Network Adequacy Assessment - 2025

MSHN

Mid-State Health Network

NETWORK ADEQUACY ASSESSMENT

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Federal:

The Code of Federal Regulations at 42 CFR Parts 438.68 and 457.1218 charges states holding managed care contracts with the development and implementation of network adequacy standards. Furthermore, 42 CFR 438.68(b)(iii) indicates that standards pertinent to behavioral health must be developed for the adult and pediatric populations.

42 CFR Further Requires:

- Pre-paid Inpatient Health Plan (PIHP) maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.
- The expected utilization of services, taking into consideration the characteristics and health care needs of specific Medicaid populations represented in the PIHP.
- Offers an appropriate range of preventative, primary care and specialty services that is adequate for the anticipated number of enrollees in the service area.

Michigan Specialty Behavioral Health Standards

Michigan Department of Health and Human Services (MDHHS) Required Regional Specific Plans per 438.68(b)(3)

- MDHHS requires each PIHP to submit plans on how the standards will be effectuated by region (and by each CMHSP covered area)
- PIHPs must consider at least the following parameters for their plans:
  - 1) Maximum time and distance (FY24 & FY25 MDHHS will calculate)
  - 2) Timely appointments
  - 3) Language, Cultural competence, and Physical accessibility

NETWORK ADEQUACY ASSESSMENT

Michigan's specialty behavioral health standards reflect time/distance standards and Medicaid enrollee-to-provider ratios for services congruent with community need and statewide strategic priorities.

Informational Only Again for FY25

- ICSS, Respite, PSP & YPS

NEW for FY25

- Autism
- Partial Hospitalization
- Pre-Admission Screen
- Targeted Case Management
- Outpatient

Service	Population	Time/Distance	Provider To Enrollee Ratio
Assertive Community Treatment – H0039	Adult		✓
Crisis Residential Programs - H0018	Adult/Children and Youth	✓	✓
Opioid Treatment Programs/SUD MAT Methadone – H0020	Adult	✓	✓
Psychosocial Rehabilitation Programs (Clubhouses) - H2030	Adult	✓	✓
Inpatient Psychiatric Services - 0100, 0114, 0124, 0134, 0154	Adult/Children and Youth	✓	
Home-Based Services – H0036	Children and Youth		✓
ICCW – H2021	Children and Youth		✓
ICSS (Mobile Response with Two Person Team) – H2011HT	Children and Youth		✓
Respite Services – T1005, H0045, S5151	Children and Youth		✓
Parent Support Partner Services S5111-WP	Children and Youth		✓
Youth Peer Support Services H0038-WT	Children and Youth		✓
Skill Building (H2014)	Adult		✓
Community Living Supports (H2015)	Adult/Children and Youth		✓
Autism Diagnostic Evaluations (see codes above)	Children and Youth		✓
Autism Services (97153, 97154)	Children and Youth		✓
Autism Services (97151, 97155, 97156, 97157, 97158, 0373T)	Children and Youth		✓
Partial Hospitalization Programs	Adult/Children and Youth	✓	
Targeted Case Management	Adult/Children and Youth		✓
Pre-Admission Screen	Adult/Children and Youth		✓
Outpatient Clinical Mental Health (90832, 90834, 90837)	Adult/Children and Youth	✓	

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Michigan Specialty Behavioral Health Standards Time and Distance

Adults/Children and Youth

Service	CEAU	Rural	Micro	Metro	Large Metro
Inpatient Psychiatric[2] and Partial Hospitalization Programs	155 minutes/140 miles	90 minutes/75 miles	100 minutes/75 miles	70 minutes/45 miles	30 minutes/15 miles
All Other Services	118 minutes/105 miles	75 minutes/60 miles	70 minutes/53 miles	45 minutes/30 miles	20 minutes/10 miles

No Change for FY25

- At least 85 percent of the beneficiaries residing in counties classified as micro, rural, have access to at least one provider/facility of each specialty type within the published time and distance standards. 42 CFR 422.116 (d)(4)(i)
- At least 90 percent of the beneficiaries residing in large metro and metro counties have access to at least one provider/facility of each specialty type within the published time and distance standards. 42 CFR 422.116 (d)(4)(ii)
- Both time and distance must be met.

NEW requirement

Michigan Specialty Behavioral Health Standards

Provider to Enrollee Ratio

Adult Standards

Service	Standard
Assertive Community Treatment	1:30,000 (Team to Medicaid Enrollee)
Psychosocial Rehabilitation (Clubhouses)	1:45,000 (Provider to Medicaid Enrollee)
Opioid Treatment Programs	1:35,000 (Provider to Medicaid Enrollee)
Crisis Residential	16 beds per 500,000 Total Population
Community Living Supports	FY25 Data Collected as Informational Only
Skill Building	FY25 Data Collected as Informational Only
Targeted Case Management	FY25 Data Collected as Informational Only
Pre-Admission Screen	FY25 Data Collected as Informational Only
Outpatient Clinical Mental Health	FY25 Data Collected as Informational Only

Children and Youth Standards

Service	Standard
Home-Based	1:2,000 (Provider to Medicaid Enrollee)
Intensive Care Coordination with Wraparound (ICCW)	1:5,000 (Provider to Medicaid Enrollee)
Crisis Residential Program	8-12 beds per 500,000 Total Population
Intensive Crisis Stabilization Services	FY25 Data Collected as Informational Only
Respite Services	FY25 Data Collected as Informational Only
Parent Support Partners	FY25 Data Collected as Informational Only
Youth Peer Supports	FY25 Data Collected as Informational Only
Autism Services	FY25 Data Collected as Informational Only
Community Living Supports	FY25 Data Collected as Informational Only
Targeted Case Management	FY25 Data Collected as Informational Only
Pre-Admission Screen	FY25 Data Collected as Informational Only
Outpatient Clinical Mental Health	FY25 Data Collected as Informational Only

Michigan Specialty Behavioral Health Standards

Timely Appointments

Timely Access Standards 438.68(e)

Service	Standard
Crisis Residential Program	Within 24 hours of authorization
Inpatient Psychiatric Services	Within 24 hours of authorization
Pre-Admission Screen	Disposition completed within 3 hours
Intensive Crisis Stabilization Services Mobile Crisis	Schedule E reporting – 1 hour urban, 2 hours rural
Assertive Community Treatment	Within 7 business days of assessment
Intensive Care Coordination with Wraparound	Within 10 business days of disposition* date
Home-based	Within 10 business days of disposition* date
Respite Services	Within 10 business days of disposition* date
Parent Support Partners	Within 10 business days of disposition* date
Youth Peer Supports	Within 10 business days of disposition* date
Autism Services (97155)	Within 10 business days of 97151 assessment

Michigan Specialty Behavioral Health Standards

Substance Use Disorder

Level of Care	ASAM Title
OTP	Opioid Treatment Program
0.5	Early Intervention
1.0	Outpatient Services
2.1	Intensive Outpatient Services
2.5	Partial Hospitalization Services
3.1	Clinically Managed Low Intensity Residential Services
3.3	Clinically Managed Population-Specific High-Intensity Residential Services
3.5	Clinically Managed High Intensity Residential Services
3.7	Medically Monitored Intensive Residential Treatment Services
1.0-WM	Ambulatory Withdrawal Management without Extended On-Site Monitoring
2.0-WM	Ambulatory Withdrawal Management without Extended On-Site Monitoring
3.2-WM	Clinically Managed Residential Withdrawal Management
3.7-WM	Medically Monitored Inpatient Withdrawal Management

PIHP must have available each ASAM level of care

Overview

- MSHN completed the Network Adequacy Assessment (NAA) utilizing Fiscal Year 2025 data.
- Information outside of encounters, was reported directly by Community Mental Health Service Programs (CMHSPs) and/or MSHN Leadership.
- Any gaps found within the assessment have a related Recommendation for implementation throughout FY26.
- NAA is reviewed by MSHN's Councils, Committees, Operations Council and Board of Directors.
- NAA reporting template results is required to be submitted to MDHHS by April 30, 2026.

