

**Substance Use Disorder (SUD)  
Oversight Policy Advisory Board Meeting  
February 21, 2024 ~ 4:00 p.m.**

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

Members of the public and others unable to attend in person can participate in this meeting via Zoom Videoconference

Meeting URL: <https://us02web.zoom.us/j/5624476175>  
and Teleconference

Call 1.312.626.6799 Meeting ID: 5624476175#

- 1) Call to Order
- 2) Roll Call
- 3) **ACTION ITEM:** Approval of the Agenda for February 21, 2024
- 4) **ACTION ITEM:** Approval of Minutes of December 20, 2023 *(Page 4)*
- 5) Public Comment
- 6) Opioid Health Home Presentation
- 7) Board Chair Report
- 8) **ACTION ITEM:** Approval of SUD Intergovernmental Agreement *(Page 8)*
- 9) Deputy Director Report *(Page 18)*
- 10) Chief Financial Officer Report
  - A. FY23 PA2 Funding & Expenditures by County *(Page 25)*
  - B. FY23 PA2 Use of Funds by County and Provider *(Page 27)*
  - C. FY23 SUD Financial Summary Report of December 2023 *(Page 29)*
- 11) **ACTION ITEM:** FY24 Substance Use Disorder PA2 Contract Listing *(Page 30)*
- 12) SUD Operating Update *(Page 33)*
  - A. FY2023 SUD County Reports *(Page 35)*
  - B. FY2024 Q1 SUD County Reports *(Page 56)*

**MSHN SUD Oversight Policy  
Advisory Board Officers**

Chair: Steve Glaser (Midland)  
Vice-Chair: Bryan Kolk (Newaygo)  
Secretary: Dwight Washington  
(Clinton)

**MEETING LOCATION:**

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

**VIDEOCONFERENCE:**

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**TELECONFERENCE:**

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

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**UPCOMING FY24  
SUD OVERSIGHT POLICY  
ADVISORY BOARD MEETINGS**

April 17, 2024  
CMHAM  
507 S. Grand Ave  
Lansing, MI 48933

June 26, 2024  
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>

- 13) Other Business
- 14) Public Comment
- 15) Board Member Comment
- 16) Adjournment

## FY24 MSHN SUD Oversight Policy Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Ashley	Lisa	<a href="mailto:ashleyl@clareco.net">ashleyl@clareco.net</a>		989.630.5256		Gladwin	2025
Badour	Nichole	<a href="mailto:nbadour@gihn-mi.org">nbadour@gihn-mi.org</a>		989.264.5045	989.466.4124	Gratiot	2025
Burke	Lori	<a href="mailto:lori.burke@myconnectedhealth.com">lori.burke@myconnectedhealth.com</a>		989.217.0412		Shiawassee	2026
Cahill	Irene	<a href="mailto:icahill@ingham.org">icahill@ingham.org</a>	<a href="mailto:irenecahill@icloud.com">irenecahill@icloud.com</a>	517.488.1486		Ingham	2026
Caswell	Bruce	<a href="mailto:bcaswell@frontier.com">bcaswell@frontier.com</a>		517.425.5230	517.523.3067	Hillsdale	2026
Gilmore	George	<a href="mailto:gilmoreg@clareco.net">gilmoreg@clareco.net</a>		989.329.5776		Clare	2024
Glaser	Steve	<a href="mailto:sglaser@co.midland.mi.us">sglaser@co.midland.mi.us</a>		989.264.4933		Midland	2024
Harrington	Christina	<a href="mailto:charrington@saginawcounty.com">charrington@saginawcounty.com</a>		989.758.3818		Saginaw	2025
Hemminger	Charlean	<a href="mailto:chemminger@ioniacounty.org">chemminger@ioniacounty.org</a>		989.855.5235		Ionia	2025
Hunter	John	<a href="mailto:hunterjohn74@gmail.com">hunterjohn74@gmail.com</a>		989.673.8223	989.551.2077	Tuscola	2025
Kolk	Bryan	<a href="mailto:bryank@co.newaygo.mi.us">bryank@co.newaygo.mi.us</a>		616.780.5751		Newaygo	2024
Kroneck	John	<a href="mailto:jkroneck@mmdhd.org">jkroneck@mmdhd.org</a>		989.831.3659	616.302.6009	Montcalm	2024
Luce	Robert	<a href="mailto:rluce850@gmail.com">rluce850@gmail.com</a>		989.654.5700		Arenac	2026
Moreno	Jim	<a href="mailto:jmoreno@isabellacounty.org">jmoreno@isabellacounty.org</a>		989.954.5144		Isabella	2024
Murphy	Joe	<a href="mailto:jmurphy0504@comcast.net">jmurphy0504@comcast.net</a>		989.670.1057		Huron	2023
Peters	Justin	<a href="mailto:comicmonkey1@outlook.com">comicmonkey1@outlook.com</a>		989.280.1369		Bay	2025
Strong	Jerrilynn	<a href="mailto:jeristrong64@gmail.com">jeristrong64@gmail.com</a>		989.382.5452		Mecosta	2024
Thalison	Kimberly	<a href="mailto:kthalison@eatonresa.org">kthalison@eatonresa.org</a>		517.541.8711		Eaton	2025
Turner	David	<a href="mailto:davidturner49665@gmail.com">davidturner49665@gmail.com</a>		231.908.0501		Osceola	2024
Washington	Dwight	<a href="mailto:washindwi@gmail.com">washindwi@gmail.com</a>		517.974.1658		Clinton	2026
Woods	Ed	<a href="mailto:ejw1755@yahoo.com">ejw1755@yahoo.com</a>		517.796.4501	517.392.8457	Jackson	2026

**Alternates:**

Briggs	Margery	<a href="mailto:briggsmmb@sbcglobal.net">briggsmmb@sbcglobal.net</a>		517.647.4747		Ionia-Alternate	2025
DeLaat	Ken	<a href="mailto:kdelaat1@aol.com">kdelaat1@aol.com</a>		231.414.4173		Newaygo - Alternate	2024
Howard	Linda	<a href="mailto:lhoward8305@gmail.com">lhoward8305@gmail.com</a>		989.560.8305		Mecosta-Alternate	2024
Jaloszynski	Jerry	<a href="mailto:jjaloszynski@isabellacounty.org">jjaloszynski@isabellacounty.org</a>		989.330.4890		Isabella - Alternate	2024
Pawar	Simar	<a href="mailto:spawar@ingham.org">spawar@ingham.org</a>		517.290.6974		Ingham-Alternate	2026
Pohl	David	<a href="mailto:dwpohl@yahoo.com">dwpohl@yahoo.com</a>		517.927.2282	989.593.2688	Clinton - Alternate	2026
Smith	Alaynah	<a href="mailto:asmith@co.midland.mi.us">asmith@co.midland.mi.us</a>		989.837.6587	989.832.6389	Midland-Alternate	2024

**Administration:**

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

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

Wednesday, December 20, 2023, 4:00 p.m.

CMH Association of Michigan (CMHAM)

507 S. Grand Ave  
Lansing, MI 48933

**Meeting Minutes**

**1. Call to Order**

Chairperson Steve Glaser called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:00 p.m. Mr. Glaser extended a warm welcome to new members: Simar Pawar, alternate for Ingham County; Lori Burke, appointment from Shiawassee County; and Charlene Hemminger, appointment from Ionia County. Ms. Vicky Schultz was recognized for her 9 years of service on the OPB and Ms. Deb Thalison for her 9 years of service on the OPB. Both have served since the board was established in 2014.

**Board Member(s) Present:** Lisa Ashley (Gladwin), Irene Cahill (Ingham), Steve Glaser (Midland), Charlean Hemminger (Ionia), John Hunter (Tuscola), Bryan Kolk (Newaygo), John Kroneck (Montcalm), Vicky Schultz (Shiawassee), Kim Thalison (Eaton), Dwight Washington (Clinton), Ed Woods (Jackson), Lori Burke (Shiawassee-replacement effective 1/1/2024)

**Board Member(s) Remote:** George Gilmore (Clare)

**Board Member(s) Absent:** Nichole Badour (Gratiot), Bruce Caswell (Hillsdale), Christina Harrington (Saginaw), Robert Luce (Arenac), Jim Moreno (Isabella), Joe Murphy (Huron), Justin Peters (Bay), Jerrilynn Strong (Mecosta), David Turner (Osceola)

**Alternate Members Present:** Linda Howard (Mecosta)

**Alternate Members Remote:** Simar Pawar (Ingham)

**Staff Members Present:** Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Dr. Dani Meier (Chief Clinical Officer); Sherry Kletke (Executive Support Specialist), Joseph Sedlock (Chief Executive Officer), Dr. Trisha Thrush (Director of Substance Use Disorder Services and Operations); Skye Pletcher (Chief Population Health Officer), Evan Godfrey (SUD Care Navigator)

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

**Staff Members Remote:** Sarah Andreotti (SUD Prevention Administrator), Sarah Surna (Prevention Specialist), Kate Flavin (Treatment Specialist), Kari Gulvas (Prevention Specialist)

**2. Roll Call**

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

**3. Approval of Agenda for December 20, 2023**

Board approval was requested for the Agenda of the December 20, 2023 Regular Business Meeting, as presented.

**MOTION BY BRYAN KOLK, SUPPORTED BY JOHN HUNTER FOR APPROVAL OF THE DECEMBER 20, 2023 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 11-0.**

**4. Approval of Minutes from the October 18, 2023 Regular Business Meetings**

Board approval was requested for the draft meeting minutes of the October 18, 2023 Regular Business Meetings.

**MOTION BY JOHN KRONECK, SUPPORTED BY BRYAN KOLK, FOR APPROVAL OF THE MINUTES OF THE OCTOBER 18, 2023 MEETING, AS PRESENTED. MOTION CARRIED: 11-0.**

**5. Public Comment**

There was no public comment.

**6. Board Chair Report**

Chairperson Steve Glaser again welcomed the new members recognized earlier in the meeting.

**7. Deputy Director Report**

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

**Regional Matters:**

- Substance Use Disorder (SUD) Oversight Policy Board (OPB) Intergovernmental Agreement
- MSHN Board Intergovernmental Agreement Board Attendance
- SUD Oversight Policy Board Bylaws
- MSHN SUD Care Navigator Update

## 8. Chief Financial Officer Report

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

- FY2024 PA2 Funding and Expenditures by County
- FY2024 PA2 Use of Funds by County and Provider
- FY2024 Substance Use Disorder (SUD) Financial Summary Report as of October 2023

## 9. FY24 Substance Use Disorder PA2 Contract Listing

Leslie Thomas provided an overview and information on the FY24 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

**MOTION BY JOHN HUNTER, SUPPORTED BY VICKY SCHULTZ, FOR APPROVAL OF THE FY24 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 11-0.**

## 10. SUD Operating Update

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

- Adverse Childhood Experiences Study (ACES) Event on November 30, 2023 with Dr. Robert Anda
- SUD Strategic Plan for FY24-26 was re-submitted to MDHHS and MSHN is awaiting final approval
- State Opioid Response (SOR) Funding
- University of Michigan study of medically monitored substance use treatment using psychedelics

Board members asked to see an annual county report for FY2023. Annual reports will be provided at the next meeting scheduled on February 21, 2024.

## 11. Other Business

There was no other business.

## 12. Public Comment

Ms. Vicky Schultz wanted to thank everyone and expressed appreciation to everyone on the board that she has had the opportunity to serve alongside during her time on the board.

## 13. Board Member Comment

Chairperson Steve Glaser extended appreciation and thanks to MSHN staff for all the work they do. Mr. Glaser also wished everyone the best for the holiday and a prosperous new year.

**14. Adjournment**

Chairperson Steve Glaser adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 4:29 p.m.

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

DRAFT

**INTERGOVERNMENTAL CONTRACT FOR THE ESTABLISHMENT OF A  
SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD**

This Contract (this "Contract") is made as of the date it is fully executed and signed, by and among Mid-State Health Network ("MSHN"), 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 (individually referred to as the "County," and collectively referred to as the "Counties"). This Contract is authorized and undertaken pursuant to Section 287 of the Michigan Mental Health Code (Public Act 258 of 1974, as amended the "Code"), the Michigan Intergovernmental Transfer of Functions and Responsibilities Act (Public Act 8 of 1967) and/or the Michigan Intergovernmental Contracts between Municipal Corporations Act (Public Act 35 of 1951).

**RECITALS**

MSHN is a community mental health regional entity formed under the Mental Health Code, MCL 330.1204b, that has submitted its Application For Participation as a ~~prepaid~~ ~~inpatient~~ ~~Health Plan~~ ("PIHP") under 42 CFR Part 438.

The Counties are located in a region designated by the Michigan Department of Health and Human Services ("MDHHS") as Region 5 under MDHHS's restructuring of PIHPs in Michigan.

Under 2012 PA 500 and 2012 PA 501, the coordination of the provision of substance use disorder services will be transferred, no later than October 1, 2014, from existing coordinating agencies to community mental health entities designated by MDHHS to represent a region of community mental health authorities, community mental health organizations, community mental health services programs or county community mental health agencies, as defined under MCL 330.1100a.

MSHN represents twelve (12) community mental health organizations in Region 5 and qualifies as a MDHHS-designated community mental health entity to coordinate the provision of substance use disorder services in Region 5.

MSHN, as a MDHHS-designated community mental health entity, is required, under MCL 330.1287(5) to establish a ~~S~~ubstance ~~U~~se ~~D~~isorder ~~O~~versight ~~P~~olicy ~~B~~oard (SUD Policy Board) through a contractual agreement, under appropriate law, between MSHN and each of the Counties in Region 5.

MSHN and the Counties desire to enter into this Contract to establish a SUD Policy Board.

NOW, THEREFORE, in furtherance of the foregoing and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

**ARTICLE I**

**PURPOSE**

**Section 1.1 PURPOSE.** The purpose of this Contract is to set forth the terms and conditions for the establishment of a SUD Policy Board pursuant to MCL 330.1287(5).



