other Opiates / Synthetics	16	
Marijuana/Hashish	2	1
Other Amphetamines	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	25	
Cocaine / Crack	23	
Other Opiates / Synthetics	18	
Methamphetamine / Speed	17	
(None)	16	
Alcohol	15	
Heroin	9	
Other Drugs	6	
Other Sedatives / Hypnotics	1	

# Clare

FY25 Q2

## 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:

1060

Total Attendees

70

# of Activities

## Admitted

Service	Adult
Outpatient	24
Residential	17
Withdrawal	3

WSS

Adult

3

MAT

Age\_Bracket Count of unique\_pihp\_id

## Served

Service	Adult	Minor
Outpatient	97	1
Residential	22	
Withdrawal	4	

WSS

Adult

6

MAT

Adult

29

Primary Substance at Admission	Adult	Minor
Alcohol	20	
Methamphetamine / Speed	18	
Heroin	5	
Other Opiates / Synthetics	3	
Cocaine / Crack	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	10	
Methamphetamine / Speed	7	
(None)	6	
Cocaine / Crack	2	
Heroin	2	
Alcohol	1	
Benzodiazepines	1	
Other Drugs	1	
Other Opiates / Synthetics	1	

# Clinton

FY25 Q2

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:

742

Total Attendees

60

# of Activities

## Admitted

Service	Adult
Outpatient	32
Residential	7
Withdrawal	9

WSS  
Adult

\_\_\_\_\_

MAT  
Age\_Bracket Count of unique\_pihp\_ic

\_\_\_\_\_

## Served

Service	Adult
Outpatient	107
Residential	13
Withdrawal	9

WSS  
Adult

\_\_\_\_\_ 3

MAT  
Adult

\_\_\_\_\_ 20

Primary Substance at Admission	Adult	Minor
Alcohol	23	
Methamphetamine / Speed	9	
Cocaine / Crack	6	
Heroin	5	
Marijuana/Hashish	2	
Benzodiazepines	1	
Other Drugs	1	
Other Opiates / Synthetics	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

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

# Eaton

**FY25 Q2**

## 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:

**959**

Total Attendees

**116**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	61	2
Residential	8	
Withdrawal	10	

WSS

Adult

2

MAT

Adult

3

## Served

Service	Adult	Minor
Outpatient	218	4
Residential	19	
Withdrawal	12	

WSS

Adult

9

MAT

Adult

68

Primary Substance at Admission	Adult	Minor
Alcohol	39	
Methamphetamine / Speed	15	
Heroin	13	
Other Opiates / Synthetics	6	
Cocaine / Crack	5	
Marijuana/Hashish	4	2
Other Stimulants	1	
Over-the-Counter Medications	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	12	
Alcohol	7	1
Marijuana/Hashish	7	
(None)	4	
Cocaine / Crack	4	
Heroin	3	
Other Opiates / Synthetics	3	
Other Amphetamines	1	
Other Sedatives / Hypnotics	1	

# Gladwin

**FY25 Q2**

## 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:

**916**

Total Attendees

**64**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	25	1
Residential	4	
Withdrawal	5	

WSS

Adult

1
---

MAT

Adult

1
---

## Served

Service	Adult	Minor
Outpatient	99	2
Residential	9	1
Withdrawal	5	

WSS

Adult

5
---

MAT

Adult

14
----

## Primary Substance at Admission

	Adult	Minor
Alcohol	19	1
Methamphetamine / Speed	10	
Other Opiates / Synthetics	4	
Heroin	2	
Marijuana/Hashish	1	

## Secondary Substance at Admission

	Adult	Minor
(None)	8	1
Marijuana/Hashish	5	
Heroin	3	
Cocaine / Crack	2	
Methamphetamine / Speed	2	
Other Opiates / Synthetics	2	
Alcohol	1	
Benzodiazepines	1	