FY25 Network Adequacy Results

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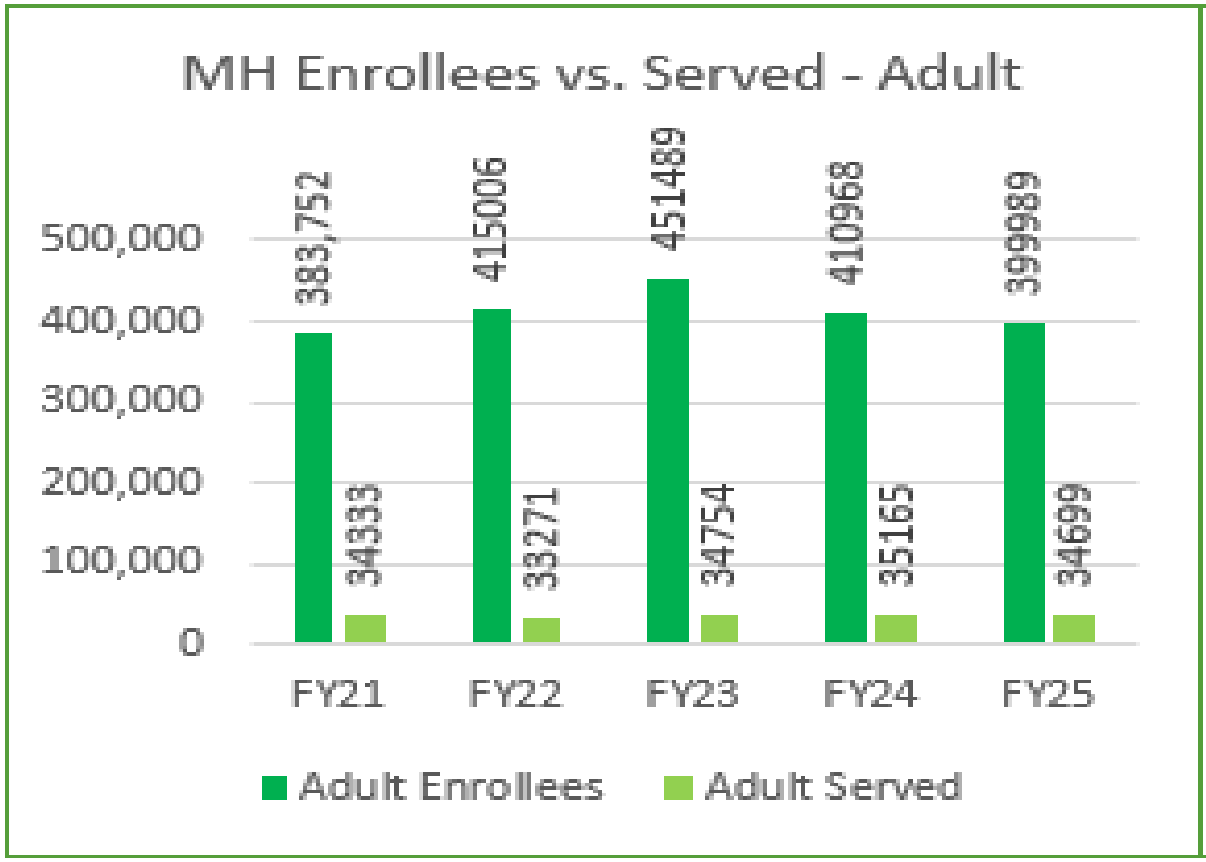

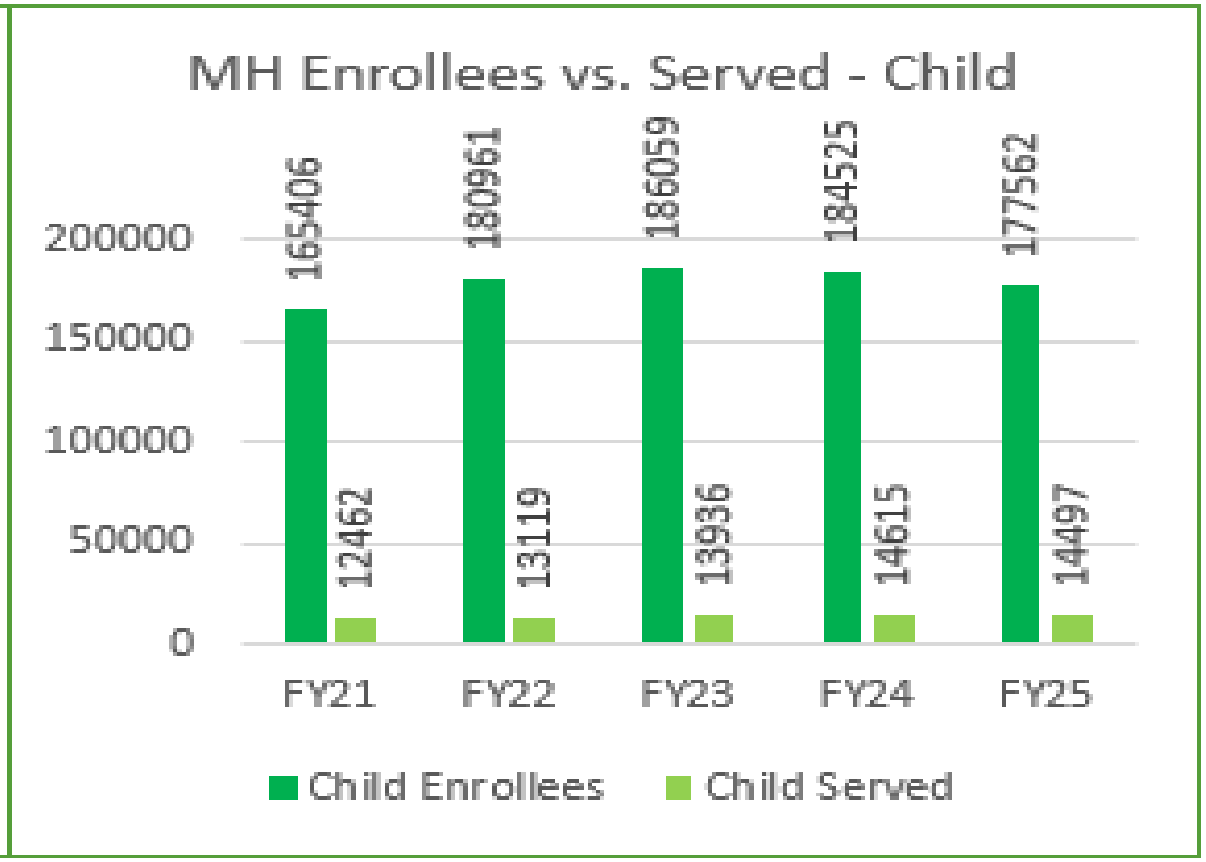

Individuals Enrolled and Served

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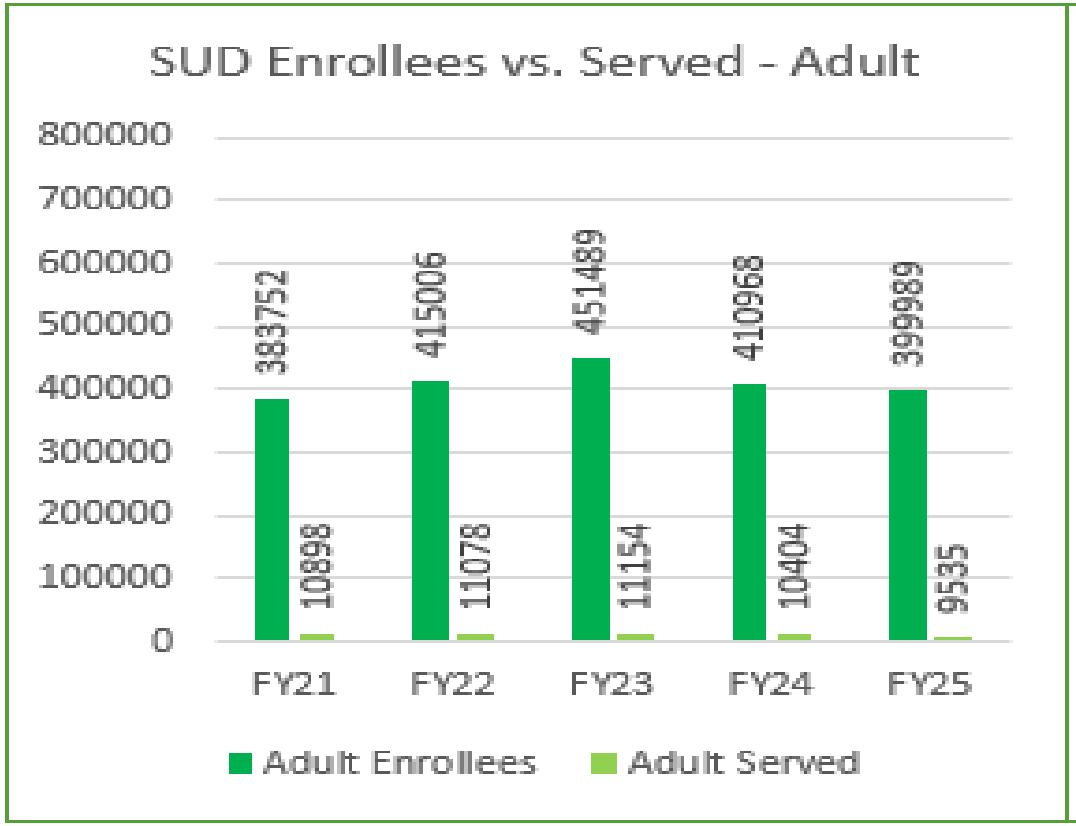