**ARTICLE II**  
**SUD POLICY BOARD**

**Section 2.1 FUNCTIONS AND RESPONSIBILITIES.** The SUD Policy Board shall have the following functions and responsibilities:

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

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

2.1.5 In addition, the SUD Policy Board may be assigned by MSHN to advise and make recommendations to MSHN regarding any other matters as agreed to by the Counties and MSHN including advising and making recommendations to MSHN on issues regarding:

2.1.1.1 Methods, policies or practices to ensure quality of SUD services including culturally competent policy and practices for the delivery of those services;

2.1.1.2 Methods, policies or practices to ensure that SUD services made available through the PIHP/Regional Entity are accessible, responsive to regional needs, available to all segments of the community, and are delivered in a comprehensive manner;

2.1.1.3 Reviewing and/or providing recommendations regarding the strategic plan developed by the PIHP/Regional Entity to address the prevalence of SUD in the service areas from a recovery-oriented systems of care (ROSC) perspective and approach;

2.1.1.4 Reviewing and/or providing recommendations regarding the establishment of sustainability plans for ROSC initiatives to include prevention, treatment and recovery supports;

2.1.1.5 Reviewing and/or providing recommendations to expand and coordinate resources and activities with other agencies, community organizations and individuals to support the mission of the PIHP/Regional Entity where ROSC are concerned;

2.1.1.6 Methods, policies or practices to provide an opportunity for public comment, and receive and review comments on matters relevant to SUD prevention, treatment and recovery within the communities serviced by the PIHP/Regional Entity;

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2.1.1.7 Reviewing and/or providing recommendations on the annual application for the federal block grant, as well as the renewal and issuance of SUD services licenses;

2.1.1.8 Reviewing and/or providing recommendations on the progress and effectiveness of the delivery of SUD services in the region;

**Section 2.2 APPOINTMENT/COMPOSITION.** The Board of Commissioners of each of the Counties shall appoint one (1) voting member of the MSHN SUD Policy Board and one (1) alternate. The Board of Commissioners may appoint County Commissioners or others, as allowed by Michigan law, that it deems best represents the interests of its County. While the appointment decision is vested within the sole authority of the each County Board of Commissioners, Parties to this Agreement acknowledge that MDHHS encourages appointments which represent the cultural diversity of the area served, appointments of persons in recovery from a substance use disorder, underserved populations and other related constituencies such as education, health, and social services agencies; advocacy organizations; public or private substance abuse prevention, treatment or recovery providers; members of the general public, including civic organizations and the business community. The alternate shall be a voting member only if representing in the absence of the appointed member.

**Commented [A1]:** Recommended by Board member

**Commented [A2]:** Added clarification to ensure 1 vote per county appointment

**Section 2.3 TERM.** The term of membership for a member of the MSHN SUD Policy Board shall be three (3) years, beginning in January and ending in December September and ending in August. Members may be reappointed to additional or successive terms in the discretion of the respective Board of Commissioners.

**Section 2.4 VACANCIES.** A vacancy on the SUD Policy Board shall be filled by the County that originally filled the vacated position in the same manner as an appointment.

**Section 2.5 REMOVAL.** By majority vote of the Board of Commissioners, a County that appointed a SUD Policy Board member may remove its appointee at any time with or without cause. The SUD Policy Board is responsible for informing the relevant County of any lack of participation or attendance by the County's appointed SUD Policy Board member.

**Section 2.6 ETHICS AND CONFLICTS OF INTEREST.** The SUD Policy Board shall adhere to all conflict of interest and ethics laws applicable to public officers and public servants, serving as members of the SUD Policy Board.

**Section 2.7 COMPLIANCE WITH LAWS.** MSHN, the Counties and the SUD Policy Board shall fully comply with all applicable laws, regulations and rules, 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. MSHN and the Counties, as required by law, shall not discriminate against any Board member or applicant for appointment to the Board because of race, color, religion, sex (including gender identity or expression, sexual orientation and pregnancy), genetic information, national origin, age, disability, veteran status, marital status, or any other characteristic protected by law race, color, religion, national origin, age, sex, height, weight, marital status, familial status, or disability. that is unrelated to the individual's ability to perform the duties of a particular job. Breach of this section shall be regarded as a material breach of this Agreement.

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**Commented [A3]:** Board member recommendation to keep highlighted language included.

**Section 2.8 BYLAWS.** The SUD Policy Board shall adopt Bylaws which may be amended by the SUD Board as provided in those Bylaws subject to the review and approval of MSHN.

### ARTICLE III

#### MSHN

**Section 3.1 FUNDING.** Each County will provide MSHN funding, as required by Section 24e of the General Property Tax Act (MCL 211.24e as amended) to be used only for substance abuse prevention and treatment programs in each County. MSHN shall ensure that funding dedicated to substance use disorder services shall be retained for substance use disorder services and not diverted to fund services that are not for substance use disorders. MCL 330.1287(2).

### ARTICLE IV

#### TERM AND TERMINATION AND DISPUTE RESOLUTION

**Section 4.1 TERM.** The Term of this Contract shall commence as of the date it is fully executed and signed by all parties and shall continue for three years unless terminated at an earlier date as provided in Section 4.2. This Agreement is subject to the precondition that this Agreement be approved by concurrent resolution by each and every County. A copy of this Agreement once approved will be filed with the Secretary of State for the State of Michigan.

**Section 4.2 TERMINATION.** Any party may terminate its participation as a Party to this Contract at any time for any or no reason by giving all other parties thirty (30) days written notice of the termination. Any notice of termination of this Contract shall not relieve either party of its obligations incurred prior to the effective date of such termination.

**Section 4.3 DISPUTE RESOLUTION.** —The Chief Executive Officer of MSHN will attempt to resolve disputes through discussion with the Chairperson of the SUD Policy Board or County Controller or Administrator, as needed. Occasionally disputes may arise between the SUD Policy Board and MSHN, or one or more of the Counties and MSHN, arising out of and relating to this Agreement or a breach thereof which cannot be resolved through amicable discussion. In such cases, if the dispute remains unresolved:

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4.3.1 If the dispute is between MSHN and the SUD Policy Board, the governing board of either party may by majority vote request a meeting of designated representatives of the MSHN Board and SUD Policy Board in an effort to resolve the matter. Any mutual agreement by the parties will be reduced to writing and voted upon by each Party's governing board. If no mutual agreement is reached, the decision of MSHN as adopted by a majority vote of the MSHN Board will be deemed final.

4.3.2 If the dispute is between MSHN and one or more of the Counties, the governing board of either party may by majority vote request a meeting of designated representatives of the MSHN Board and representatives of one or more County Boards in an effort to resolve the matter. Any mutual agreement by the parties will be reduced to writing and voted upon by each Party's governing board. If MSHN or one or more of the Counties remain dissatisfied, the Parties may mutually agree

to non-binding mediation. If non-binding mediation is agreed to, the Parties may mutually agree upon a mediator or submit a request that mediation be administered by the American Arbitration Association under its Mediation Procedures before resorting to arbitration, litigation, or some other dispute resolution procedure. The Parties recognize that mediation is a non-binding process to assist them to resolve their disputes by making their own free and informed choices, and that the mediator will have no authority to impose a settlement on any party but only to discuss and suggest options for resolution. If the Parties do not agree to mediation, or if the Parties do not reach a mutually agreeable settlement through mediation within 30 days after initiation of mediation, the Parties may pursue any other dispute resolution or legal recourse as provided by law. The mediation process will take place at a reasonably convenient location to be agreed upon by the parties or determined by the mediator. At the option of the Parties, mediation sessions may take place by telephone or video conference or online when the technology is available. Administrative fees and mediator compensation for the process will be paid equally by the Parties to the dispute.

## ARTICLE V

### LIABILITY

**Section 5.1 LIABILITY/RESPONSIBILITY.** No party shall be responsible for the acts or omissions of the other party or the employees, agents or servants of any other party, whether acting separately or jointly with the implementation of this Contract. Each party shall have the sole nontransferable responsibility for its own acts or omissions under this Contract. The parties shall only be bound and obligated under this Contract as expressly agreed to by each party and no party may otherwise obligate any other party.

## ARTICLE VI

### MISCELLANEOUS

**Section 6.1 AMENDMENTS.** This Contract shall not be modified or amended except by a written document signed by all parties hereto.

**Section 6.2 ASSIGNMENT.** No party may assign its respective rights, duties or obligations under this Contract.

**Section 6.3 NOTICES.** All notices or other communications authorized or required under this Contract shall be given in writing, either by personal delivery or certified mail (return receipt requested) and shall be deemed to have been given on the date of personal delivery or the date of the return receipt of certified mail.

**Section 6.4 ENTIRE AGREEMENT.** This Contract shall embody the entire agreement and understanding between the parties hereto with respect to the subject matter hereof. There are no other agreements or understandings, oral or written, between the parties with respect to the subject matter hereof and this Contract supersedes all previous negotiations, commitments and writings with respect to the subject matter hereof.

**Section 6.5 GOVERNING LAW.** This Contract is made pursuant to, and shall be governed by, construed, enforced and interpreted in accordance with, the laws and decisions of the State of Michigan.

**Section 6.6 BENEFIT OF THE AGREEMENT.** The provisions of this Contract shall not inure to the benefit of, or be enforceable by, any person or entity other than the parties and any permitted successor or assign. No other person shall have the right to enforce any of the provisions contained in this Contract including, without limitation, any employees, contractors or their representatives.

**Section 6.7 ENFORCEABILITY AND SEVERABILITY.** In the event any provision of this Contract or portion thereof is found to be wholly or partially invalid, illegal or unenforceable in any judicial proceeding, such provision shall be deemed to be modified or restricted to the extent and in the manner necessary to render the same valid and enforceable, or shall be deemed excised from this Contract, as the case may require. This Contract shall be construed and enforced to the maximum extent permitted by law, as if such provision had been originally incorporated herein as so modified or restricted, or as if such provision had not been originally incorporated herein, as the case may be.

**Section 6.8 CONSTRUCTION.** The headings of the sections and paragraphs contained in this Contract are for convenience and reference purposes only and shall not be used in the construction or interpretation of this Contract.

**Section 6.9 COUNTERPARTS.** This Contract may be executed in one or more counterparts, each of which shall be considered an original, but together shall constitute one and the same agreement.

**Section 6.10 EXPENSES.** Except as is set forth herein or otherwise agreed upon by the parties, each party shall pay its own costs, fees and expenses of negotiating and consummating this Contract, the actions and agreements contemplated herein and all prior negotiations, including legal and other professional fees.

**Section 6.11 REMEDIES CUMULATIVE.** All rights, remedies and benefits provided to the parties hereunder shall be cumulative, and shall not be exclusive of any such rights, remedies and benefits or of any other rights, remedies and benefits provided by law. All such rights and remedies may be exercised singly or concurrently on one or more occasions.

**Section 6.12 BINDING EFFECT.** This Contract shall be binding upon the successors and permitted assigns of the parties.

**Section 6.13 NO WAIVER OF GOVERNMENTAL IMMUNITY.** The parties agree that no provision of this Contract is intended, nor shall it be construed, as a waiver by any party of any governmental immunity or exemption provided under the Mental Health Code or other applicable law.

**Section 6.14**

**ARTICLE VII**

**CERTIFICATION OF AUTHORITY TO SIGN THIS CONTRACT**

The persons signing this Contract on behalf of the parties hereto certify by said signatures that they are duly authorized to sign this Contract on behalf of said parties, and that this Contract has been authorized by said parties pursuant to formal resolution(s) of the appropriate governing body(ies), copies of which shall be provided to MSHN.

IN WITNESS WHEREOF, the parties hereto have entered into, executed and delivered this Contract as of the dates noted below.

**MID-STATE HEALTH NETWORK REGIONAL ENTITY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**ARENAC COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**BAY COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**CLARE COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**CLINTON COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**EATON COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**GLADWIN COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**GRATIOT COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**HILLSDALE COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**HURON COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**INGHAM COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**IONIA COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**ISABELLA COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**JACKSON COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**MECOSTA COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**MIDLAND COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_



**MONTCALM COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**NEWAYGO COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**OSCEOLA COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**SAGINAW COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**SHIAWASSEE COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

**TUSCOLA COUNTY**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Its: \_\_\_\_\_

Community Mental Health  
Member Authorities

Bay Arenac  
Behavioral Health



CMH of  
Clinton.Eaton.Ingham  
Counties



CMH for Central  
Michigan



Gratiot Integrated  
Health Network



Huron Behavioral Health



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



LifeWays CMH



Montcalm Care Center



Newaygo County  
Mental Health Center



Saginaw County CMH



Shiawassee  
Health & Wellness



Tuscola Behavioral  
Health Systems

**Board Officers**

Edward Woods  
*Chairperson*

Irene O'Boyle  
*Vice-Chairperson*

Deb McPeek-McFadden  
*Secretary*

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

December/January

**MSHN/REGIONAL MATTERS**

**Substance Use Oversight Intergovernmental Agreement**

Mid-State Health Network presents a final revised version of the Intergovernmental Agreement for approval by the SUD OPB. As a reminder, the Intergovernmental Agreement is a contract between MSHN and the twenty-one (21) counties within the region, for the establishment of a Substance Use Disorder Oversight Policy Board and was last fully executed on July 29, 2021.

The Term of the Contract is for three years upon execution, so it expires on July 29, 2024. The timeline below will be utilized to review and provide an updated final version to the counties for their approval, signature and return in order to have an executed contract by the end of July 2024.

- October 2023: MSHN presented first review of changes to SUD Intergovernmental Agreement
- December 2023: SUD OPB review and revisions reviewed
- **February 2024 – SUD OPB approval of the final contract**
- March 2024 – Distribution to the Counties
- April 2024 – May 2024 – County approvals, signature, and return
- June 2024 – Reminders sent for any last signatures
- July 2024 – MSHN signed/fully executed

As a follow-up to the discussion regarding Section 2.7 – Compliance with Laws; MSHN reviewed the information with Legal Counsel. The Persons with Disabilities Civil Rights Act, at MCL 37.1209 and the Elliott-Larsen Civil Rights Act, at MCL 37.2209 include protected classifications as well as defenses and exemptions authorized by law. It also includes clarification “because of a disability that is unrelated to the individual's ability to perform the duties of a particular job or position” and further protects the other classification as well that are unrelated to the individual's ability to perform the duties. Therefore, MSHN is recommending the language as included be retained in the agreement.

Thank you to those board members who provided feedback. Please communicate with commissioners at your local county meetings to ensure presentation of the agreement, approval, signature, and return. Sherry Kletke, MSHN's Executive Support Specialist, will be sending out the communication to counties in March.