# Gratiot

**FY25 Q2**

## 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:

**2148**

Total Attendees

**176**

# of Activities

## Admitted

Service	Adult
Outpatient	10
Residential	10
Withdrawal	5

WSS

Adult

2

MAT

Adult

1

## Served

Service	Adult
Outpatient	67
Residential	10
Withdrawal	6

WSS

Adult

2

MAT

Adult

39

## Primary Substance at Admission

Adult Minor

Methamphetamine / Speed	11
Heroin	8
Alcohol	6
Cocaine / Crack	2
Other Opiates / Synthetics	2

## Secondary Substance at Admission

Adult Minor

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

# Hillsdale

FY25 Q2

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:

918

Total Attendees

114

# of Activities

## Admitted

Service	Adult
Outpatient	25
Residential	20
Withdrawal	3

WSS

Adult

2

MAT

Adult

1

## Served

Service	Adult
Outpatient	80
Residential	23
Withdrawal	5

WSS

Adult

8

MAT

Adult

12

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	25	
Alcohol	16	
Heroin	4	
Other Opiates / Synthetics	4	
Barbiturates	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
(None)	11	
Marijuana/Hashish	7	
Methamphetamine / Speed	5	
Heroin	4	
Alcohol	2	
Cocaine / Crack	2	
Inhalants	1	

# Huron

FY25 Q2

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:

1661

Total Attendees

180

# of Activities

## Admitted

Service	Adult
Outpatient	27
Residential	4
Withdrawal	2

WSS

Adult

2

MAT

Adult

4

## Served

Service	Adult
Outpatient	80
Residential	4
Withdrawal	3

WSS

Adult

6

MAT

Adult

8

Primary Substance at Admission	Adult	Minor
Alcohol	12	
Other Opiates / Synthetics	8	
Heroin	5	
Methamphetamine / Speed	5	
Other Stimulants	3	
Marijuana/Hashish	2	
Other Drugs	1	

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

# Ingham

**FY25 Q2**

## 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:

**3723**

Total Attendees

**716**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	357	3
Residential	148	
Withdrawal	144	

WSS

Adult

12

MAT

Adult

19

## Served

Service	Adult	Minor
Outpatient	1186	5
Residential	216	
Withdrawal	158	

WSS

Adult

28

MAT

Adult

368

Primary Substance at Admission	Adult	Minor
Alcohol	341	1
Methamphetamine / Speed	124	
Heroin	101	
Cocaine / Crack	84	
Other Opiates / Synthetics	39	
Marijuana/Hashish	21	2
Benzodiazepines	4	
Inhalants	2	
Hallucinogens	1	
Other Amphetamines	1	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	88	
Cocaine / Crack	72	
Methamphetamine / Speed	68	
Alcohol	65	
Other Opiates / Synthetics	32	
Heroin	31	
(None)	27	
Other Drugs	11	
Benzodiazepines	6	
Other Amphetamines	3	
Other Sedatives / Hypnotics	1	

# Ionia

FY25 Q2

## 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:

1368

Total Attendees

87

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	53	3
Residential	15	
Withdrawal	9	

WSS

Adult



MAT

Age\_Bracket Count of unique\_pihp\_id



## Served

Service	Adult	Minor
Outpatient	169	8
Residential	22	
Withdrawal	9	

WSS

Adult



MAT

Adult



Primary Substance at Admission	Adult	Minor
Alcohol	30	
Methamphetamine / Speed	29	
Heroin	9	
Marijuana/Hashish	5	3
Other Opiates / Synthetics	4	
Cocaine / Crack	3	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	11	
Heroin	8	
Methamphetamine / Speed	8	
Alcohol	7	
Other Opiates / Synthetics	2	
Cocaine / Crack	1	
Other Stimulants	1	

# Isabella

FY25 Q2

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:

2529

Total Attendees

336

# of Activities

## Admitted

Service	Adult
Outpatient	28
Residential	19
Withdrawal	7

WSS

Adult

3

MAT

Adult

3

## Served

Service	Adult
Outpatient	176
Residential	22
Withdrawal	8

WSS

Adult

3

MAT

Adult

91

### Primary Substance at Admission

	Adult	Minor
Alcohol	21	
Methamphetamine / Speed	17	
Heroin	9	
Other Opiates / Synthetics	8	
Marijuana/Hashish	1	
Other Amphetamines	1	
Over-the-Counter Medications	1	