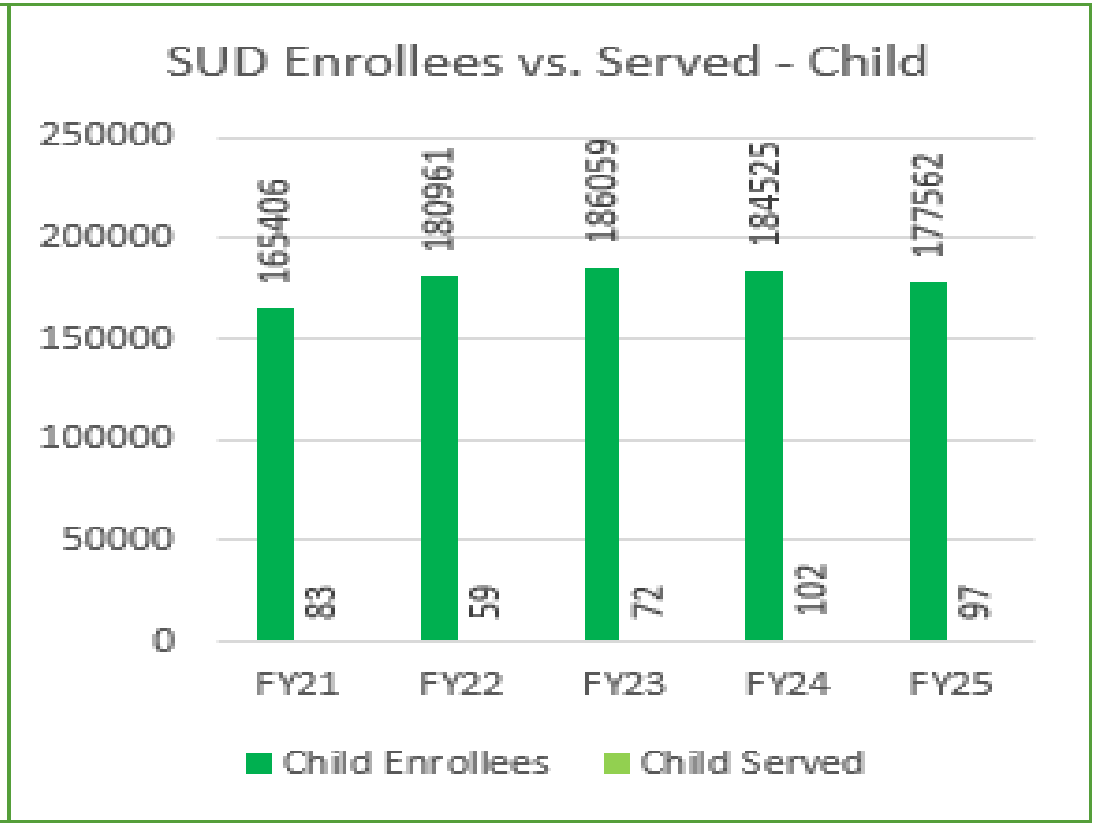

Individuals Enrolled and Served

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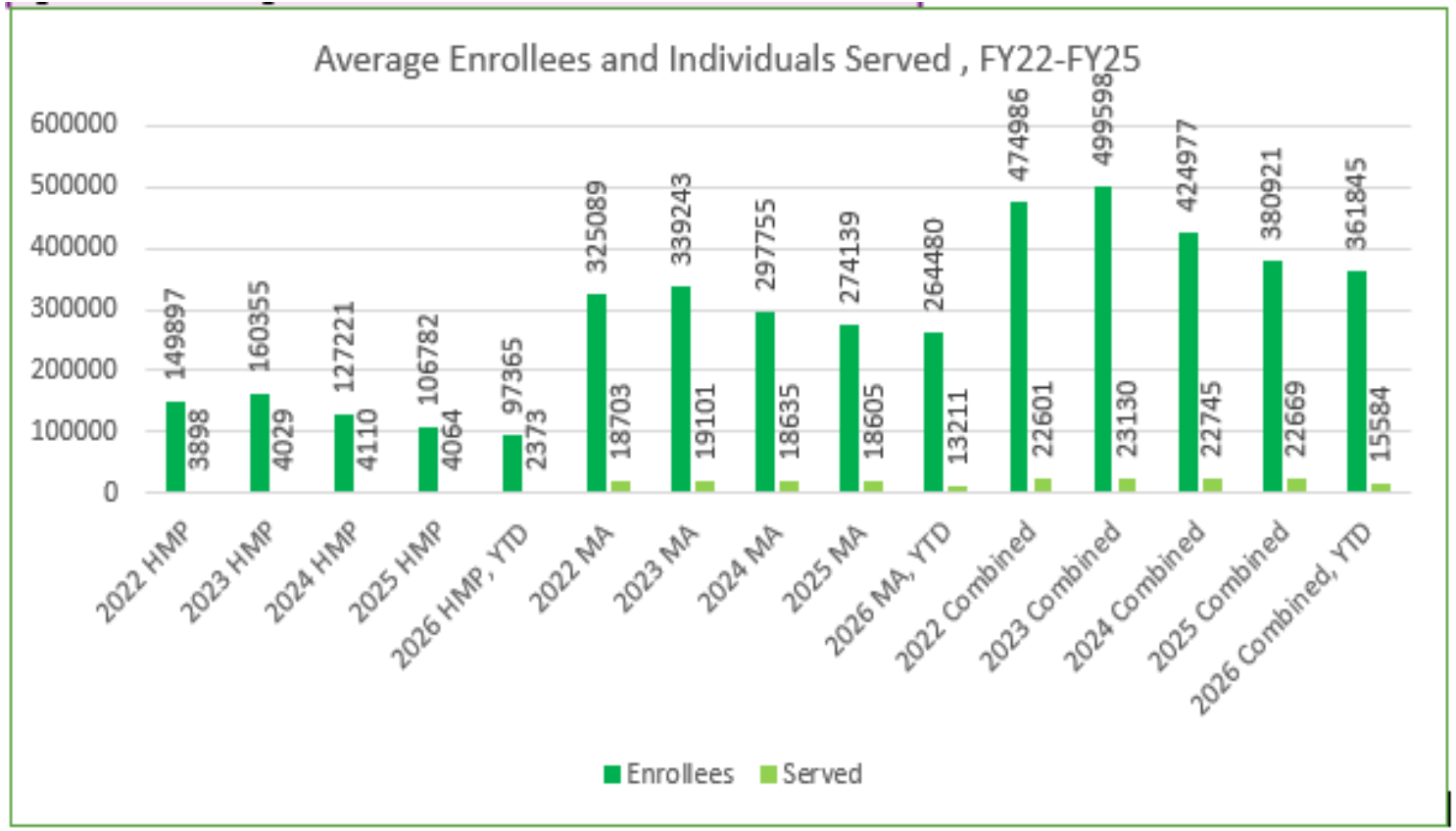

As of January, Average Enrollees = 361,845

AVERAGE Monthly Individuals Enrolled and Served

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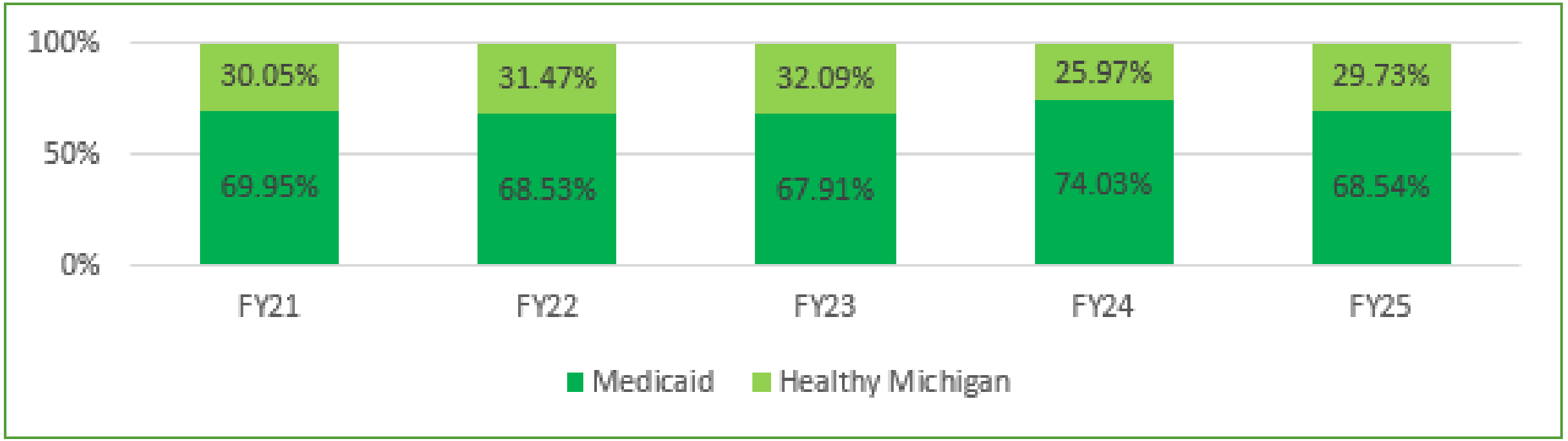