**Coordination with Counties Regarding Opioid Settlement Funds**

As reported in December, the state of Michigan is slated to receive nearly \$800 million from the opioid settlements over the next 18 years. Fifty percent (50%) of the settlement amount will be distributed directly to county, city, and township governments. The remaining 50% will be distributed to the state government's specially designated fund, The Michigan Opioid Healing and Recovery Fund. Governor

Whitmer signed [Executive Order 2019-18](#) in August 2019 to create the Michigan Opioids Task Force, bringing together departments from across state government to fight the opioid crisis. The Task Force is catalyzing action to prevent opioid misuse, increase access to treatment, and reduce the harm caused by substance use. Michigan's opioid crisis response focuses on prevention, treatment, and harm reduction. Many programs are implemented through the Prepaid Inpatient Health Plans (PIHPs) and MSHN is beginning the annual planning stages for FY25.

As part of that planning process, MSHN wants to ensure coordination not only with the State's planning but also with the local Counties, Cities, and Townships. In June, Amy Dolinky with the Michigan Association of Counties will present on the opioid settlement funds activities at the MSHN SUD provider meeting. In addition, MSHN will be communicating with the twenty-one counties in the region, to discuss the regional strategy and hear from the counties on their priorities and planning. We hope this communication and collaboration will ensure non-duplication of effort and ensure funds are being utilized effectively.

### **Recovery Incentive Pilot**

On December 4, 2023, Michigan Department of Health and Human Services (MDHHS) announced the opportunity for PIHPs to Request for Applications (RFA) to participate in the Recovery Incentives (RI) Pilot to provide contingency management to eligible beneficiaries.

The Recovery Incentives Pilot will use contingency management, a type of cognitive behavioral therapy that provides motivational incentives to people living with a substance use disorder who achieve their treatment goals. Incentives will be in the form of retail gift cards. The amount of the incentive earned increases each week that the participant abstains from a narrow set of specified substances, as evidenced by negative drug tests.

The primary goal of the RI Pilot is to improve health outcomes for beneficiaries struggling with stimulant use disorder and/or opioid use disorder. This includes, for beneficiaries living with a stimulant use disorder and/or opioid use disorder:

- Increasing engagement and retention in treatment
- Reducing the number of emergency department (ED) visits
- Reducing the rate of repeated ED visits
- Reducing adverse health outcomes (e.g., death, overdoses)

MSHN submitted the application on January 26, that included participation by six (6) of our SUD providers. MDHHS expects to announce the awards by the end of March. However, the contract period is expected to be from May 1, 2024, through Sept. 30, 2026.

### **2023 Annual Member Perception of Care Report**

Mid-State Health Network (MSHN) in collaboration with the Community Mental Health Services Program (CMHSP) and their contracted providers along with MSHN's Substance Use Disorder (SUD) Treatment Providers conduct annual member perception of care surveys. The surveys obtain feedback related to the perception of care for a representative sample of all served within the MSHN region. A summary provided below includes Adults, Children and SUD specific. As a follow-up after review with the Board of Directors, MSHN staff will be reviewing other survey tools that are specific and separate for adults and children.

Adults and adolescents receiving services for a substance use disorder.

**Key Points:**

- Greater than 3.50 indicates a positive response.
- All areas were more than 3.50.
- Each question and focus area decreased from previous year.
- Coordination of Care had the largest decrease.

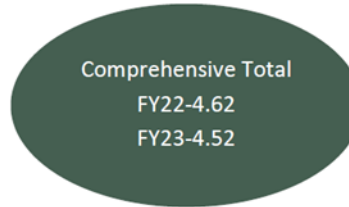
**Distribution:**

3916 served during the timeframe.  
1866 completed a survey.  
48% response rate.

**Scale:**

1-Strongly Disagree 5-Strongly Agree

Subscales	2022	2023
Welcoming Environment	4.64	4.56
Information on Recipient Rights	4.57	4.48
Cultural /Ethnic Background	4.69	4.59
Treatment Planning/Progress Towards Goals	4.69	4.58
Coordination of Care/Referrals to Other Resources	4.60	4.48



For the full report, see **MSHN’s website that includes satisfaction surveys at:**

<https://midstatehealthnetwork.org/consumers-resources/quality-compliance/satisfaction-surveys>

**Balanced Scorecard FY23**

MSHN monitors key performance measures (KPIs) using a format called “Balanced Scorecard”. The Balanced part describes how we report measures from all departments and all areas identified in the strategic plan, categorized by our five (5) strategic priorities: Better Health, Better Care, Better Value, Better Provider Systems and Better Equity. The Balanced Scorecard metrics report for FY23 preliminary results is ready for review and included at the below link as an update on the agency’s strategic plan. A snapshot of the SUD clinical KPIs is below.

MSHN FY23 - Clinical SUD - Balanced Scorecard										Target Ranges		
Key Performance Areas	Key Performance Indicators	Aligns with	Previous Years Results as Applicable	Actual Value (%) as of December 2022	Actual Value (%) as of March 2023	Actual Value (%) as of June 2023	Actual Value (%) as of September 2023	Target Value	Performance Level			
BETTER HEALTH	Expand SUD stigma reduction community activities.	MSHN WILL SUPPORT AND EXPAND SUD-RELATED STIGMA REDUCTION EFFORTS THROUGH COMMUNITY EDUCATION	239 activities	239 activities	283 activities	332 activities	367 activities	144		>=144	<144 and >72	<=72
	Increase network capacity for Medication Assisted Treatment	CONTINUE TO ADDRESS NETWORK CAPACITY FOR MEDICATION ASSISTED TREATMENT, INCLUDING AVAILABILITY OF METHADONE, VIVOTROL, AND SUBOXONE AT ALL MAT LOCATIONS. -	22 MAT sites	22 MAT sites	22 MAT sites	24 MAT sites	24 MAT sites	Increase contracted MAT locations by 5% over FY20 of 22 locations (ie: 1-2 additional locations)		>5%	No change	<5%
BETTER CARE	Increase percentage of individuals moving from residential level(s) of care who transition to a lower level of care within timeline of initiation (14 days) and engagement (2 or more services within 30 days subsequent to initiation).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 66.61% Engagement: 39.70% (11-1-2021 thru 10-31-2022)	Initiation: 66.61% Engagement: 39.70% (11-1-2021 thru 10-31-2022)	Initiation: 66.69% Engagement: 39.90% (1-1-2022 thru 12-31-2022)	Initiation: 68.04% Engagement: 40.26% (4-1-2022 thru 3-31-2023)	Initiation: 71.15% Engagement: 43.36% (8-1-2022 thru 7-31-2023)	Increase over MSHN 2020 levels Initiation: 36.81% ; Engagement: 22.30%		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
	Engagement of MAT Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of OUD within 30 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 87.63% Engagement: 51.69% (11-1-2021 thru 10-31-2022)	Initiation: 87.63% Engagement: 51.69% (11-1-2021 thru 10-31-2022)	Initiation: 86.26% Engagement: 49.72% (1-1-2022 thru 12-31-2022)	Initiation: 85.44% Engagement: 46.25% (4-1-2022 thru 3-31-2023)	Initiation: 86.61% Engagement: 48.06% (8-1-2022 thru 7-31-2023)	Increase over MSHN 2020 levels (I: 88.69%; E: 54.67%)		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
	Initiation of AOD Treatment. Percentage who initiated treatment within 14 days of the diagnosis. (Inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, medication treatment).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 49.15% *** (11-1-2021 thru 10-31-2022)	Initiation: 49.15% *** (11-1-2021 thru 10-31-2022)	Initiation: 48.78% (1-1-2022 thru 12-31-2022)	Initiation: 47.65% (4-1-2022 thru 3-31-2023)	Initiation: 49.56% (8-1-2022 thru 7-31-2023)	Above Michigan 2020 levels; I: 40.8%		Increase over National levels	No change from National levels	Drop below National levels
	Engagement of AOD Treatment-Percentage who initiated treatment and who had 2 or more additional AOD services or medication treatment within 34 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Engagement: 32.24% *** (11-1-2021 thru 10-31-2022)	Engagement: 32.24% (11-1-2021 thru 10-31-2022)	Engagement: 31.91% (1-1-2022 thru 12-31-2022)	Engagement: 30.52% (4-1-2022 thru 3-31-2023)	Engagement: 32.94% (8-1-2022 thru 7-31-2023)	Above Michigan 2020 levels; E: 12.5% (2016)		Increase over National levels	No change from National levels	Drop below National levels

In addition, MSHN also includes data points on our website that are updated quarterly. Some of the reports can be sorted by provider, fiscal year, and level of care. SUD specific measures include the following:

- Withdrawal Management Readmission
- Alcohol and Drug Initiation and Engagement
- Residential Readmission and follow up



MSHN hosts quarterly data workgroups with the SUD providers to allow for a deeper understanding of the data and provide an opportunity for providers to give feedback on factors impacting their performance and new measures for inclusion.

For the full report, **Balanced Scorecard Report FY23**, visit MSHN's website at:

<https://midstatehealthnetwork.org/stakeholders-resources/about-us/dashboard-information>

## STATE OF MICHIGAN/STATEWIDE ACTIVITIES

### **Governors FY25 Executive Budget Recommendations**

On February 7, 2024, Governor Gretchen Whitmer and Michigan State Budget Director Jen Flood presented Governor Whitmer's Fiscal Year (FY) 25 Executive Budget Recommendation before a joint meeting of the Michigan Senate and House Appropriations Committees. This presentation jumpstarts what is known as budget season in Lansing, where both the House and Senate use the Governor's recommendation as a guide to negotiate their respective budget proposals and ultimately present a unified budget to the Governor before the statutory deadline of July 1st.

The Community Mental Health Association of Michigan provided a summary of the items of interest to the public mental health system listed below, along with a link to the state budget office website where the FY25 budget documents can be located:

[State Budget Office \(michigan.gov\)](https://michigan.gov)

This year's presentation offers a \$80.7 billion budget recommendation that includes a general fund total of \$14.3 billion and a School Aid Fund total of \$19 billion. The Governor highlighted the following priorities for strategic investment:

- Economic development to make it in Michigan
- More affordable education opportunities
- Reducing crime and making Michigan healthier

More specifically, the Governor proposed the following:

#### Lowering Costs for Families

- \$37.5 million to create the Caring for MI Family Tax Credit, saving families who care for an aging or sick relative up to \$5,000 a year on their taxes.
- \$500,000 to continue the federal EBT summer food benefit program, which distributes \$108 million in federal funds to ensure children have access to nutritional food throughout the summer months, saving families \$120 per child.

#### Education Investments

- \$370 million to support school operations through a 2.5% increase in base per-pupil funding that equates to an additional \$241 per student, for a total of \$9,849 per pupil.
- \$300 million to continue historic investments for student mental health and school safety needs.
- \$200 million to continue providing universally-free breakfast and lunch to Michigan's 1.4 million public school students, helping students focus on learning and saving families \$850 per year.
- \$159 million for continued expansion of free pre-K to every 4-year-old in Michigan—two years ahead of schedule—saving families \$10,000 a year.

#### Health Initiatives

- \$193.3 million to establish new Certified Community Behavioral Health Clinics sites across the state to serve as many as 50,000 additional individuals, providing them with behavioral health services.
- \$15.7 million in funding to continue the Healthy Moms, Healthy Babies program which helps new and expectant mothers receive the care they need and reduce racial disparities in infant and maternal mortality.
- \$24 million to provide new funds to communities that identify innovative approaches to support expectant parents and newborns.
- \$7.3 million to ensure individuals experiencing behavioral health crises have access to the Michigan Crisis and Access Line 24 hours a day, seven days a week.
- \$5 million for smoking cessation and tobacco prevention programs to expand current efforts in addressing tobacco use among Michigan's adult and youth population.
- \$2.5 million increase for vaccine reimbursement rates for providers participating in the Vaccines for Children program.
- \$5.0 million to fund a stipend to live-in family members providing services to their MIChoice-enrolled relative.
- \$2.5 million to expand Michigan's kindergarten oral health assessment program.

Additionally, the Governor is proposing \$100 million be deposited into Michigan’s Rainy-Day Fund, which brings the balance in that fund to nearly \$2.2 billion.

It is important to note that this budget recommendation serves as a jumping off point to get the negotiations with the House and Senate started. Many priorities the Governor announced will be replaced with those of legislative leaders. More likely than not, we expect negotiations to continue through June, with a final FY 25 budget being presented to the Governor days before the July 1st deadline.

## **FEDERAL/NATIONAL ACTIVITIES**

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

#### **Addressing Social Determinants of Health Among Individuals Experiencing Homelessness**

SAMHSA has written on *Addressing Social Determinants of Health Among Individuals Experiencing Homelessness*. “Over 582,000 individuals across the country were experiencing homelessness on a single night in 2022. The Point-in-Time (PIT) census is a count of sheltered and unsheltered individuals experiencing homelessness on a single night in January. The PIT count is valuable in quantifying homelessness, identifying year-over-year trends, and supporting policy development. Key additional findings from the *2022 Annual Homelessness Assessment Report to Congress* and *Continuum of Care Homeless Populations and Subpopulations Report* include:

- 21 percent of individuals experiencing homelessness reported having a serious mental illness, and 16 percent reported having a substance use disorder.
- A 16 percent increase among individuals experiencing chronic homelessness between 2020 and 2022.
- The homeless population comprised 37 percent of individuals who identified as Black and 24 percent identifying as Hispanic.

Homelessness is associated with a higher prevalence of mental and substance use disorders when compared to stably housed individuals. Individuals experiencing homelessness continue to face health disparities, including increased mortality due to suicide. Homelessness is a complex problem, and the social determinants of health serve as a key factor in addressing and developing comprehensive solutions to prevent and end homelessness.” Additional information is available at <https://www.samhsa.gov/blog/addressing-social-determinants-health-among-individuals-experiencing-homelessness>.