### Secondary Substance at Admission

	Adult	Minor
Marijuana/Hashish	10	
(None)	9	
Methamphetamine / Speed	6	
Benzodiazepines	2	
Heroin	2	
Other Opiates / Synthetics	2	
Cocaine / Crack	1	

# Jackson

**FY25 Q2**

## 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:

**7163**

Total Attendees

**776**

# of Activities

## Admitted

Service	Adult
Outpatient	146
Residential	97
Withdrawal	30

WSS

Adult

32

MAT

Adult

11

## Served

Service	Adult	Minor
Withdrawal	34	
Residential	129	1
Outpatient	530	
	1	

WSS

Adult

73

MAT

Adult

258

Primary Substance at Admission	Adult	Minor
Alcohol	125	
Methamphetamine / Speed	71	
Heroin	46	
Cocaine / Crack	22	
Other Opiates / Synthetics	21	
Marijuana/Hashish	4	
Hallucinogens	1	
Other Drugs	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	29	
Marijuana/Hashish	28	
(None)	25	
Alcohol	21	
Cocaine / Crack	16	
Other Opiates / Synthetics	13	
Heroin	10	
Other Drugs	4	
Benzodiazepines	3	
Other Amphetamines	2	
Hallucinogens	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

# Mecosta

FY25 Q2

## 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:

4316

Total Attendees

184

# of Activities

## Admitted

Service	Adult
Outpatient	28
Residential	13
Withdrawal	5

WSS

Adult

1
---

MAT

Adult

1
---

## Served

Service	Adult	Minor
Outpatient	84	
Residential	16	1
Withdrawal	7	

WSS

Adult

3
---

MAT

Adult

23
----

Primary Substance at Admission	Adult	Minor
Alcohol	23	
Methamphetamine / Speed	16	
Cocaine / Crack	4	
Heroin	3	
Other Opiates / Synthetics	2	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	10	
(None)	7	
Cocaine / Crack	6	
Methamphetamine / Speed	5	
Alcohol	1	
Hallucinogens	1	
Heroin	1	
Other Opiates / Synthetics	1	

# Midland

FY25 Q2

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:

7234

Total Attendees

446

# of Activities

## Admitted

Service	Adult
Outpatient	30
Residential	17
Withdrawal	9

WSS

Adult

8

MAT

Adult

7

## Served

Service	Adult	Minor
Outpatient	131	2
Residential	30	2
Withdrawal	11	

WSS

Adult

14

MAT

Adult

27

Primary Substance at Admission	Adult	Minor
Alcohol	22	
Heroin	17	
Methamphetamine / Speed	8	
Other Opiates / Synthetics	6	
Cocaine / Crack	4	
Marijuana/Hashish	1	
Other Sedatives / Hypnotics	1	

Secondary Substance at Admission	Adult	Minor
(None)	10	
Methamphetamine / Speed	10	
Cocaine / Crack	7	
Marijuana/Hashish	7	
Other Opiates / Synthetics	4	
Alcohol	3	
Benzodiazepines	1	
Other Drugs	1	

# Montcalm

**FY25 Q2**

## 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:

**1827**

Total Attendees

**116**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	49	1
Residential	23	
Withdrawal	13	

WSS

Adult

6

MAT

Adult

3

## Served

Service	Adult	Minor
Outpatient	138	1
Residential	32	1
Withdrawal	13	

WSS

Adult

13

MAT

Adult

23

## Primary Substance at Admission

	Adult	Minor
Methamphetamine / Speed	40	
Alcohol	32	1
Heroin	10	
Other Opiates / Synthetics	6	
Cocaine / Crack	4	
Benzodiazepines	1	
Marijuana/Hashish	1	
Other Stimulants	1	

## Secondary Substance at Admission

	Adult	Minor
Marijuana/Hashish	11	1
Methamphetamine / Speed	9	
Cocaine / Crack	6	
Other Opiates / Synthetics	6	
Heroin	5	
(None)	4	
Alcohol	4	
Other Drugs	4	

# Newwaygo

FY25 Q2

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:

3506

Total Attendees

235

# of Activities

## Admitted

Service	Adult
Outpatient	10
Residential	11
Withdrawal	6

WSS

Adult

3

MAT

Age\_Bracket Count of unique\_pihp\_ic

## Served

Service	Adult
Outpatient	59
Residential	20
Withdrawal	6

WSS

Adult

15

MAT

Adult

18

### Primary Substance at Admission

	Adult	Minor
Alcohol	14	
Methamphetamine / Speed	6	
Heroin	5	
Cocaine / Crack	3	

### Secondary Substance at Admission

	Adult	Minor
Methamphetamine / Speed	3	
(None)	2	
Cocaine / Crack	1	
Heroin	1	
Marijuana/Hashish	1	
Other Opiates / Synthetics	1	

# Osceola

FY25 Q2

## 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:

1869

Total Attendees

133

# of Activities

## Admitted

Service	Adult
Outpatient	8
Residential	10
Withdrawal	7

WSS

Adult



MAT

Age\_Bracket Count of unique\_pihp\_ic



## Served

Service	Adult	Minor
Outpatient	45	1
Residential	19	1
Withdrawal	7	

WSS

Adult



MAT

Adult



Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	13	
Alcohol	10	
Other Opiates / Synthetics	2	
Cocaine / Crack	1	

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

# Saginaw

FY25 Q2

## 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:

9212

Total Attendees

643

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	138	9
Residential	95	1
Withdrawal	81	

WSS

Adult

39

MAT

Adult

6

## Served

Service	Adult	Minor
Outpatient	494	34
Residential	125	1
Withdrawal	89	

WSS

Adult

108

MAT

Adult

172

## Primary Substance at Admission

	Adult	Minor
Alcohol	157	2
Cocaine / Crack	66	
Heroin	41	
Other Opiates / Synthetics	41	
Marijuana/Hashish	13	8
Methamphetamine / Speed	13	
Other Sedatives / Hypnotics	2	
Benzodiazepines	1	

## Secondary Substance at Admission

	Adult	Minor
Cocaine / Crack	53	
Marijuana/Hashish	51	1
Alcohol	29	1
Methamphetamine / Speed	20	
(None)	14	7
Other Drugs	9	
Heroin	7	
Other Opiates / Synthetics	5	
Benzodiazepines	3	
Other Sedatives / Hypnotics	1	

# Shiawassee

FY25 Q2

## 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:

2432

Total Attendees

485

# of Activities

## Admitted

Service	Adult
Outpatient	44
Residential	15
Withdrawal	18

WSS

Adult

3

MAT

Adult

4

## Served

Service	Adult	Minor
Outpatient	178	1
Residential	20	
Withdrawal	20	

WSS

Adult

23

MAT

Adult

31

## Primary Substance at Admission

	Adult	Minor
Alcohol	43	
Heroin	10	
Methamphetamine / Speed	9	
Other Opiates / Synthetics	8	
Cocaine / Crack	6	
Benzodiazepines	1	
Over-the-Counter Medications	1	

## Secondary Substance at Admission

	Adult	Minor
Marijuana/Hashish	13	
Alcohol	7	
Cocaine / Crack	7	
Methamphetamine / Speed	6	
Other Drugs	4	
Other Opiates / Synthetics	4	
(None)	2	
Heroin	2	

# Tuscola

**FY25 Q2**

## 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:

**4044**

Total Attendees

**262**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	35	
Residential	6	1
Withdrawal	6	

WSS

Adult

3

MAT

Adult

2

## Served

Service	Adult	Minor
Outpatient	160	
Residential	10	1
Withdrawal	8	

WSS

Adult

15

MAT

Adult

17

Primary Substance at Admission	Adult	Minor
Alcohol	23	
Heroin	9	
Methamphetamine / Speed	7	
Other Opiates / Synthetics	4	
Marijuana/Hashish	3	1
Cocaine / Crack	2	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	8	
Marijuana/Hashish	6	
Methamphetamine / Speed	3	
Other Drugs	2	
Other Opiates / Synthetics	2	
Benzodiazepines	1	
Inhalants		1