Proportion of Medicaid and Healthy Michigan - Enrollment

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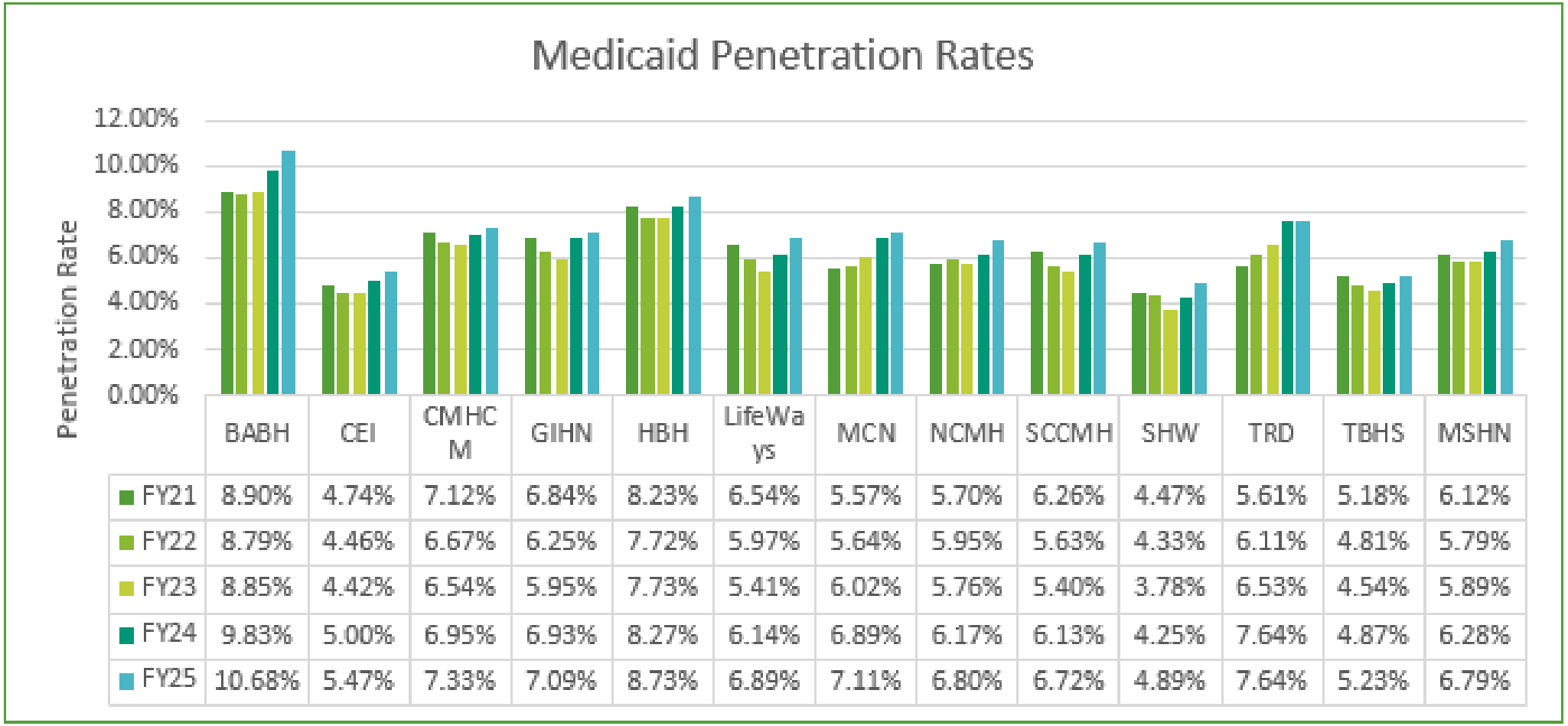
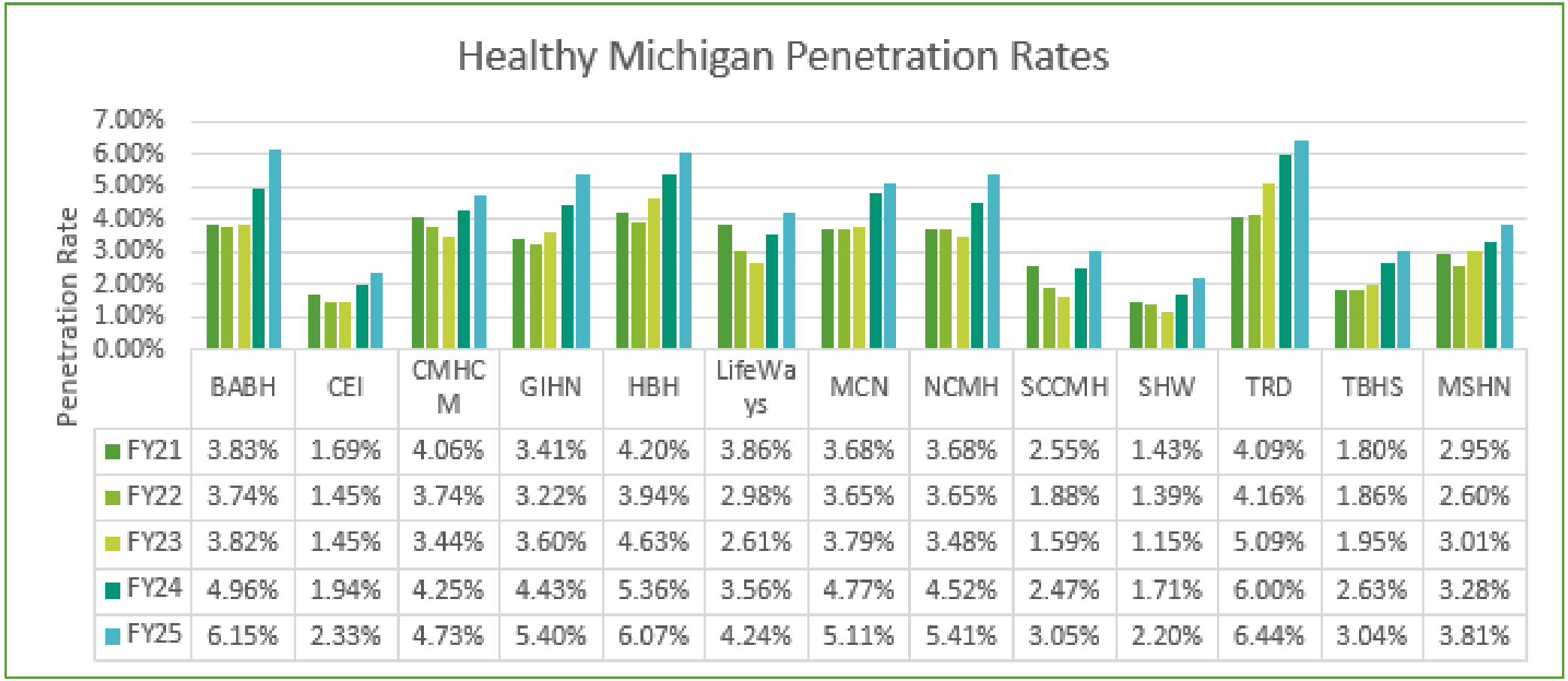
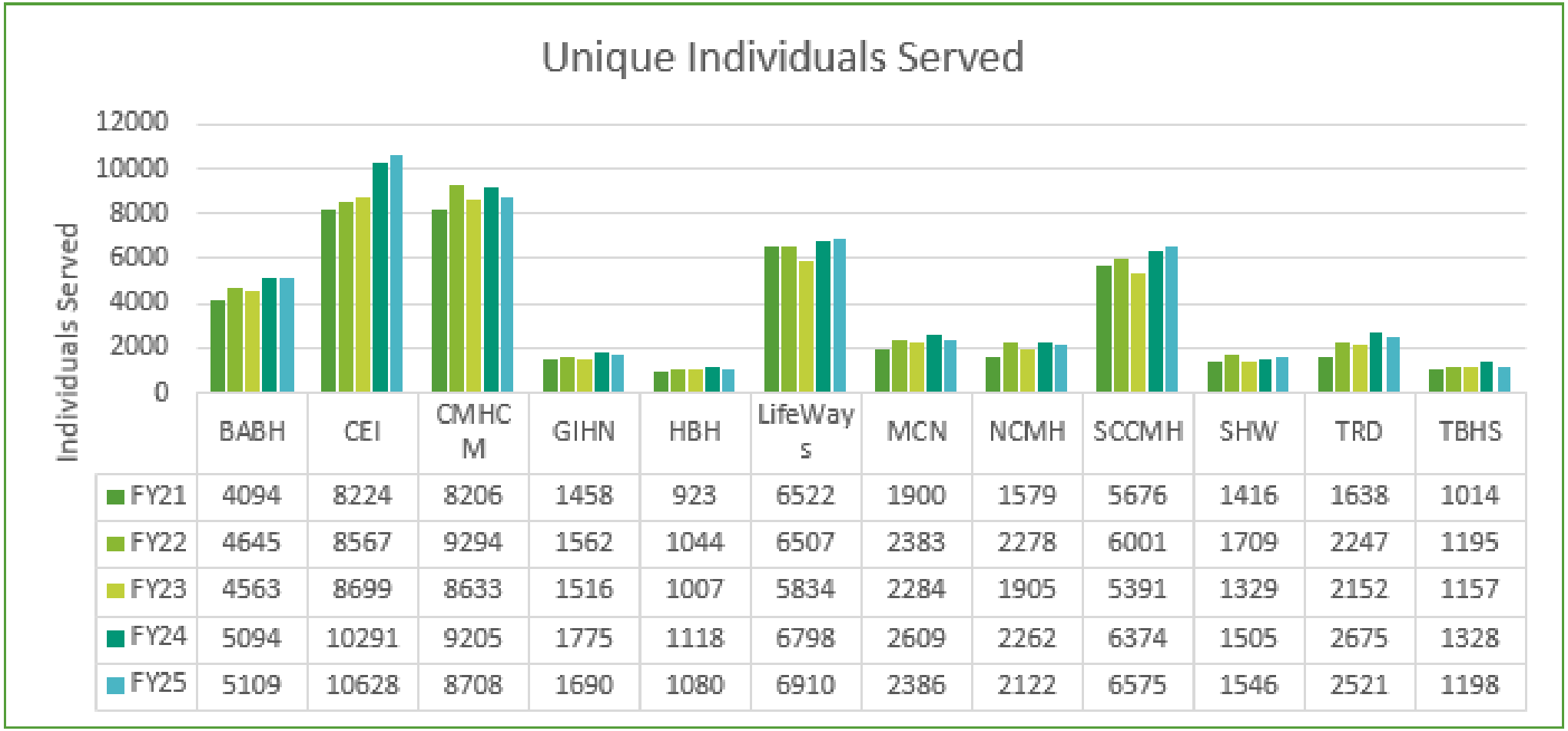