#### **Exploring Value-Based Payment for Substance Use Disorder Services**

SAMHSA has released a report entitled *Exploring Value-Based Payment for Substance Use Disorder Services in the United States*. “Value-based payment (VBP) models pay health care providers based on the value rather than the volume of services. Use of these models has been concentrated in physical health services. However, due to the magnitude of substance use disorders (SUDs) in the United States, there has been a growing movement toward using VBP for SUD treatment and recovery services. VBP models have the potential to improve delivery of the integrated and coordinated care necessary for the complex and continuing needs of individuals with SUDs. This report explores the use of VBP for SUD services in the United States. The challenges to further develop and implement VBP for SUD treatment and recovery services are highlighted in this report, and include the fragmentation between physical and behavioral health care; workforce and training issues; difficulties with measuring the quality of SUD treatment; limitations in data infrastructure and sharing capacity; and underinvestment in SUD treatment and recovery services. Potential solutions to these challenges include supporting care coordination, incentivizing provider training in SUD treatment, developing consensus on meaningful patient-centered outcome measures, and improving data and record-keeping infrastructures.

Sustainable, long-term financial and stakeholder investment is needed to support these solutions. With such support, VBP models have promising potential to improve the quality and cost- effectiveness of SUD treatment and recovery services nationwide.”

The report is available at <https://facesandvoicesofrecovery.org>.

### **Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts**

SAMHSA has announced a grant opportunity entitled Grants to Expand Substance Use Disorder Treatment Capacity in Adult and Family Treatment Drug Courts (TI-24-004).

Application Due Date: April 01

Description: The purpose of this program is to expand substance use disorder (SUD) treatment and recovery support services in existing drug courts. The program recognizes the need for treatment instead of incarceration for individuals with SUDs. Recipients are expected to provide prevention, harm reduction, treatment, and recovery services for individuals with SUD involved with the courts. With this program, SAMHSA aims to improve abstinence from substance use, housing stability, employment status, social connectedness, health/behavioral/social consequences, and reduce criminal justice involvement.

Eligibility: Eligible applicants are States and Territories, including the District of Columbia, political subdivisions of States, drug courts, Indian tribes, or tribal organizations (as such terms are defined in Section 5304 of Title 25), health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service, or other public or private nonprofit entities.

Funding Mechanism: Grant

Anticipated Total Available Funding: \$24,400,000

Anticipated Number of Awards: 61

Anticipated Award Amount: Up to \$400,000 per year

Length of Project: Up to 5 years

Additional information is available at <https://www.samhsa.gov/grants/grant-announcements>.

Submitted by:



Amanda L. Ittner

Finalized: 2.9.24



**Mid-State Health Network  
FY2024 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	49,276	3,992						38,688	3,992	53,268
Bay	487,417	22,423						225,618	22,423	509,840
Clare	168,296	6,130						61,418	6,130	174,426
Clinton	475,972	14,548						143,218	14,548	490,520
Eaton	473,491	26,662						272,110	26,662	500,154
Gladwin	85,372	4,180						38,875	4,180	89,552
Gratiot	61,854	5,024						50,537	5,024	66,878
Hillsdale	187,011	5,996						59,966	5,996	193,007
Huron	129,124	7,986						82,176	7,986	137,110
Ingham	1,316,833	78,708						792,322	78,708	1,395,541
Ionia	293,160	8,486						86,379	8,486	301,646
Isabella	277,583	14,589						146,746	14,589	292,172
Jackson	639,760	36,604						368,480	36,604	676,364
Mecosta	215,325	9,854						100,743	9,854	225,179
Midland	426,313	18,579						187,807	18,579	444,892
Montcalm	275,754	11,171						111,112	11,171	286,924
Newaygo	175,935	9,130						91,576	9,130	185,065
Osceola	76,009	4,059						41,306	4,059	80,069
Saginaw	1,214,574	52,206						530,323	52,206	1,266,780
Shiawassee	240,194	11,198						111,870	11,198	251,392
Tuscola	116,215	6,358						65,669	6,358	122,573
	<u>\$ 7,385,468</u>	<u>\$ 357,884</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ 3,606,939</u>	<u>\$ 357,884</u>	<u>\$ 7,743,352</u>

**Mid-State Health Network  
FY2024 PA2 Expenditure Summary by County**

County	PA2 Balance Available for Expenses	County Code	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	YTD Payments	Ending PA2 Fund Balance
Arenac	53,268	06	2,578	2,321	1,725			6,625	\$ 46,643
Bay	509,840	09	14,744	13,381	12,220			40,345	\$ 469,495
Clare	174,426	18	12,134	7,954	7,156			27,244	\$ 147,182
Clinton	490,520	19	13,529	-	19,081			32,610	\$ 457,910
Eaton	500,154	23	24,143	22,452	23,013			69,608	\$ 430,546
Gladwin	89,552	26	4,302	3,855	5,459			13,616	\$ 75,936
Gratiot	66,878	29	2,817	2,217	2,851			7,886	\$ 58,992
Hillsdale	193,007	30	9,351	7,378	6,659			23,387	\$ 169,619
Huron	137,110	32	5,460	3,782	4,237			13,479	\$ 123,631
Ingham	1,395,541	33	91,254	69,341	74,207			234,802	\$ 1,160,739
Ionia	301,646	34	8,720	13,244	13,152			35,116	\$ 266,530
Isabella	292,172	37	13,468	12,490	13,000			38,958	\$ 253,214
Jackson	676,364	38	35,956	27,796	32,177			95,929	\$ 580,435
Mecosta	225,179	54	10,604	10,774	10,539			31,917	\$ 193,262
Midland	444,892	56	10,901	10,646	24,450			45,997	\$ 398,895
Montcalm	286,924	59	-	-	-			-	\$ 286,924
Newaygo	185,065	62	5,755	-	34,167			39,922	\$ 145,144
Osceola	80,069	67	2,708	5,200	4,167			12,075	\$ 67,994
Saginaw	1,266,780	73	54,998	56,388	59,699			171,085	\$ 1,095,695
Shiawassee	251,392	78	13,980	9,388	8,217			31,585	\$ 219,807
Tuscola	122,573	79	9,465	8,719	10,815			28,999	\$ 93,574
	<u>\$ 7,743,352</u>		<u>\$ 346,868</u>	<u>\$ 287,326</u>	<u>\$ 366,990</u>	<u>\$ -</u>	<u>\$ -</u>	<u>1,001,184</u>	<u>\$ 6,742,168</u>

**Mid-State Health Network**  
Summary of PA2 Use of Funds by County and Provider  
October 1, 2023 through December 31, 2023

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
<b>Arenac</b>					
Peer 360 Recovery				2,643	2,643
Sterling Area Health Center			1,176		1,176
Ten Sixteen Recovery		2,806			2,806
<b>Arenac Total</b>		<b>2,806</b>	<b>1,176</b>	<b>2,643</b>	<b>6,625</b>
<b>Bay</b>					
McLaren Prevention Services			1,199		1,199
Peer 360 Recovery				13,307	13,307
Sacred Heart Rehabilitation			2,521		2,521
Sterling Area Health Center			12,587		12,587
Ten Sixteen Recovery		7,096		3,634	10,730
<b>Bay Total</b>		<b>7,096</b>	<b>16,308</b>	<b>16,941</b>	<b>40,345</b>
<b>Clare</b>					
Ten Sixteen Recovery		470	9,588	17,186	27,244
<b>Clare Total</b>		<b>470</b>	<b>9,588</b>	<b>17,186</b>	<b>27,244</b>
<b>Clinton</b>					
Eaton Regional Education Service Agency			27,610		27,610
State of Michigan MRS	5,000				5,000
<b>Clinton Total</b>	<b>5,000</b>		<b>27,610</b>		<b>32,610</b>
<b>Eaton</b>					
Eaton Regional Education Service Agency			27,678		27,678
State of Michigan MRS	5,000				5,000
Wellness, InX		23,844		13,085	36,929
<b>Eaton Total</b>	<b>5,000</b>	<b>23,844</b>	<b>27,678</b>	<b>13,085</b>	<b>69,608</b>
<b>Gladwin</b>					
Ten Sixteen Recovery		1,949	5,417	6,250	13,616
<b>Gladwin Total</b>		<b>1,949</b>	<b>5,417</b>	<b>6,250</b>	<b>13,616</b>
<b>Gratiot</b>					
Gratiot County Child Advocacy Association			5,776		5,776
Ten Sixteen Recovery		2,110			2,110
<b>Gratiot Total</b>		<b>2,110</b>	<b>5,776</b>		<b>7,886</b>
<b>Hillsdale</b>					
LifeWays Community Mental Health Authority			23,387		23,387
<b>Hillsdale Total</b>			<b>23,387</b>		<b>23,387</b>
<b>Huron</b>					
Peer 360 Recovery				13,479	13,479
<b>Huron Total</b>				<b>13,479</b>	<b>13,479</b>
<b>Ingham</b>					
Child and Family Charities			16,437		16,437
Cristo Rey Community Center			15,710		15,710
Eaton Regional Education Service Agency			11,938		11,938
Ingham County Health Department			17,800		17,800
Lansing Syringe Access, Inc				30,771	30,771
Prevention Network			2,292		2,292
Punks With Lunch Lansing				7,510	7,510
State of Michigan MRS	15,000				15,000
Wellness, InX		72,588		44,757	117,345
<b>Ingham Total</b>	<b>15,000</b>	<b>72,588</b>	<b>64,177</b>	<b>83,037</b>	<b>234,802</b>
<b>Ionia</b>					
County of Ionia			35,116		35,116
<b>Ionia Total</b>			<b>35,116</b>		<b>35,116</b>
<b>Isabella</b>					
Peer 360 Recovery				9,954	9,954
Ten Sixteen Recovery		2,922	3,173	22,909	29,004
<b>Isabella Total</b>		<b>2,922</b>	<b>3,173</b>	<b>32,863</b>	<b>38,958</b>

**Mid-State Health Network**  
 Summary of PA2 Use of Funds by County and Provider  
 October 1, 2023 through December 31, 2023

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
<b>Jackson</b>					
Big Brothers Big Sisters of Jackson County, Inc			4,277		4,277
Family Service and Childrens Aid (Born Free)			68,443		68,443
Home of New Vision				23,209	23,209
<b>Jackson Total</b>			<b>72,719</b>	<b>23,209</b>	<b>95,929</b>
<b>Mecosta</b>					
Ten Sixteen Recovery		4,647	7,749	19,521	31,917
<b>Mecosta Total</b>		<b>4,647</b>	<b>7,749</b>	<b>19,521</b>	<b>31,917</b>
<b>Midland</b>					
Peer 360 Recovery				14,591	14,591
Ten Sixteen Recovery		12,476		5,025	17,501
The Legacy Center for Community Success			13,905		13,905
<b>Midland Total</b>		<b>12,476</b>	<b>13,905</b>	<b>19,616</b>	<b>45,997</b>
<b>Newaygo</b>					
Arbor Circle			14,879		14,879
Randy's House of Greenville, Inc.				25,043	25,043
<b>Newaygo Total</b>			<b>14,879</b>	<b>25,043</b>	<b>39,922</b>
<b>Osceola</b>					
Ten Sixteen Recovery		5,275	6,800		12,075
<b>Osceola Total</b>		<b>5,275</b>	<b>6,800</b>		<b>12,075</b>
<b>Saginaw</b>					
First Ward Community Service			42,719		42,719
Peer 360 Recovery				19,786	19,786
Sacred Heart Rehabilitation			11,526		11,526
Saginaw County Youth Protection Council			36,435		36,435
Saginaw Police Department			469		469
Ten Sixteen Recovery				26,206	26,206
Women of Colors			33,943		33,943
<b>Saginaw Total</b>			<b>125,093</b>	<b>45,992</b>	<b>171,085</b>
<b>Shiawassee</b>					
Catholic Charities of Shiawassee and Genesee			2,251		2,251
Peer 360 Recovery				22,117	22,117
Shiawassee County			2,217		2,217
State of Michigan MRS	5,000				5,000
<b>Shiawassee Total</b>	<b>5,000</b>		<b>4,468</b>	<b>22,117</b>	<b>31,585</b>
<b>Tuscola</b>					
List Psychological Services			18,261		18,261
Peer 360 Recovery				10,738	10,738
<b>Tuscola Total</b>			<b>18,261</b>	<b>10,738</b>	<b>28,999</b>
<b>Grand Total</b>	<b>30,000</b>	<b>136,183</b>	<b>483,280</b>	<b>351,721</b>	<b>1,001,184</b>

Mid-State Health Network  
Summary of SUD Revenue and Expenses as of December 2023 (25% of budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
<b>Revenue</b>				
Block Grant	2,211,952.68	10,103,932.00	7,891,979.32	21.89%
SOR and Other Grants	427,727.78	5,947,708.00	5,519,980.22	7.19%
Medicaid	4,966,703.59	20,517,394.08	15,550,690.49	24.21%
Healthy Michigan	7,619,294.08	31,252,084.68	23,632,790.60	24.38%
PA2	1,001,183.64	4,736,318.00	3,735,134.36	21.14%
<b>Totals</b>	<b>16,226,861.77</b>	<b>72,557,436.76</b>	<b>56,330,574.99</b>	<b>22.36%</b>
<b>Direct Expenses</b>				
Block Grant	2,211,952.68	10,104,562.00	7,892,609.32	21.89%
SOR and Other Grants	427,727.78	5,947,078.00	5,519,350.22	7.19%
Medicaid	3,921,620.32	20,049,480.00	16,127,859.68	19.56%
Healthy Michigan	7,042,600.17	32,500,000.00	25,457,399.83	21.67%
PA2	1,001,183.64	4,736,318.00	3,735,134.36	21.14%
<b>Totals</b>	<b>14,605,084.59</b>	<b>73,337,438.00</b>	<b>58,732,353.41</b>	<b>19.91%</b>
<b>Surplus / (Deficit)</b>	<b>1,621,777.18</b>			

Surplus / (Deficit) by Funding Source

Block Grant	-
SOR Grants	-
Medicaid	1,045,083.27
Healthy Michigan	576,693.91
PA2	-
<b>Totals</b>	<b>1,621,777.18</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**  
**FY2024 PA2 Funding Recommendations by Provider**  
**February 2023 Oversight Policy Board**