	BABH	CEI	CMHCM	GIHN	HBH	LifeWays	MCN	NCMH	SCCMH	SHW	TRD	TBHS	MSHN
FY21	8.90%	4.74%	7.12%	6.84%	8.23%	6.54%	5.57%	5.70%	6.26%	4.47%	5.61%	5.18%	6.12%
FY22	8.79%	4.46%	6.67%	6.25%	7.72%	5.97%	5.64%	5.95%	5.63%	4.33%	6.11%	4.81%	5.79%
FY23	8.85%	4.42%	6.54%	5.95%	7.73%	5.41%	6.02%	5.76%	5.40%	3.78%	6.53%	4.54%	5.89%
FY24	9.83%	5.00%	6.95%	6.93%	8.27%	6.14%	6.89%	6.17%	6.13%	4.25%	7.64%	4.87%	6.28%
FY25	10.68%	5.47%	7.33%	7.09%	8.73%	6.89%	7.11%	6.80%	6.72%	4.89%	7.64%	5.23%	6.79%



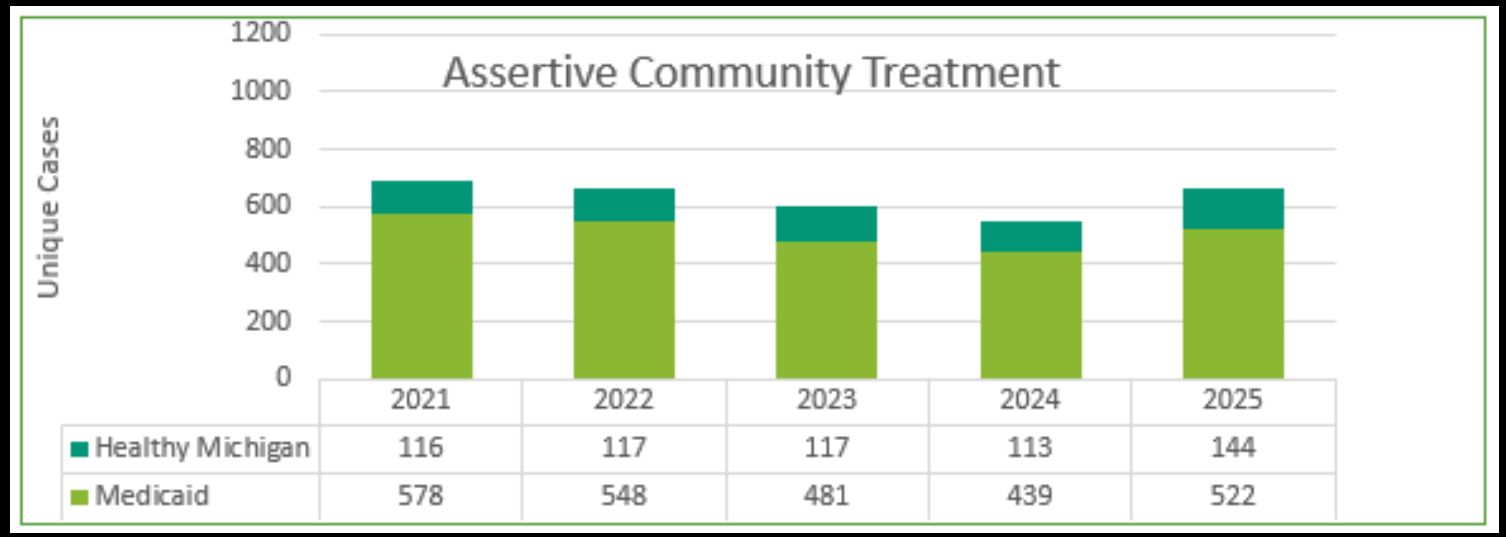
	BABH	CEI	CMHCM	GIHN	HBH	LifeWays	MCN	NCMH	SCCMH	SHW	TRD	TBHS	MSHN
FY21	3.83%	1.69%	4.06%	3.41%	4.20%	3.86%	3.68%	3.68%	2.55%	1.43%	4.09%	1.80%	2.95%
FY22	3.74%	1.45%	3.74%	3.22%	3.94%	2.98%	3.65%	3.65%	1.88%	1.39%	4.16%	1.86%	2.60%
FY23	3.82%	1.45%	3.44%	3.60%	4.63%	2.61%	3.79%	3.48%	1.59%	1.15%	5.09%	1.95%	3.01%
FY24	4.96%	1.94%	4.25%	4.43%	5.36%	3.56%	4.77%	4.52%	2.47%	1.71%	6.00%	2.63%	3.28%
FY25	6.15%	2.33%	4.73%	5.40%	6.07%	4.24%	5.11%	5.41%	3.05%	2.20%	6.44%	3.04%	3.81%



	BABH	CEI	CMHCM	GIHN	HBH	LifeWays	MCN	NCMH	SCCMH	SHW	TRD	TBHS
FY21	4094	8224	8206	1458	923	6522	1900	1579	5676	1416	1638	1014
FY22	4645	8567	9294	1562	1044	6507	2383	2278	6001	1709	2247	1195
FY23	4563	8699	8633	1516	1007	5834	2284	1905	5391	1329	2152	1157
FY24	5094	10291	9205	1775	1118	6798	2609	2262	6374	1505	2675	1328
FY25	5109	10628	8708	1690	1080	6910	2386	2122	6575	1546	2521	1198