Provider	Provider Funding Total Requested	MSHN Funding Recommended	PA2 Amount Recommended*
Arbor Circle Total			
Big Brothers Big Sisters of Jackson Total			
Boys and Girls Club of Bay County Total			
Catholic Charities of Shiawassee and Genesee Counties Total			
Child Advocacy Center Total			
Child and Family Charities Total			
Cristo Rey Community Center Total			
District Health Department #10			
Eaton Regional Education Service Agency (RESA) Total			
Family Services and Children's Aid Total			
First Ward Community Center Total			
Henry Ford Allegiance Health Total			
Home of New Vision Total	46,461	46,461	46,461
Huron County Health Department Total			
Ingham County Health Department Total			
Ionia County Health Department Total			
Lansing Syringe Services Total			
LifeWays			
List Psychological Services Total			
McLaren Bay Region (McLaren Prevention Services) Total			
Michigan Rehabilitation Services Total			
Mid-Michigan District Health Department Total			
Parishioners on Patrol Total			
Peer 360 Recovery Total			
Prevention Network Total			
Professional Psychological & Psychiatric Services			
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			
Sterling Area Health Center Total			
Ten Sixteen Recovery Network Total			
The Legacy Center Total			
Wedgwood Christian Services Total			
Wellness, Inx Total			
Women of Colors Total			
<b>GRAND TOTAL</b>	<b>46,461</b>	<b>46,461</b>	<b>46,461</b>

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

**Mid-State Health Network  
FY2024 PA2 Funding Recommendations by County**

<b>County</b>	<b>PA2 Beginning Reserve Balance</b>	<b>Projected FY2024 Treasury Revenue*</b>	<b>OPB Approved PA2 Provider Funding</b>	<b>MSHN Funding Recommendations February</b>	<b>Projected Ending Reserve Balance</b>
Arenac	49,276	38,688	33,292	-	54,672
Bay	487,417	225,618	310,340	-	402,695
Clare	168,296	61,418	120,275	-	109,439
Clinton	474,207	143,218	145,894	-	471,531
Eaton	473,491	272,110	297,041	-	448,560
Gladwin	85,372	38,875	61,000	-	63,247
Gratiot	61,854	50,537	31,670	-	80,721
Hillsdale	187,011	59,966	84,774	-	162,203
Huron	129,124	82,176	86,670	-	124,630
Ingham	1,316,833	792,322	874,497	-	1,234,658
Ionia	293,160	86,379	140,620	-	238,919
Isabella	277,583	146,746	186,500	-	237,829
Jackson	639,760	368,480	470,520	46,461	491,259
Mecosta	215,325	100,743	153,500	-	162,568
Midland	426,313	187,807	275,000	-	339,120
Montcalm	275,754	111,112	193,408	-	193,458
Newaygo	175,935	91,576	133,194	-	134,317
Osceola	76,009	41,306	47,000	-	70,315
Saginaw	1,214,574	530,323	875,548	-	869,349
Shiawassee	240,194	111,870	156,618	-	195,446
Tuscola	116,215	65,669	84,000	-	97,884
<b>Total</b>	<b>\$ 7,383,703</b>	<b>\$ 3,606,939</b>	<b>\$ 4,761,361</b>	<b>\$ 46,461</b>	<b>\$ 6,182,820</b>

Mid-State Health Network  
Comparison of FY2023 and FY2024 PA2 by County and Provider

County	Provider	FY2023 OPB Approved PA2 Provider Funding	FY2024 MSHN Funding Recommendations February	*New Provider / Renewal Contract	Coalition Reviewed; New Providers (Yes/No)	Detail of Services Provided for FY2024 Requests
<b>Jackson</b>						
	Big Brothers Big Sisters of Jackson			Renewal		Prevention: Mentoring services; Monthly group wellness activities; Monthly learning events; Opioid Community Prevention Presentations; Classroom to Classroom program; Most Teens Don't: Teen Pregnancy Prevention Initiative; Community Coalition involvement.
		PA2 19,485	21,834			
		Grants 31,485	31,000			
		<b>Total 50,970</b>	<b>52,834</b>			
	Family Services and Children's Aid			Renewal		Prevention: Breakout, JUMP, Nurturing Parenting.
		PA2 228,492	314,162			
		Grants 245,365	242,000			
		<b>Total 473,857</b>	<b>556,162</b>			
	Henry Ford Allegiance Health			Renewal		Prevention: \$5,000 in coalition discretionary funding, lead agency for JCSPPC; Community outreach; ATOD Free events; Community prevention education; MiPHY; DYTUR/SYNAR activities; Drug Summit; School prevention presentations; Coalition leadership training; Various community coalition/committee attendance.
		PA2 23,524	20,524			
		Grants 93,406	93,000			
		<b>Total 116,930</b>	<b>113,524</b>			
	Home of New Vision			Renewal		Community Recovery Services: Community Recovery Events; Peer Trainings; Peer Recruitment; CCAR Training; Peer Advisory Committee; Peer Coach Drop In hours; Speaker Bureau; Advocacy Trainings; Quarterly publications; Recovery Facebook page.
		PA2 132,000	160,461	New	No; Requested to attend next meeting on 2/14/24 and present	Staffing supports for Jackson Harm Reduction (\$46,461)
		Grants 132,000	150,000			
		<b>Total 264,000</b>	<b>310,461</b>			
	<b>County Total</b>	<b>905,757</b>	<b>1,032,981</b>			
	PA2 Subtotal	403,501	516,981			
	Grants Subtotal	502,256	516,000			
	<b>Grand Total</b>	<b>905,757</b>	<b>1,032,981</b>			

\*New Provider / Renewal Contract:

New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2023

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

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



## OPB Operational Report February 2024

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 (e.g., COVID surges or rise in stimulant use), etc. The activities below are separated accordingly.

### Prevention

- Submitted media request to MDHHS for streaming TV commercial media campaign for problem gambling aimed at Older Adults. Campaign was approved and began in mid-December to run until the end of FY24.
- Submitted media request to MDHHS for streaming TV commercial media campaign with an anti-stigma/recovery message. Campaign was approved and began the first week of December to run through the end of February with COVID-BG funding.
- Ordered all Vendor Education materials for DYTURs to begin Synar work for FY24.
- Began scheduling for FY24 Prevention and Community Recovery provider program and coalition observations. Observations began in January and be completed by the end of April.
- Reviewed FY23 Year End Reports submitted by all Prevention and Community Recovery providers.
- Created MPDS Tips document to help providers ensure accurate data entry and minimal need for corrections in FY24.
- Worked on revisions to MDHHS SUD Strategic Plan for FY24-26.
- Worked to create and implement SOR OEND Mini Grant request process. Reviewed proposals with the SUD Clinical Team and Finance Department and communicated with providers. Made recommendations for approvals by BOD in January.
- Supported grant reporting tasks during the time when the Grant Coordinator position was open.
- Held first provider workgroup to focus on increasing Prevention services to Older Adults (55+) as part of new strategic plan.
- 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
- Attending coalition meetings across Region 5's 21 counties.
- Began implementation of FY24-26 SUD Strategic Plan.

### Treatment

- SUD Clinical Team welcomed a new member with Jodie Smith as the Data and Grant Coordinator for MSHN.
- Supporting RFP for expansion of adolescent outpatient, residential, and withdrawal management services in MSHN region.
- MSHN supported approximately \$900,000 in SOR-3 Overdose Education & Naloxone Distribution (OEND) mini grants to the SUD provider network in January 2024. Grants will be from 1-1-2024 thru 9-29-2024.

- Supporting providers with technical assistance related to the LARA SUD Administrative Rules that went into effect on 6/26/2023. TA specifically focused on the Limited Certified Counselor item continues.
- MSHN planning and coordination of a monthly Lunch & Learn series to support SUD provider network in FY24. Schedule and topics will be put on the MSHN website, shared in constant contact, and emailed directly to providers.
- Coordinated and completed quarterly submission of monthly and quarterly reporting to MDHHS.
- Support Equity Upstream Learning Collaborative partners with implementation of focus groups to gather specific DEI feedback to inform provider goals and plans moving forward and to help inform MSHN as the regional PIHP.
- Supported Ten16 to implement outpatient SUD services in Mt. Pleasant (Isabella County) as part of FY23 Outpatient RFP. Services to begin January/February 2024.
- Supported North Kent Guidance to implement outpatient SUD services in Alma (Gratiot County).
- 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. Mt. Pleasant residential location has an anticipated implementation of March/April 2024.
- Continued support for value-based pilot for Project ASSERT with two regional providers and exploration of possible future VBP initiatives.
- Opioid Health Home (OHH) in Region 5 at Victory Clinical Services – Saginaw currently has 196 individuals enrolled and growing daily. MSHN is working with 4 providers to expand OHH locations to 5 other locations during FY24. This expansion would assist in supporting OHH for individuals who live in the following counties: Eaton, Hillsdale, Jackson, Clinton, Ingham, Ionia, Shiawassee, Arenac, Bay, Clare, Gladwin, Isabella, Midland, Gratiot, Mecosta, Montcalm, and Osceola.
- Harm Reduction Vending Machines currently approved for Arenac, Bay, Eaton, Hillsdale, Ingham, Tuscola, Ionia, Jackson, and Gratiot counties with SOR-3 grant funds.
- Planning and coordination of training opportunities for SUD provider network for spring of FY24. A Stephanie Covington Training for Beyond Trauma will be hosted by MSHN in Lansing on May 7<sup>th</sup> and 8<sup>th</sup> at the Kellogg Center. More details will be released on this training in February 2024.
- 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 Recovery workgroup, ROSC meetings, regional MAT workgroup meetings, regional WSS workgroup meetings, regional WM/residential workgroup, and Outpatient workgroup meetings.

#### Additional Activities in January - February:

- Oversight and coordination of SUD prevention and treatment teams and all activities listed above.
- Ongoing coordination with statewide SUDS Directors & development of consensus around best practices. Policy recommendation sent to MDHHS. MDHHS has formed a workgroup to support ASAM 4<sup>th</sup> edition revisions which will include addressing treatment policies 9 and 10 related to group size.
- Ongoing support for provider best practice issues like group size in residential settings, etc.
- Conducting focus groups with MSHN's *Equity Upstream* Learning Collaborative (LC) members. This includes 8 MSHN-contracted providers and multiple levels of care (residential, outpatient, MAT/methadone providers), recovery housing, a peer-led community recovery organization and a police dept. doing post-overdose community-based outreach. Focus groups offer community members to share barriers, opportunities for improvement, etc. which will inform LC members' Action Plans.

# Arenac

**FY23**

## 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:

**8650**

Total Attendees

**411**

# of Activities

### Admitted

Service	Adult
Outpatient	35
Residential	18
Withdrawal	18

#### WSS

Adult

3

#### MAT

Adult

4

### Served

Service	Adult
Outpatient	53
Residential	19
Withdrawal	18

#### WSS

Adult

5

#### MAT

Adult

6

Primary Substance at Admission	Adult	Minor
Alcohol	40	
Heroin	15	
Methamphetamine / Speed	13	
Other Opiates / Synthetics	9	
Cocaine / Crack	2	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	12	
(None)	5	
Marijuana/Hashish	5	
Benzodiazepines	3	
Cocaine / Crack	3	
Other Opiates / Synthetics	3	
Other Drugs	2	
Alcohol	1	
Other Amphetamines	1	
Other Stimulants	1	

# Bay

**FY23**

## 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:

**35513**

Total Attendees

**2096**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	369	8
Residential	142	1
Withdrawal	118	

### WSS

Adult Minor

79

### MAT

Adult

58

## Served

Service	Adult	Minor
Outpatient	693	12
Residential	152	1
Withdrawal	126	

### WSS

Adult

139

### MAT

Adult

116

Primary Substance at Admission	Adult	Minor
Alcohol	232	2
Heroin	179	1
Other Opiates / Synthetics	99	1
Cocaine / Crack	87	
Methamphetamine / Speed	76	
Marijuana/Hashish	22	5
Benzodiazepines	6	
Inhalants	4	
Over-the-Counter Medications	4	
Other Amphetamines	2	
Hallucinogens	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	130	3
(None)	103	1
Cocaine / Crack	97	1
Other Opiates / Synthetics	54	
Methamphetamine / Speed	53	
Alcohol	40	2
Heroin	29	
Benzodiazepines	16	
Other Drugs	9	1
Other Stimulants	4	
Hallucinogens	1	
Other Sedatives / Hypnotics	1	
PCP - phencyclidine	1	

# Clare

**FY23**

## 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:

**3614**

Total Attendees

**427**

# of Activities

## Admitted

Service	Adult
Outpatient	112
Residential	48
Withdrawal	27

### WSS

Adult

7
---

### MAT

Adult

5
---

## Served

Service	Adult
Outpatient	218
Residential	57
Withdrawal	29

### WSS

Adult

12
----

### MAT

Adult

36
----

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	77	
Alcohol	72	
Other Opiates / Synthetics	30	
Heroin	27	
Cocaine / Crack	3	
Marijuana/Hashish	3	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	49	
Methamphetamine / Speed	35	
Other Opiates / Synthetics	19	
(None)	15	
Alcohol	7	
Heroin	7	
Cocaine / Crack	6	
Benzodiazepines	2	
Inhalants	2	
Hallucinogens	1	
Other Amphetamines	1	
Other Stimulants	1	

# Clinton

**FY23**

## 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:

**1494**

Total Attendees

**194**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	133	6
Residential	58	1
Withdrawal	44	

### WSS

Adult Minor

15

### MAT

Adult

3

## Served

Service	Adult	Minor
Outpatient	218	6
Residential	64	1
Withdrawal	44	

### WSS

Adult

16

### MAT

Adult

35

Primary Substance at Admission	Adult	Minor
Alcohol	103	
Methamphetamine / Speed	75	
Heroin	41	
Other Opiates / Synthetics	17	
Cocaine / Crack	13	
Marijuana/Hashish	8	7
Benzodiazepines	5	
Other Drugs	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	34	
(None)	32	
Alcohol	24	4
Methamphetamine / Speed	22	
Cocaine / Crack	16	1
Other Opiates / Synthetics	16	
Heroin	5	
Other Drugs	4	
Benzodiazepines	3	
Inhalants	2	
Other Amphetamines	1	