Medicaid to Enrollee Provider Ratio: ACT

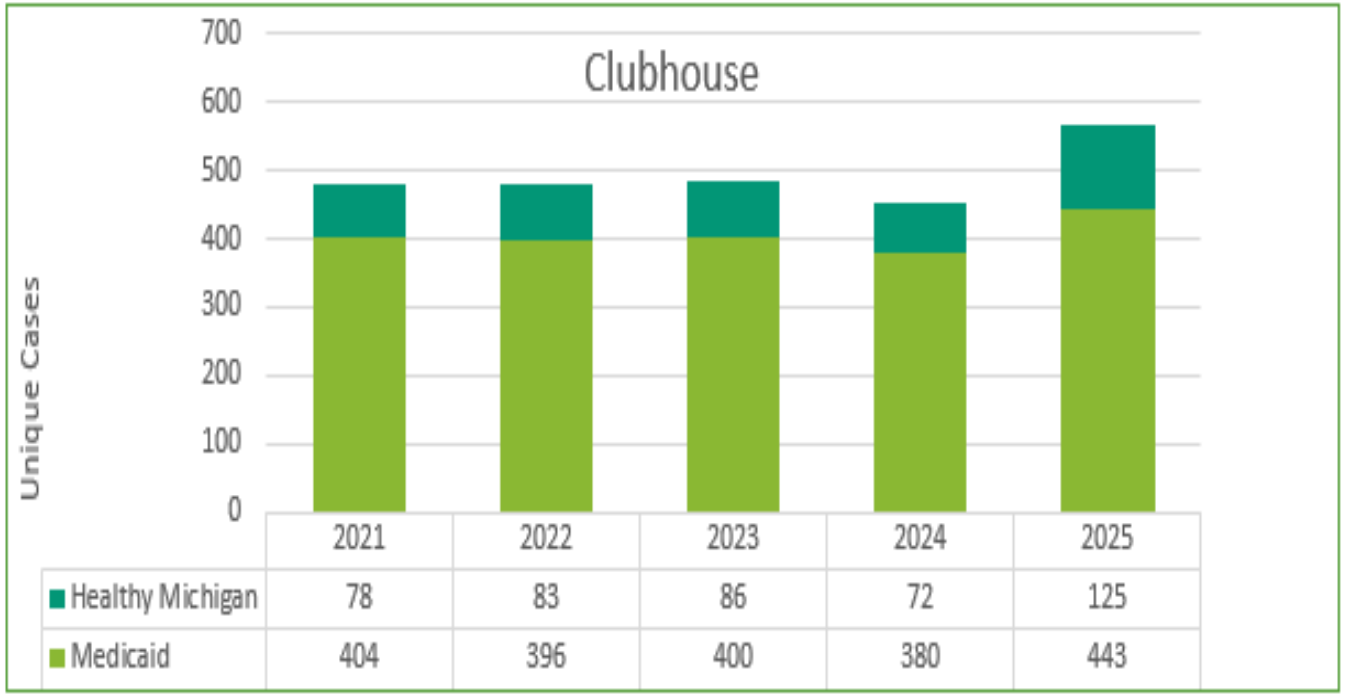
- **<u>Assertive Community Treatment (ACT):</u> MDHHS has established an adequacy standard for ACT programs (30,000:1 Medicaid Enrollee to Provider/Team Ratio).**
- **MSHN's FY25 Ratio: 399,989 Total Adult Medicaid Enrollees to 13 providers. To meet the requirement, MSHN would need to have a total of 13.33 teams in-region.**



Note: BABH and CEICMH are currently not operational due to staffing vacancies

Medicaid to Enrollee Provider Ratio

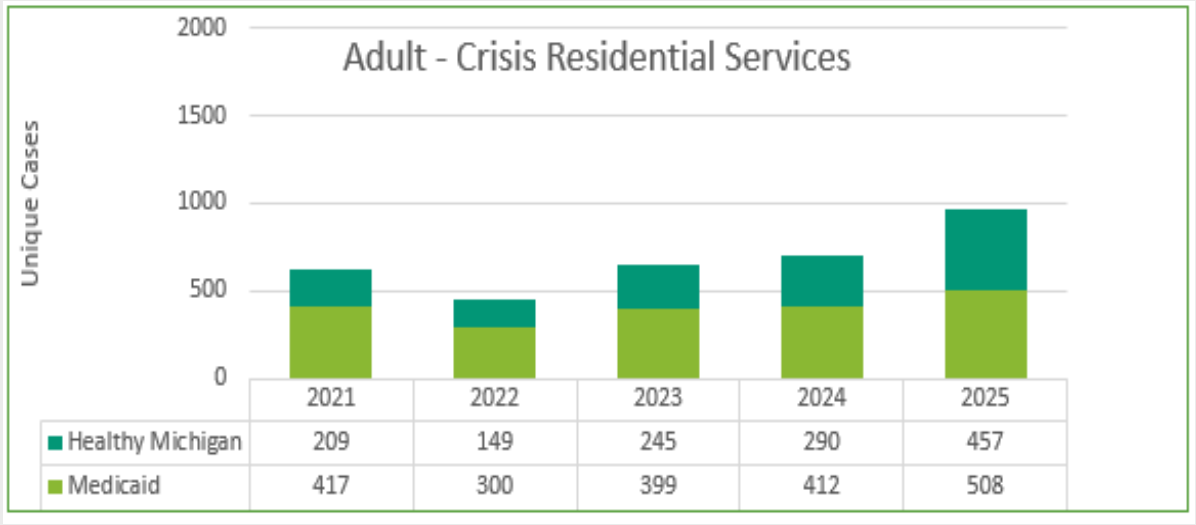
- **<u>Clubhouse Psychosocial Rehab:</u> MDHHS has established an adequacy standard for Clubhouse programs (45,000:1 Medicaid Enrollee to Provider Ratio) which requires 8.89 clubhouse programs in the region, based on the number of adult enrollees. Currently, 6 CMHSPs have accredited clubhouse programs, with one CMH providing 2 in their catchment area.**
- **MSHN's FY25 Ratio: 399,989 Adult MH Medicaid Enrollees to 7 Providers.**



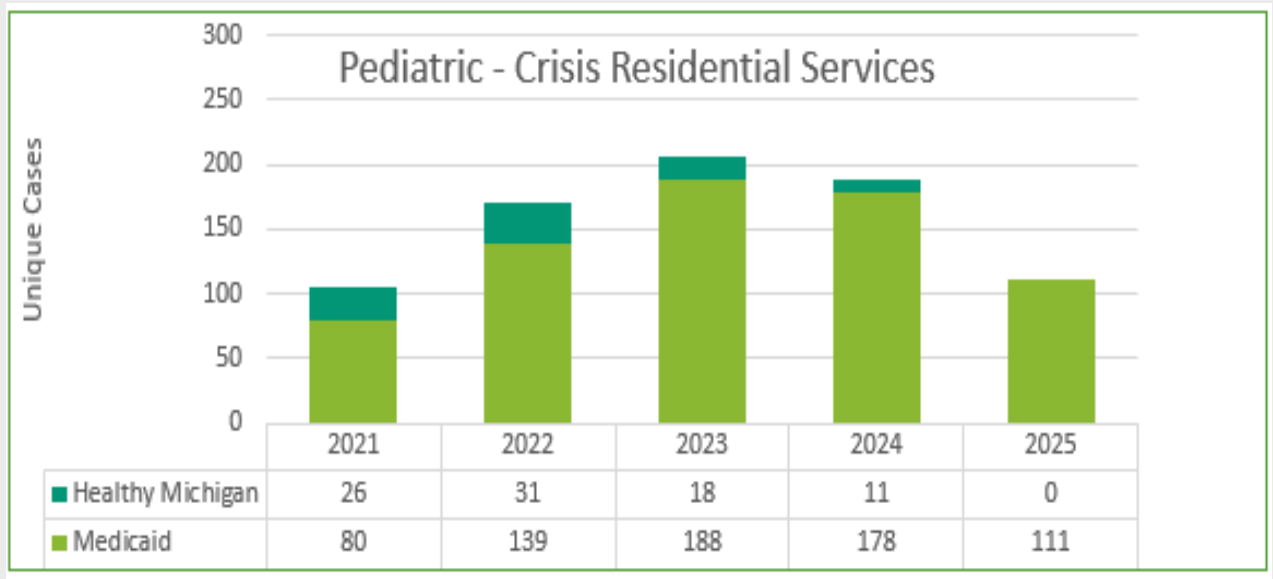
Alternatively, ten of the twelve CMHSPs offer Drop-In Center activity with four CMHSPs offering both. For those CMHSPs without a clubhouse program six drop-in centers are offered.