# Eaton

**FY23**

## 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:

**3149**

Total Attendees

**467**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	253	14
Residential	83	
Withdrawal	72	

### WSS

Adult Minor

26

### MAT

Adult

17

## Served

Service	Adult	Minor
Outpatient	413	15
Residential	93	
Withdrawal	72	

### WSS

Adult

34

### MAT

Adult

69

Primary Substance at Admission	Adult	Minor
Alcohol	179	1
Methamphetamine / Speed	114	
Heroin	84	
Other Opiates / Synthetics	33	
Cocaine / Crack	31	1
Marijuana/Hashish	21	12
Benzodiazepines	5	
Non-prescription methadone	1	
Other Drugs	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	43	
Methamphetamine / Speed	43	
Cocaine / Crack	42	
Alcohol	32	4
Other Opiates / Synthetics	21	
Heroin	19	
(None)	12	1
Benzodiazepines	9	
Other Stimulants	2	
Hallucinogens	1	
Inhalants	1	
Other Amphetamines	1	
Other Sedatives / Hypnotics	1	

# Gladwin

**FY23**

## 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:

**1244**

Total Attendees

**203**

# of Activities

## Admitted

Service	Adult
Outpatient	78
Residential	41
Withdrawal	17

### WSS

Adult

6

### MAT

Adult

5

## Served

Service	Adult
Outpatient	153
Residential	46
Withdrawal	18

### WSS

Adult

14

### MAT

Adult

20

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	67	
Alcohol	43	
Heroin	21	
Other Opiates / Synthetics	15	
Cocaine / Crack	3	
Marijuana/Hashish	2	
Benzodiazepines	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	21	
Methamphetamine / Speed	13	
(None)	12	
Heroin	11	
Other Opiates / Synthetics	11	
Alcohol	9	
Cocaine / Crack	7	
Benzodiazepines	3	
Non-prescription methadone	1	
Other Stimulants	1	



# Gratiot

**FY23**

## 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:

**3465**

Total Attendees

**420**

# of Activities

## Admitted

Service	Adult
Outpatient	55
Residential	55
Withdrawal	20

### WSS

Adult

16

### MAT

Adult

8

## Served

Service	Adult
Outpatient	146
Residential	58
Withdrawal	20

### WSS

Adult

23

### MAT

Adult

58

Primary Substance at Admission	Adult	Minor
Alcohol	54	
Methamphetamine / Speed	43	
Heroin	20	
Other Opiates / Synthetics	15	
Cocaine / Crack	9	
Marijuana/Hashish	7	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	19	
Marijuana/Hashish	15	
(None)	11	
Cocaine / Crack	9	
Alcohol	8	
Other Opiates / Synthetics	8	
Heroin	6	
Benzodiazepines	4	
Other Drugs	2	
Other Amphetamines	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

# Hillsdale

**FY23**

## 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:

**3167**

Total Attendees

**340**

# of Activities

## Admitted

Service	Adult
Outpatient	90
Residential	71
Withdrawal	10

### WSS

Adult

19

### MAT

Adult

6

## Served

Service	Adult
Outpatient	125
Residential	75
Withdrawal	10

### WSS

Adult

23

### MAT

Adult

18

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	92	
Alcohol	53	
Heroin	30	
Marijuana/Hashish	7	
Cocaine / Crack	6	
Other Opiates / Synthetics	6	
Other Amphetamines	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	17	
Marijuana/Hashish	16	
(None)	14	
Other Opiates / Synthetics	10	
Cocaine / Crack	7	
Alcohol	6	
Heroin	6	
Other Drugs	1	
Other Stimulants	1	

# Huron

**FY23**

## 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:

**9884**

Total Attendees

**864**

# of Activities

## Admitted

Service	Adult
Outpatient	86
Residential	20
Withdrawal	17

### WSS

Adult

2

### MAT

Adult

13

## Served

Service	Adult
Outpatient	129
Residential	22
Withdrawal	17

### WSS

Adult

10

### MAT

Adult

11

Primary Substance at Admission	Adult	Minor
Alcohol	50	
Other Opiates / Synthetics	25	
Heroin	22	
Methamphetamine / Speed	19	
Cocaine / Crack	17	
Marijuana/Hashish	8	
Benzodiazepines	1	
Inhalants	1	
Non-prescription methadone	1	
Other Drugs	1	
Other Sedatives / Hypnotics	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	14	
Methamphetamine / Speed	11	
Other Opiates / Synthetics	11	
Cocaine / Crack	10	
Alcohol	9	
(None)	5	
Benzodiazepines	2	
Heroin	2	
Other Amphetamines	1	
Other Drugs	1	

# Ingham

**FY23**

## 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:

**13180**

Total Attendees

**1346**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	1246	5
Residential	475	2
Withdrawal	354	

### WSS

Adult Minor

66

### MAT

Adult

127

## Served

Service	Adult	Minor
Outpatient	2121	8
Residential	522	2
Withdrawal	364	

### WSS

Adult

94

### MAT

Adult

517

Primary Substance at Admission	Adult	Minor
Alcohol	1096	
Heroin	507	
Methamphetamine / Speed	451	1
Cocaine / Crack	245	
Other Opiates / Synthetics	183	1
Marijuana/Hashish	126	5
Benzodiazepines	12	
Other Drugs	5	
Barbiturates	3	
Hallucinogens	3	
Inhalants	3	
Other Sedatives / Hypnotics	3	
Other Amphetamines	2	
Other Stimulants	2	
Non-prescription methadone	1	
Over-the-Counter Medications	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	308	
Methamphetamine / Speed	290	
Marijuana/Hashish	274	
(None)	199	1
Alcohol	178	
Heroin	116	1
Other Opiates / Synthetics	73	
Benzodiazepines	33	
Other Drugs	11	1
Other Amphetamines	7	
Other Stimulants	7	
Hallucinogens	6	
Other Sedatives / Hypnotics	6	
Barbiturates	3	
Inhalants	1	
Non-prescription methadone	1	
Over-the-Counter Medications	1	

# Ionia

**FY23**

### 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:

**4663**

Total Attendees

**309**

# of Activities

### Admitted

Service	Adult	Minor
Outpatient	259	4
Residential	65	
Withdrawal	29	

#### WSS

Adult Minor

33

#### MAT

Adult

7

### Served

Service	Adult	Minor
Outpatient	344	4
Residential	70	
Withdrawal	31	

#### WSS

Adult

51

#### MAT

Adult

19

Primary Substance at Admission	Adult	Minor
Alcohol	161	
Methamphetamine / Speed	90	
Heroin	55	
Other Opiates / Synthetics	27	
Marijuana/Hashish	15	4
Cocaine / Crack	14	
Other Stimulants	14	
Other Amphetamines	3	
Barbiturates	1	
Inhalants	1	
Non-prescription methadone	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	50	
Marijuana/Hashish	36	
Other Opiates / Synthetics	18	
Cocaine / Crack	15	1
Alcohol	12	
Heroin	10	
(None)	4	
Benzodiazepines	4	
Other Stimulants	4	
Other Sedatives / Hypnotics	3	
Barbiturates	1	
Other Amphetamines	1	

# Isabella

**FY23**

### 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:

**8535**

Total Attendees

**1158**

# of Activities

### Admitted

Service	Adult
Outpatient	68
Residential	79
Withdrawal	35

#### WSS

Adult

11

#### MAT

Adult

16

### Served

Service	Adult	Minor
Outpatient	311	3
Residential	86	
Withdrawal	36	

#### WSS

Adult

37

#### MAT

Adult

114

Primary Substance at Admission	Adult	Minor
Alcohol	79	
Methamphetamine / Speed	50	
Heroin	44	
Other Opiates / Synthetics	22	
Cocaine / Crack	7	
Benzodiazepines	2	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	33	
Methamphetamine / Speed	28	
(None)	14	
Other Opiates / Synthetics	14	
Cocaine / Crack	13	
Alcohol	11	
Heroin	8	
Benzodiazepines	7	
Barbiturates	1	
Inhalants	1	
Non-prescription methadone	1	
Other Amphetamines	1	
Other Sedatives / Hypnotics	1	

# Jackson

**FY23**

## 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:

**36137**

Total Attendees

**4361**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	514	2
Residential	288	
Withdrawal	112	

### WSS

Adult Minor

90	1
----	---

### MAT

Adult

44
----

## Served

Service	Adult	Minor
Withdrawal	116	
Residential	317	
Outpatient	988	2
	2	

### WSS

Adult Minor

133	1
-----	---

### MAT

Adult

283
-----

Primary Substance at Admission	Adult	Minor
Alcohol	405	
Methamphetamine / Speed	269	
Heroin	187	
Cocaine / Crack	75	
Other Opiates / Synthetics	59	
Marijuana/Hashish	31	2
Benzodiazepines	7	
Other Stimulants	6	
Other Amphetamines	3	
Barbiturates	1	
Hallucinogens	1	
Inhalants	1	
Other Sedatives / Hypnotics	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	118	
Marijuana/Hashish	95	
(None)	81	1
Alcohol	64	
Cocaine / Crack	57	1
Other Opiates / Synthetics	42	
Heroin	34	
Benzodiazepines	19	
Other Amphetamines	4	
Other Stimulants	4	
Other Drugs	2	
Other Sedatives / Hypnotics	2	
Hallucinogens	1	

# Mecosta

**FY23**

## 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:

**4439**

Total Attendees

**884**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	83	1
Residential	50	
Withdrawal	21	

### WSS

Adult Minor

13
----

### MAT

Adult

9
---

## Served

Service	Adult	Minor
Outpatient	162	2
Residential	55	
Withdrawal	22	

### WSS

Adult

19
----

### MAT

Adult

29
----

Primary Substance at Admission	Adult	Minor
Alcohol	83	
Methamphetamine / Speed	50	
Heroin	17	
Other Opiates / Synthetics	10	
Marijuana/Hashish	7	1
Cocaine / Crack	3	
Other Sedatives / Hypnotics	2	
Other Amphetamines	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	18	
Methamphetamine / Speed	17	
(None)	14	
Cocaine / Crack	11	
Other Opiates / Synthetics	11	
Alcohol	9	
Heroin	4	
Other Amphetamines	2	
Benzodiazepines	1	



# Midland

## FY23

### 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:

# 15454

Total Attendees

# 1334

# of Activities

### Admitted

Service	Adult	Minor
Outpatient	171	
Residential	79	3
Withdrawal	68	

#### WSS

Adult Minor

20

#### MAT

Adult

27

### Served

Service	Adult	Minor
Outpatient	319	
Residential	91	4
Withdrawal	69	

#### WSS

Adult

30

#### MAT

Adult

37

Primary Substance at Admission	Adult	Minor
Alcohol	123	
Heroin	80	
Methamphetamine / Speed	69	
Other Opiates / Synthetics	43	
Cocaine / Crack	16	
Marijuana/Hashish	6	3
Benzodiazepines	5	
Other Amphetamines	3	
Non-prescription methadone	1	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	49	
Methamphetamine / Speed	40	
Cocaine / Crack	35	
(None)	29	
Heroin	24	
Other Opiates / Synthetics	21	
Alcohol	15	3
Benzodiazepines	5	
Other Drugs	4	
Other Stimulants	2	
Hallucinogens	1	

# Montcalm

## FY23

### 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:

# 7754

Total Attendees

# 522

# of Activities

### Admitted

Service	Adult	Minor
Outpatient	185	1
Residential	112	1
Withdrawal	46	

#### WSS

Adult Minor

44
----

#### MAT

Adult

11
----

### Served

Service	Adult	Minor
Outpatient	341	2
Residential	123	1
Withdrawal	48	

#### WSS

Adult

70
----

#### MAT

Adult

48
----

Primary Substance at Admission	Adult	Minor
Alcohol	131	
Methamphetamine / Speed	119	
Heroin	72	
Cocaine / Crack	20	
Other Opiates / Synthetics	19	
Other Stimulants	12	
Marijuana/Hashish	7	1
Benzodiazepines	3	
Other Amphetamines	3	
Other Drugs	2	1
Inhalants	1	
Other Sedatives / Hypnotics	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	55	
Heroin	24	
Marijuana/Hashish	22	
Cocaine / Crack	17	
Alcohol	16	1
(None)	13	
Other Opiates / Synthetics	4	
Other Stimulants	4	
Benzodiazepines	2	
Other Amphetamines	2	
Over-the-Counter Medications	1	

# Newwaygo

**FY23**

## 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:

**6411**

Total Attendees

**410**

# of Activities

### Admitted

Service	Adult	Minor
Outpatient	73	2
Residential	48	3
Withdrawal	34	

#### WSS

Adult Minor

23

#### MAT

Adult

7

### Served

Service	Adult	Minor
Outpatient	158	2
Residential	50	3
Withdrawal	35	

#### WSS

Adult

37

#### MAT

Adult

30

Primary Substance at Admission	Adult	Minor
Alcohol	68	
Methamphetamine / Speed	47	1
Heroin	26	
Other Opiates / Synthetics	16	
Cocaine / Crack	9	
Marijuana/Hashish	1	4
Non-prescription methadone	1	
Other Stimulants	1	
Over-the-Counter Medications	1	

Secondary Substance at Admission	Adult	Minor
(None)	15	
Methamphetamine / Speed	15	
Marijuana/Hashish	14	1
Alcohol	8	1
Heroin	8	
Cocaine / Crack	7	
Other Opiates / Synthetics	5	
Benzodiazepines	1	
Non-prescription methadone	1	
Other Amphetamines	1	
Other Drugs		1

# Osceola

**FY23**

## 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:

**1604**

Total Attendees

**260**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	62	
Residential	38	1
Withdrawal	18	

### WSS

Adult Minor

12	
----	--

### MAT

Adult

4
---

## Served

Service	Adult	Minor
Outpatient	122	
Residential	39	1
Withdrawal	18	

### WSS

Adult

16
----

### MAT

Adult

19
----

Primary Substance at Admission	Adult	Minor
Alcohol	58	
Methamphetamine / Speed	50	
Marijuana/Hashish	8	1
Other Opiates / Synthetics	7	
Heroin	5	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	10	
Heroin	9	
Methamphetamine / Speed	8	
Other Opiates / Synthetics	8	
(None)	7	
Cocaine / Crack	5	
Alcohol	2	
Benzodiazepines	1	
Other Amphetamines	1	
Other Drugs	1	
Over-the-Counter Medications		1

# Saginaw

**FY23**

## 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:

**36977**

Total Attendees

**3513**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	556	4
Residential	263	
Withdrawal	261	

### WSS

Adult Minor

117	
-----	--

### MAT

Adult

77
----

## Served

Service	Adult	Minor
Outpatient	1159	4
Residential	287	
Withdrawal	270	

### WSS

Adult

205
-----

### MAT

Adult

231
-----

Primary Substance at Admission	Adult	Minor
Alcohol	511	
Cocaine / Crack	231	
Heroin	180	
Other Opiates / Synthetics	132	
Marijuana/Hashish	77	4
Methamphetamine / Speed	72	
Benzodiazepines	9	
Other Drugs	4	
Other Sedatives / Hypnotics	2	
Hallucinogens	1	
Over-the-Counter Medications	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	170	
Marijuana/Hashish	126	
Alcohol	118	1
(None)	106	3
Methamphetamine / Speed	60	
Other Opiates / Synthetics	58	
Heroin	42	
Benzodiazepines	20	
Other Drugs	7	
Other Amphetamines	3	
Barbiturates	1	
Other Sedatives / Hypnotics	1	

# Shiawassee

## FY23

### 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:

# 12566

Total Attendees

# 2480

# of Activities

### Admitted

Service	Adult	Minor
Outpatient	192	1
Residential	61	
Withdrawal	46	

#### WSS

Adult Minor

21
----

#### MAT

Adult

16
----

### Served

Service	Adult	Minor
Outpatient	369	1
Residential	68	
Withdrawal	50	

#### WSS

Adult

32
----

#### MAT

Adult

40
----

Primary Substance at Admission	Adult	Minor
Alcohol	159	1
Methamphetamine / Speed	70	
Heroin	34	
Other Opiates / Synthetics	26	
Cocaine / Crack	10	
Marijuana/Hashish	7	
Other Stimulants	4	
Other Amphetamines	3	
Benzodiazepines	1	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
(None)	89	
Marijuana/Hashish	31	1
Methamphetamine / Speed	25	
Cocaine / Crack	17	
Alcohol	16	
Other Opiates / Synthetics	14	
Heroin	9	
Other Drugs	9	
Benzodiazepines	5	
Other Amphetamines	3	
Inhalants	1	

# Tuscola

**FY23**

## 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:

**11774**

Total Attendees

**1038**

# of Activities

### Admitted

Service	Adult	Minor
Outpatient	129	1
Residential	35	
Withdrawal	23	

#### WSS

Adult Minor

7	
---	--

#### MAT

Adult

8
---

### Served

Service	Adult	Minor
Outpatient	262	1
Residential	36	
Withdrawal	24	

#### WSS

Adult

30
----

#### MAT

Adult

20
----

Primary Substance at Admission	Adult	Minor
Alcohol	118	
Cocaine / Crack	29	
Methamphetamine / Speed	27	
Heroin	25	
Other Opiates / Synthetics	21	
Marijuana/Hashish	7	1
Other Amphetamines	1	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	19	
Alcohol	16	
Methamphetamine / Speed	16	
(None)	12	
Other Opiates / Synthetics	11	
Cocaine / Crack	10	
Benzodiazepines	8	
Heroin	3	
Non-prescription methadone	2	
Barbiturates	1	
Other Amphetamines	1	
Other Drugs	1	1
Other Stimulants	1	

Substance Use Disorder (SUD)  
 Clinical Team  
 Narrative Report  
 FY24  
 Quarter: 1

PREVENTION GOALS	RESULTS & PROGRESS
<b><i>Reduce underage drinking</i></b>	Multiple agencies/providers offered 112 activities promoting parent and community education/information on alcohol use/misuse this quarter. TIPS training for alcohol retailers was offered in Ionia County this period as well as six education sessions to drivers training group in Saginaw County. Ingham county held six sessions of their Youth Drug Conference in this quarter. Prevention Coordinators across the region participated in MCRUD (Michigan Coalition to Reduce Underage Drinking) focused issues as well as local Alcohol Policy Issues workgroups/sub-committees, and community alcohol prevention partnerships in their local communities.
<b><i>Reduce underage cannabis use</i></b>	Preventionists across the region presented 17 education/information sessions on cannabis misuse/risks in this quarter. 65 Peer Assisted Leadership (PAL) activities were held this quarter which included education on cannabis misuse also as well as 263 student assistance groups with multiple ATOD activities (individual and group-based serving youth from middle school through collegiate level). Several Prevention Coordinators across the region continue to participate in the MYCAEA (Michigan Youth Cannabis Action and Education Alliance) – a fairly new coalition providing discussion and research on issues impacting youth related use/misuse of cannabis across the region. In addition, at least four counties have developed local cannabis workgroups/sub-committees addressing local issues and concerns as part of their prevention or community coalitions.
<b><i>Reduce prescription and over-the-counter drug misuse, including opioids</i></b>	Prevention providers and coalitions completed requests for \$1 million in SOR funds to continue OEND and harm reduction activities/supplies. Requests will be reviewed and contracts issues for purchases/events in the next quarter. 22 naloxone/Narcan presentations were provided in the community. 1,259 activities were held to provide peer recovery support/education (this included groups, individual activities, and community events). Multiple coalitions/prevention staff sit on local community



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	<p>task forces addressing opioid/harm reduction issues or host opioid/harm reduction task forces/workgroups for the communities they live in with 38 activities occurring this past quarter.</p>
<p><b><i>Reduce youth access to tobacco</i></b></p>	<p>Eight counties offered multiple sessions of educational and informational activities including sessions of NOT (Not on Tobacco), Catch My Breath, and INDEPTH. Multiple vaping sessions were offered across at least six counties – these sessions are very popular and frequently requested by schools and parents. Many coalitions offer tobacco sub-committees and workgroups such as Tobacco Free Gratiot or CSAP Nicotine Sub-committee for community members and parents.</p>
<p><b><i>Increase access to prevention services for adults ages 55+</i></b></p>	<p>PEARLS (Program to Encourage Active Rewarding Lives for Seniors) is being conducted this quarter in two different venues in Shiawassee County. Midland hosted a lock box distribution event for seniors this past quarter. A new initiative for meeting the goal of increasing access to prevention services for this group is the development of an internal (MSHN providers) workgroup to gauge community readiness for increasing access to services; identifying strong relationships with current older adult resources; and building relationships with other senior services throughout all MSHN counties. The first meeting was held in November with nine MSHN providers representing six of our 21 counties.</p>

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TREATMENT and RECOVERY GOALS	RESULTS & PROGRESS
<p><b><i>Increase access to treatment and re-entry treatment for criminal justice involved population returning to communities.</i></b></p>	<p>Currently, there are services for substance use disorders available in 12 county jails within region 5. Of those 12, there are 9 that offer Medication Assisted Treatment of some form within the jail, with 1 additional jail having an MAT program supported by the county health department within the jail. For individuals that enter services while incarcerated, appointments are scheduled for continuation of care following release from incarceration.</p> <p>There has been much discussion between MSHN and MDOC in recent months regarding MAT re-entry services for individuals returning to communities in region 5 from the MDOC prison system. This collaboration has been difficult due to the philosophical differences that exist between MDOC and the public behavioral health system. MDOC staff have stated that getting a release of information or any information about the individual they are attempting to refer is very difficult, yet it is a requirement that someone has an appointment scheduled prior to their release from prison. MSHN continues to collaborate with MDOC and MDHHS on this issue to increase access to treatment and re-entry services for those returning to the community from MDOC facilities.</p>
<p><b><i>Increase access to OUD treatment and harm reduction for persons living with Opioid Use Disorder.</i></b></p>	<p>Mid-State Health Network has worked with providers to place 10 Harm Reduction Vending Machines within Region 5. These vending machines</p>

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	<p>contain Narcan, a lifesaving opioid reversal medication. The Narcan kits in the vending machines are available free of charge through the MDHHS Narcan portal. MSHN continues to work with providers within the region to distribute fentanyl test strips, HIV tests, HCV tests, Narcan and other harm reduction supplies to individuals in need. MSHN continues to work to enhance and increase access to care and make grant funding for these items available. Treatment for Opioid Use Disorder (OUD) is available throughout the region, with 25 sites that offer medications for OUD as an adjunct to treatment services. MSHN facilitates a bi-annual MAT Workgroup to encourage and brainstorm ways to increase access to OUD treatment and harm reduction for persons living with OUD.</p>
<p><b><i>Increase access to behavioral health and primary care services for persons at-risk for and with mental health and substance use disorders.</i></b></p>	<p>MSHN reviews co-occurring capability and co-occurring systems of care with all providers at the Annual Planning meeting. All providers complete the Dual-Diagnosis Capability in Addiction Treatment (DDCAT) assessment. All persons admitted to services for SUD are assessed for mental health needs during completion of the ASAM-Continuum Assessment with an assessment of their mental health included at this time. It is a MSHN expectation that all providers offering treatment for SUD will provide or assist individuals in accessing help with mental health needs, when appropriate.</p>
<p><b><i>Increase access to trauma responsive services.</i></b></p>	<p>MSHN continues to work with providers in the Annual Planning meetings to address Trauma-responsive services. MSHN asks all contracted SUD providers to complete the Trauma-Informed Organizational Self-Assessment to determine where improvements are needed within their agency and to set goals to make changes. MSHN has offered several trauma-related trainings over the past few years. In FY24, MSHN is working to bring Dr. Stephanie Covington (back) to the region for a 2-day training on Beyond Trauma: A Healing Journey for Women. The training is scheduled for May 7-8, 2024.</p>

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	<p>With the increased number of trainings offered to MSHN-contracted providers as well as expectations for providers to offer trauma-informed care, trauma responsive services are more readily available in region 5 to those seeking services.</p>
<p><b><i>Reduction in percentage of substance exposed births/infants with WSS/NAS/FAS.</i></b></p>	<p>MSHN works with providers who work with women of child-bearing age to educate them on the dangers of exposing their unborn child to substances. Annually, Women’s Specialty providers report the number of children that they are aware of that are born substance-free. Last year, 20 babies were reported to have been born to women who had a substance use disorder with no substances in their system. MSHN continues to work with providers to offer Women’s Specialty Services (WSS), with a prioritization on women who are pregnant. MSHN supports a quarterly Women’s Specialty Task Team for MSHN-contracted SUD providers in the region.</p>
<p><b><i>Increase access to treatment services for older adults 55 and older.</i></b></p>	<p>MSHN has started an Older Adult Workgroup that meets quarterly to address the needs and barriers to older adults seeking services. The group is comprised of providers around the region and is designed to identify barriers and look for solutions to these barriers. Telehealth has been an asset in removing the barrier of transportation for many older individuals who do not have access to transportation or who are physically unable to travel to a clinic.</p>
<p><b><i>Increase in supporting coordinated strategies to support recovery.</i></b></p>	<p>MSHN continues to host a Recovery Provider Workgroup that meets quarterly. The purpose of the group is to work with providers in identifying strategies that will help their organizations support people in their recovery journey. MSHN is also soliciting providers to participate in the Recovery Incentives Pilot Program that is offered through MDHHS. This pilot will offer contingency management to participants with a negative UDT. Each person in services can receive a total of up to \$599 in incentives annually. MSHN has applied to</p>

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	<p>participate in the pilot to MDHHS. This is a 2-year pilot. At present, 6 providers have opted to participate in the pilot, supporting 9 SUD locations with CM.</p>
<p><b><i>Increase access to recovery services that promote life enhancing recovery and wellness for individuals and families.</i></b></p>	<p>MSHN continues to support 27 recovery houses around the region which provide 234 beds for people in recovery. One role of the recovery housing providers is to educate and provide exposure to activities within the recovery housing environment, and in the community, that promote recovery and wellness for individuals and their families. Recovery services may include introducing the individual in SUD treatment services to community support services such as AA, NA, SMART Recovery, Alanon and other supports.</p>
<p><b><i>Increase coordination of prevention, follow-up, and continuing care in recovery.</i></b></p>	<p>MSHN supports 3 Recovery Oriented Systems of Care (ROSC) groups around the region. The various ROSC groups; East, South and Northwest, are designed to work together in their counties to support building recovery-oriented systems of care for the individuals served. Each group meets every-other month to discuss activities that are happening in their organization and ways that they can work together to support recovery efforts in their community. Included in these groups are representatives from SUD treatment, recovery, prevention, and harm reduction.</p>



# OPB Quarterly FY24 Q1

# Arenac

**FY24 Q1**

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

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

**2587**

Total Attendees

**104**

# of Activities

## Admitted

Service	Adult
Outpatient	8
Residential	5
Withdrawal	5

### WSS

Adult

1

### MAT

Adult

4

## Served

Service	Adult
Outpatient	35
Residential	7
Withdrawal	8

### WSS

Adult

4

### MAT

Adult

7

Primary Substance at Admission	Adult	Minor
Alcohol	6	
Methamphetamine / Speed	5	
Heroin	4	
Other Opiates / Synthetics	3	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	3	
Alcohol	2	
Heroin	1	
Marijuana/Hashish	1	

# Bay

**FY24 Q1**

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

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

**7287**

Total Attendees

**520**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	95	3
Residential	41	
Withdrawal	39	

### WSS

Adult

| 18

### MAT

Adult

| 58

## Served

Service	Adult	Minor
Outpatient	416	7
Residential	62	1
Withdrawal	45	

### WSS

Adult

| 86

### MAT

Adult

| 94

Primary Substance at Admission	Adult	Minor
Alcohol	67	
Heroin	34	1
Other Opiates / Synthetics	32	1
Cocaine / Crack	28	
Methamphetamine / Speed	24	
Marijuana/Hashish	3	1
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	35	
Cocaine / Crack	30	1
(None)	24	
Methamphetamine / Speed	22	
Heroin	12	
Other Opiates / Synthetics	9	
Alcohol	8	1
Benzodiazepines	4	
Other Drugs	1	



# Clare

**FY24 Q1**

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

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

**119**

Total Attendees

**1057**

# of Activities

## Admitted

Service	Adult
Outpatient	27
Residential	19
Withdrawal	5

WSS

Adult

2

MAT

Adult

5

## Served

Service	Adult
Outpatient	144
Residential	26
Withdrawal	5

WSS

Adult

7

MAT

Adult

31

Primary Substance at Admission	Adult	Minor
Alcohol	18	
Methamphetamine / Speed	15	
Other Opiates / Synthetics	12	
Heroin	9	
Cocaine / Crack	2	
Other Amphetamines	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	13	
Marijuana/Hashish	11	
(None)	5	
Heroin	4	
Other Opiates / Synthetics	3	
Alcohol	1	