Medicaid to Enrollee Provider Ratio

- Crisis Residential Services: MDHHS has established an adequacy standard (16 adult beds per 500,000 total population and 8-12 pediatric beds per 500,000 total population). MSHN total population = 1,654,288 (2025 census), so the standard for MSHN is 53 adult beds and 26 pediatric beds (min 8 bed).
- MSHN has an inventory of 18 contracted crisis residential providers, with a total of 120 beds. Of those in-region 24 beds are designated pediatric.
- As a result, MSHN considers its adult capacity to be compliant with the published standard but under the standard for pediatric beds.

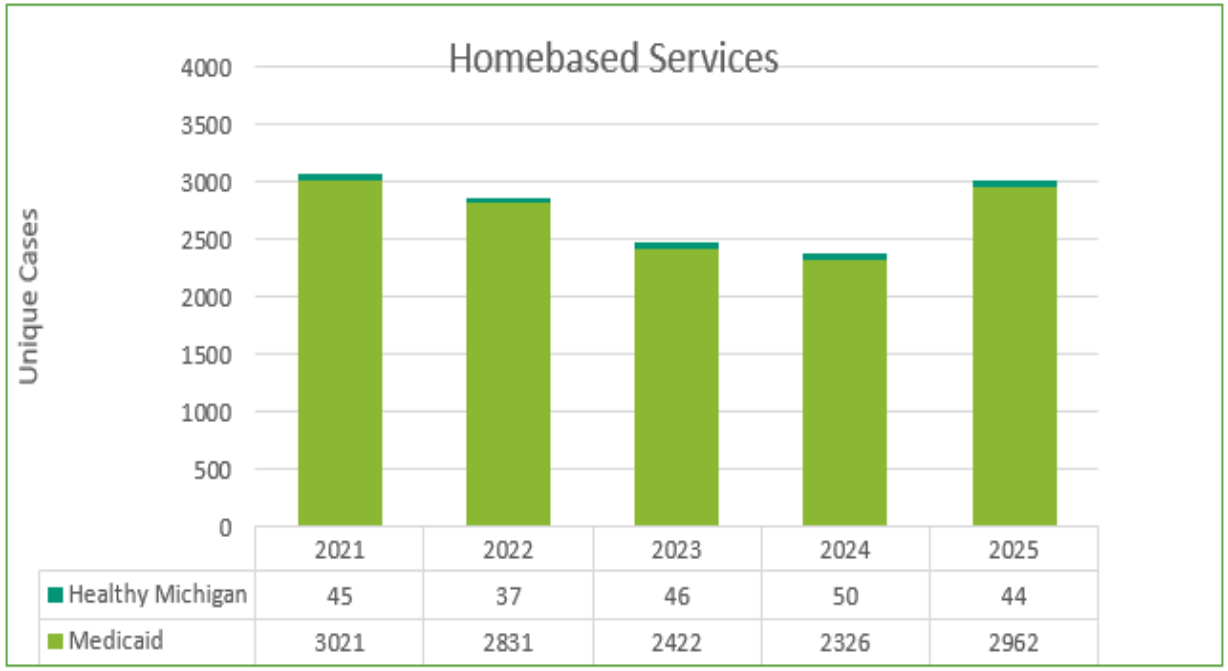


Beacon Sandhurst closed in early 2025, contributing to the current regional deficit for adolescent/youth crisis residential services.



Medicaid to Enrollee Provider Ratio – Children Services

- Homebased Services: MDHHS has an established adequacy standard (2,000:1 Medicaid Enrollee to Provider Ratio). Home-Based services were verified through provider enrollment information to ensure compliance with educational standards of licensure and Full Time Equivalent (FTE) designations.
- MSHN complies with the published standard requirement of 88.78 FTEs Homebased therapists and staff for FY25.
- MSHN's FY25 Ratio: 177,562 Total Children Medicaid Enrollees to 160.25, which is over the requirement.



Medicaid to Enrollee Provider Ratio – Children Services

- **<u>Wraparound:</u> MDHHS has an established adequacy standard (5,000:1 Enrollee to Provider Ratio).**
- MSHN's FY25 Ratio: 177,562 Total Children Medicaid Enrollees to 43.32 FTEs, which is over the required 35.51 FTEs.

Substance Use Disorder (SUD) Access to Service - Adolescents

Adolescents served by American Society of Addiction Medicine (ASAM) Level

Fiscal Year	ASAM Level	Unduplicated Individuals
2021	1.0 Outpatient	37
2021	3.5 Clinically-Managed High Intensity Residential	23
2022	1.0 Outpatient	25
2022	3.5 Clinically-Managed High Intensity Residential	14
2023	1.0 Outpatient	48
2023	3.5 Clinically-Managed High Intensity Residential	11
2024	1.0 Outpatient	77
2024	3.5 Clinically-Managed High Intensity Residential	13
2025	1.0 Outpatient	80
2025	3.5 Clinically-Managed High Intensity Residential	5

Count of adolescents served

Fiscal Year	Unduplicated Individuals
2021	50
2022	34
2023	59
2024	88
2025	85

Access to Service - Adolescents

County	Outpatient				Residential				Withdrawal Mgt.	
	0.5	1.0	2.1	2.5	3.1	3.3	3.5	3.7	3.2	3.7
Arenac										
Bay	X	X*								
Clare		X*								
Clinton		X								
Eaton		X*	X							
Gladwin		X*								
Gratiot										
Hillsdale										
Huron	X	X*								
Ingham		X*								
Ionia		X								
Isabella		X*								
Jackson	X	X	X							
Mecosta										
Midland		X*								
Montcalm		X*	X							
Newaygo	X	X								
Osceola										
Saginaw	X	X*								
Shiawassee		X*								
Tuscola	X	X	X							
Out of Network	X	X*	X		X		X			

*OP Program offer MAT (Suboxone/Vivitrol)

SUD Access to Service - Adults

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Adults served by ASAM Level

ASAM Level	Unduplicated Individuals				
	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
1.0 Outpatient	4375	3926	3908	2763	1793
1.0 Outpatient: Medication Assisted Treatment	3737	3505	3301	2816	2187
2.1 Intensive Outpatient	434	408	469	331	211
2.5 Partial Hospitalization	43	33	50	36	16
3.1 Clinically-Managed Low Intensity Residential	573	598	611	479	313
3.2 Clinically-Managed Withdrawal Management	51	50	64	57	30
3.3 Clinically-Managed Population Specific	7	3	2	2	1
3.5 Clinically-Managed High Intensity Residential	2535	2442	2617	2029	1324
3.7 Medically-Monitored Residential	29	24	17	11	12
3.7 Medically-Monitored Withdrawal Management	167	149	175	133	91

Adult Single Case Agreements

Fiscal Year	Count of SCA's
2021	8
2022	21
2023	95
2024	39
2025	8

Access to Service - Adults

County	Outpatient				Residential				Withdrawal Mgt.		OTP	Women's Specialty Services	Recovery Housing	CCBHC - DCO	SUD - Health Home
	0.5	1.0	2.1	2.5	3.1	3.3	3.5	3.7	3.2	3.7	Level 1	D or E	III or IV	1.0	
Arenac	X	X*													
Bay	X	X*	X									D & E			X
Clare	X	X													
Clinton		X												X	
Eaton	X	X*	X									D		X	
Gladwin	X	X*													
Gratiot		X													
Hillsdale		X*					X					D		X	
Huron	X	X*													
Ingham	X	X*	X		X		X		X	X	X	E	X	X	X
Ionia		X*										D		X*	
Isabella	X	X*	X		X		X				X				X
Jackson	X	X*	X				X			X	X	E		X	X
Mecosta	X	X													
Midland	X	X*					X						X		
Montcalm		X*	X									D	X		
Newaygo	X	X*	X									D			
Osceola															
Saginaw	X	X*	X		X		X		X	X	X	D & E	X	X	X
Shiawassee		X*										E			X
Tuscola	X	X*	X									D			
Out of Network	X	X*	X	X	X	X	X	X	X	X	X	D			X

*OP Program offer MAT (Suboxone/Vivitrol) D = Designated WSS Program E = Enhanced WSS Program

Medicaid to Enrollee Provider Ratio – SUD Opioid Treatment Programs (OTP)

- MDHHS has an established adequacy standard of 35,000:1 Medicaid Enrollee to Provider ratio.
- MSHN contracts with two providers that have five OTP locations in region and contracts with an additional five (5) MOUD providers out of network for services to in-region residents.
- MSHN's Ratio: 399,989 Total Adult Medicaid Enrollees to 5 OTP providers, which is under the required 11.43.