# Clinton

**FY24 Q1**

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

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

**74**

Total Attendees

**562**

# of Activities

## Admitted

Service	Adult
Outpatient	36
Residential	16
Withdrawal	13

### WSS

Adult

5
---

### MAT

Adult

3
---

## Served

Service	Adult	Minor
Outpatient	124	
Residential	21	1
Withdrawal	15	

### WSS

Adult

5
---

### MAT

Adult

30
----

Primary Substance at Admission	Adult	Minor
Alcohol	36	
Methamphetamine / Speed	14	
Heroin	8	
Cocaine / Crack	5	
Marijuana/Hashish	2	
Other Opiates / Synthetics	2	
Benzodiazepines	1	

Secondary Substance at Admission	Adult	Minor
(None)	15	
Marijuana/Hashish	6	
Cocaine / Crack	5	
Methamphetamine / Speed	4	
Alcohol	3	
Heroin	3	
Benzodiazepines	2	
Other Amphetamines	2	
Other Opiates / Synthetics	1	

# Eaton

**FY24 Q1**

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

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

**100**

Total Attendees

**1027**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	75	2
Residential	27	
Withdrawal	16	

WSS

Adult

| 7

MAT

Adult

| 17

## Served

Service	Adult	Minor
Outpatient	246	5
Residential	37	
Withdrawal	17	

WSS

Adult

| 16

MAT

Adult

| 57

Primary Substance at Admission	Adult	Minor
Alcohol	55	
Methamphetamine / Speed	30	
Heroin	15	
Cocaine / Crack	14	
Other Opiates / Synthetics	11	
Marijuana/Hashish	4	2
Benzodiazepines	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	16	
Marijuana/Hashish	13	
Cocaine / Crack	8	
Alcohol	7	
Heroin	7	
Other Opiates / Synthetics	5	
(None)	3	
Benzodiazepines	3	
Hallucinogens	1	

# Gladwin

**FY24 Q1**

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

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

**37**

Total Attendees

**545**

# of Activities

## Admitted

Service	Adult
Outpatient	21
Residential	3
Withdrawal	6

WSS

Adult

\_\_\_\_\_

MAT

Adult

\_\_\_\_\_

5

## Served

Service	Adult
Outpatient	93
Residential	9
Withdrawal	7

WSS

Adult

\_\_\_\_\_

4

MAT

Adult

\_\_\_\_\_

15

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	16	
Alcohol	7	
Heroin	3	
Other Opiates / Synthetics	3	
Cocaine / Crack	2	
Benzodiazepines	1	

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

# Gratiot

**FY24 Q1**

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

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

**240**

Total Attendees

**1600**

# of Activities

## Admitted

Service	Adult
Outpatient	9
Residential	16
Withdrawal	4

### WSS

Adult

3

### MAT

Adult

8

## Served

Service	Adult
Outpatient	92
Residential	22
Withdrawal	4

### WSS

Adult

9

### MAT

Adult

52

Primary Substance at Admission	Adult	Minor
Alcohol	17	
Methamphetamine / Speed	13	
Other Opiates / Synthetics	4	
Heroin	1	

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

# Hillsdale

**FY24 Q1**

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

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

**160**

Total Attendees

**1257**

# of Activities

## Admitted

Service	Adult
Outpatient	43
Residential	22
Withdrawal	8

WSS

Adult

5

MAT

Adult

6

## Served

Service	Adult
Outpatient	81
Residential	31
Withdrawal	8

WSS

Adult

8

MAT

Adult

16

Primary Substance at Admission	Adult	Minor
Alcohol	32	
Methamphetamine / Speed	32	
Heroin	5	
Marijuana/Hashish	5	
Cocaine / Crack	1	
Other Opiates / Synthetics	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	12	
(None)	10	
Marijuana/Hashish	10	
Cocaine / Crack	2	
Heroin	2	
Benzodiazepines	1	

# Huron

**FY24 Q1**

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

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

**238**

Total Attendees

**2941**

# of Activities

## Admitted

Service	Adult
Outpatient	10
Residential	4
Withdrawal	3

WSS

Adult

| 4

MAT

Adult

| 13

## Served

Service	Adult
Outpatient	72
Residential	5
Withdrawal	3

WSS

Adult

| 4

MAT

Adult

| 6

Primary Substance at Admission	Adult	Minor
Alcohol	7	
Methamphetamine / Speed	6	
Cocaine / Crack	2	
Other Opiates / Synthetics	2	
Marijuana/Hashish	1	

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

# Ingham

**FY24 Q1**

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

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

**323**

Total Attendees

**3303**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	329	2
Residential	128	
Withdrawal	118	

### WSS

Adult

19

### MAT

Adult

127

## Served

Service	Adult	Minor
Outpatient	1307	4
Residential	176	2
Withdrawal	125	

### WSS

Adult

39

### MAT

Adult

445

Primary Substance at Admission	Adult	Minor
Alcohol	264	
Heroin	116	
Methamphetamine / Speed	115	
Cocaine / Crack	63	
Other Opiates / Synthetics	26	
Marijuana/Hashish	25	2
Other Drugs	4	
Benzodiazepines	3	
Other Amphetamines	3	
Hallucinogens	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	72	
Marijuana/Hashish	67	
Alcohol	60	
Methamphetamine / Speed	54	
(None)	25	
Heroin	24	
Other Opiates / Synthetics	23	
Benzodiazepines	13	
Other Drugs	4	
Other Sedatives / Hypnotics	4	
Hallucinogens	2	
Non-prescription methadone	2	



# Ionia

**FY24 Q1**

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

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

**95**

Total Attendees

**1967**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	45	3
Residential	11	
Withdrawal	7	

WSS

Adult

3

MAT

Adult

7

## Served

Service	Adult	Minor
Outpatient	185	4
Residential	17	
Withdrawal	7	

WSS

Adult

7

MAT

Adult

15

Primary Substance at Admission	Adult	Minor
Alcohol	28	
Methamphetamine / Speed	21	
Heroin	7	
Marijuana/Hashish	4	3
Cocaine / Crack	2	
Other Opiates / Synthetics	2	
Other Stimulants	2	
Inhalants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	13	
Heroin	4	
Methamphetamine / Speed	4	
Other Opiates / Synthetics	4	
Alcohol	2	1
(None)	1	
Benzodiazepines	1	
Cocaine / Crack	1	

# Isabella

**FY24 Q1**

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

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

**248**

Total Attendees

**1353**

# of Activities

## Admitted

Service	Adult
Outpatient	25
Residential	12
Withdrawal	5

### WSS

Adult

1

### MAT

Adult

16

## Served

Service	Adult	Minor
Outpatient	271	3
Residential	14	
Withdrawal	6	

### WSS

Adult

25

### MAT

Adult

104

Primary Substance at Admission	Adult	Minor
Alcohol	15	
Heroin	11	
Methamphetamine / Speed	11	
Other Opiates / Synthetics	3	
Benzodiazepines	1	
Marijuana/Hashish	1	

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

# Jackson

FY24 Q1

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

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

966

Total Attendees

12597

# of Activities

## Admitted

Service	Adult
Outpatient	119
Residential	93
Withdrawal	31

### WSS

Adult

34

### MAT

Adult

44

## Served

Service	Adult
Withdrawal	35
Residential	128
Outpatient	551
	2

### WSS

Adult

64

### MAT

Adult

231

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	97	
Alcohol	83	
Heroin	40	
Cocaine / Crack	15	
Other Opiates / Synthetics	13	
Marijuana/Hashish	7	
Benzodiazepines	1	
Hallucinogens	1	
Inhalants	1	
Non-prescription methadone	1	
Other Amphetamines	1	
Other Stimulants	1	
PCP - phencyclidine	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	33	
(None)	22	
Methamphetamine / Speed	19	
Cocaine / Crack	15	
Alcohol	13	
Heroin	13	
Other Opiates / Synthetics	6	
Benzodiazepines	5	
Other Amphetamines	2	
Other Drugs	2	
Non-prescription methadone	1	
Other Sedatives / Hypnotics	1	

# Mecosta

**FY24 Q1**

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

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

**2821**

Total Attendees

**1247**

# of Activities

## Admitted

Service	Adult
Outpatient	37
Residential	23
Withdrawal	18

### WSS

Adult

5

### MAT

Adult

13

## Served

Service	Adult
Outpatient	145
Residential	31
Withdrawal	26

### WSS

Adult

13

### MAT

Adult

35

Primary Substance at Admission	Adult	Minor
Alcohol	35	
Methamphetamine / Speed	26	
Heroin	8	
Other Opiates / Synthetics	7	
Cocaine / Crack	2	
Benzodiazepines	1	
Non-prescription methadone	1	
Over-the-Counter Medications	1	

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

# Midland

**FY24 Q1**

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

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

**270**

Total Attendees

**4366**

# of Activities

## Admitted

Service	Adult
Outpatient	32
Residential	30
Withdrawal	14

### WSS

Adult

6

### MAT

Adult

27

## Served

Service	Adult	Minor
Outpatient	182	
Residential	44	1
Withdrawal	20	

### WSS

Adult

16

### MAT

Adult

27

Primary Substance at Admission	Adult	Minor
Alcohol	29	
Methamphetamine / Speed	19	
Cocaine / Crack	12	
Heroin	12	
Other Opiates / Synthetics	8	
Inhalants	1	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	12	
Methamphetamine / Speed	9	
(None)	8	
Alcohol	8	
Heroin	7	
Cocaine / Crack	5	
Benzodiazepines	2	
Other Opiates / Synthetics	2	

# Montcalm

**FY24 Q1**

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

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

**174**

Total Attendees

**3422**

# of Activities

## Admitted

Service	Adult
Outpatient	47
Residential	38
Withdrawal	13

### WSS

Adult

9

### MAT

Adult

11

## Served

Service	Adult
Outpatient	184
Residential	48
Withdrawal	14

### WSS

Adult

15

### MAT

Adult

38

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	40	
Alcohol	31	
Heroin	14	
Cocaine / Crack	8	
Other Opiates / Synthetics	6	
Other Stimulants	5	
	1	
Marijuana/Hashish	1	
Other Amphetamines	1	

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

# Newwaygo

**FY24 Q1**

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

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

**93**

Total Attendees

**563**

# of Activities

## Admitted

Service	Adult
Outpatient	12
Residential	18
Withdrawal	9

### WSS

Adult

4

### MAT

Adult

7

## Served

Service	Adult	Minor
Outpatient	88	1
Residential	20	1
Withdrawal	11	

### WSS

Adult

15

### MAT

Adult

26

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	17	
Alcohol	11	
Heroin	7	
Other Opiates / Synthetics	7	
Cocaine / Crack	1	

Secondary Substance at Admission	Adult	Minor
Alcohol	9	
Cocaine / Crack	6	
Other Opiates / Synthetics	4	
Heroin	3	
Benzodiazepines	2	
Marijuana/Hashish	2	

# Osceola

**FY24 Q1**

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

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

**74**

Total Attendees

**295**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	10	
Residential	14	1
Withdrawal	9	

### WSS

Adult

1

### MAT

Adult

4

## Served

Service	Adult	Minor
Outpatient	61	
Residential	19	1
Withdrawal	10	

### WSS

Adult

2

### MAT

Adult

14

Primary Substance at Admission	Adult	Minor
Alcohol	19	
Methamphetamine / Speed	11	
Heroin	4	
Benzodiazepines	1	
Other Opiates / Synthetics	1	
Marijuana/Hashish		1

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	6	
Marijuana/Hashish	5	
Alcohol	4	1
(None)	1	
Benzodiazepines	1	
Other Amphetamines	1	



# Saginaw

**FY24 Q1**

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

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

**3246**

Total Attendees

**7417**

# of Activities

## Admitted

Service	Adult	Minor
Outpatient	145	1
Residential	100	
Withdrawal	98	

WSS

Adult

35

MAT

Adult

81

## Served

Service	Adult	Minor
Outpatient	622	4
Residential	121	
Withdrawal	114	

WSS

Adult

122

MAT

Adult

195

Primary Substance at Admission	Adult	Minor
Alcohol	154	
Cocaine / Crack	69	
Heroin	61	
Other Opiates / Synthetics	37	
Methamphetamine / Speed	20	
Marijuana/Hashish	16	1
Benzodiazepines	2	
Other Drugs	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	49	
Marijuana/Hashish	46	
Alcohol	29	
(None)	26	1
Methamphetamine / Speed	25	
Heroin	19	
Other Opiates / Synthetics	13	
Benzodiazepines	8	
Other Drugs	2	
Hallucinogens	1	
Other Amphetamines	1	
Other Stimulants	1	

# Shiawassee

FY24 Q1

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

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

478

Total Attendees

2690

# of Activities

## Admitted

Service	Adult
Outpatient	45
Residential	18
Withdrawal	21

WSS

Adult

8

MAT

Adult

16

## Served

Service	Adult
Outpatient	197
Residential	24
Withdrawal	26

WSS

Adult

18

MAT

Adult

34

Primary Substance at Admission	Adult	Minor
Alcohol	44	
Methamphetamine / Speed	19	
Heroin	10	
Cocaine / Crack	6	
Other Amphetamines	3	
Other Opiates / Synthetics	3	
Marijuana/Hashish	2	
Benzodiazepines	1	

Secondary Substance at Admission	Adult	Minor
(None)	17	
Marijuana/Hashish	15	
Cocaine / Crack	4	
Methamphetamine / Speed	4	
Other Opiates / Synthetics	4	
Alcohol	3	
Heroin	3	
Benzodiazepines	1	
Other Drugs	1	

# Tuscola

**FY24 Q1**

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

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

**276**

Total Attendees

**5542**

# of Activities

## Admitted

Service	Adult
Outpatient	31
Residential	11
Withdrawal	7

WSS

Adult

3

MAT

Adult

8

## Served

Service	Adult	Minor
Outpatient	179	1
Residential	13	
Withdrawal	7	

WSS

Adult

20

MAT

Adult

20

Primary Substance at Admission	Adult	Minor
Alcohol	25	
Heroin	10	
Other Opiates / Synthetics	6	
Methamphetamine / Speed	5	
Cocaine / Crack	3	
Non-prescription methadone	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	9	
(None)	5	
Cocaine / Crack	4	
Alcohol	3	
Methamphetamine / Speed	3	
Benzodiazepines	2	
Heroin	1	