Timeliness to Service

	Population	MSHN Performance Rate FY21	MSHN Performance Rate FY22	MSHN Performance Rate FY23	MSHN Performance Rate FY24	MSHN Performance Rate FY25
The percentage of all Medicaid adult and children beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. (Standard: ≥95%)	MI-Children	99.58%	97.69%	98.52%	98.73%	98.87%
	MI-Adults	99.22%	98.96%	98.89%	99.44%	99.58%
The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergent request for service. (Standard: No established standard for populations, >62.3% for Total)	MI-Children	69.31%	64.26%	59.91%	65.28%	61.81%
	MI-Adults	63.69%	61.42%	62.76%	66.47%	63.05%
	DD-Children	65.30%	57.77%	44.54%	50.11%	43.19%
	DD-Adults	72.74%	67.77%	57.52%	65.99%	57.42%
	Total	67.39%	62.29%	60.72%	64.97%	60.89%
The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment (Standard: No established standard for populations, >72.9% for Total).	MI-Children	68.29%	59.24%	58.83%	60.17%	60.79%
	MI-Adults	72.62%	64.01%	62.17%	65.49%	66.30%
	DD-Children	78.33%	73.26%	80.64%	80.52%	78.63%
	DD-Adults	68.01%	65.58%	62.56%	66.46%	67.71%
	Total	71.34%	63.08%	62.45%	65.00%	65.70%
The percentage of new persons during quarter receiving a face-to-face service for treatment or supports within 14 calendar days of non-emergent request for services. (SUD Only) (Standard: >75.3%)	Medicaid SUD	83.52%	75.48%	73.66%	73.33%	77.78%
The percentage of discharges from psychiatric inpatient unit/substance use disorder detox unit seen for follow-up care within 7 days. (Standard: ≥95%)	Children	98.90%	97.44%	97.79%	97.82%	96.56%
	Adults	97.02%	96.17%	95.76%	96.14%	95.95%
	Medicaid SUD	96.68%	97.19%	97.46%	93.98%	93.52%
The percentage of readmissions to an inpatient psychiatric unit within 30 days of discharge. (Standard: <15%)	Children	7.97%	5.50%	8.72%	8.38%	9.52%
	Adults	12.62%	10.08%	12.36%	11.48%	11.49%

Time and Distance Standards

FY 2024 – MDHHS calculated based on PIHP submission of Provider Directory Listings

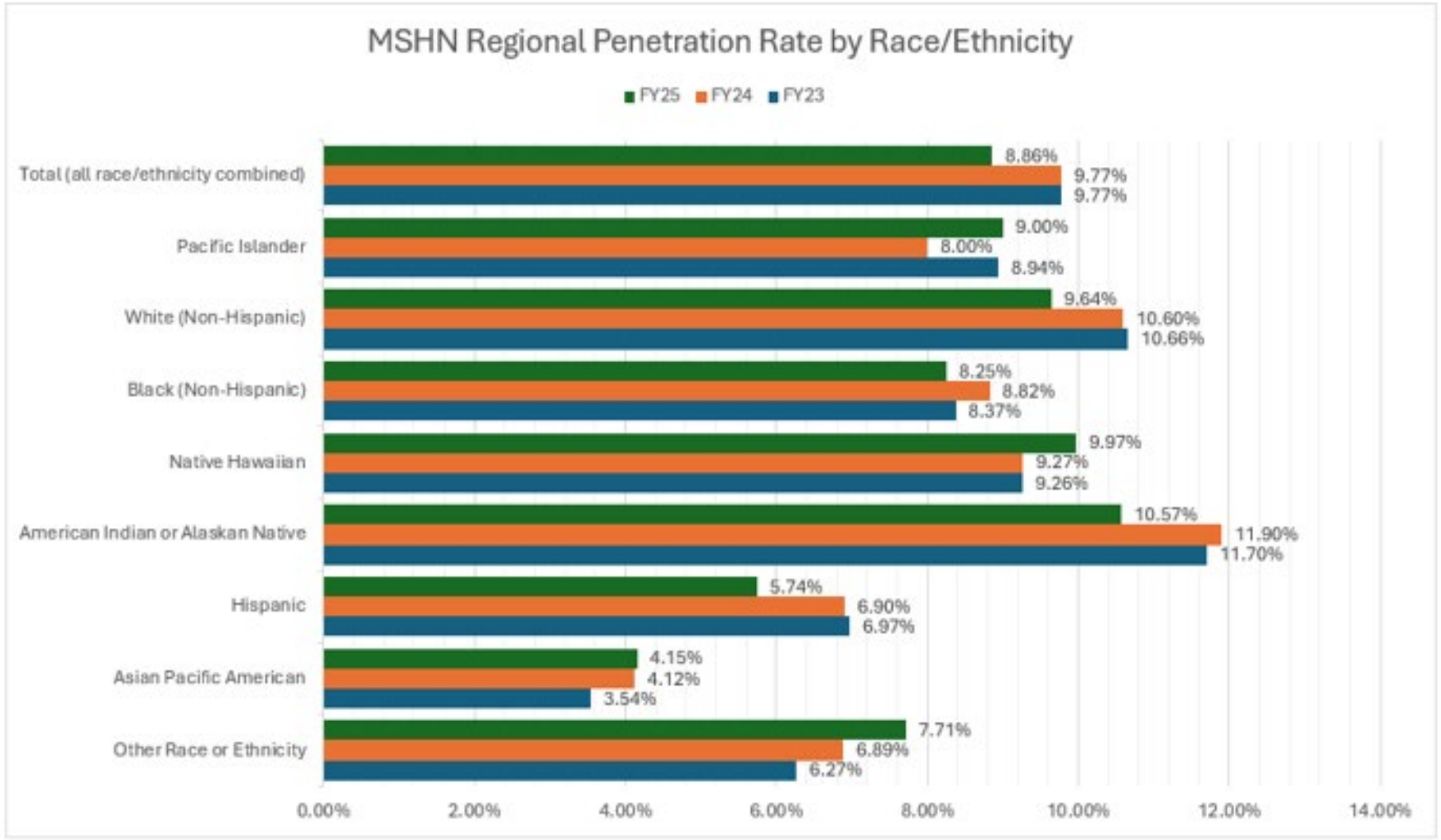
Adult Services

Service	Time/Distance Percentage Rate		Provider to Enrollee Ratio Met or Unmet
Assertive Community Treatment (1:30,000)			Met (1:19,006)
Crisis Residential Programs (16 Beds Per 500,000 Total Population)	96.1%	87.9%	Met (127:1,643,130)
Opioid Treatment Programs (1:35,000)	100%	99.5%	Met (1:12,008)
Psychosocial Rehabilitation Programs (1:45,000)	99.3%	93.8%	Met (1:38,011)
Inpatient Psychiatric Services	99.6%	94.9%	

Pediatric Services

Service	Time/Distance Percentage Rate		Provider to Enrollee Ratio Met or Unmet	Baseline Data Results
Inpatient Psychiatric Services	86.1%	66%		
Crisis Residential Programs (8-12 Beds Per 500,000 Total Population)	50%	33%	Met (30:1,643,130)	
Home-Based Services (1:2,000)			Met (1:1,214)	
Wraparound (1:5,000)			Met (1:4,673)	
Intensive Crisis Stabilization				1:7,711
Respite Services				DCW Ratio 1:707 Beds 1:12,852
Parent Support Partner Services				1:10,281
Youth Peer Support Services				1:25,703

Sufficiency of Mix of Providers: Cultural Competence



MSHN requires cultural competence training for staff and its provider network. Out of 1,410 provider listings in the region's Provider Directory, 97.87% indicated Cultural Competency training, which is a slight decrease from 97.9% reported in FY24
But an increase from 90.9% reported in FY23.

Sufficiency of Mix of Providers: Accommodations

- All CMHSP Participants offer services in locations with physical access for Medicaid beneficiaries with disabilities. Out of 1,406 provider listings in the region's Provider Directory, 82.07% indicated accommodations in accordance with the Americans with Disabilities Act. Delivery of services in home settings, as well as telemedicine, can offset barriers to physical access where present.
- The majority of the CMHSPs and SUD providers in the region ***are CARF accredited, which requires specific accommodations and accessibility*** evaluations or plans to ensure services are readily available to individuals with special needs.
- ***Interpreters and translators are available at each CMHSP for persons with Limited English Proficiency*** (individuals who cannot speak, write, read, or understand the English language at a level that permits them to interact effectively with health care providers). This includes the use of sign interpreters for persons with hearing impairments and audio alternatives for people with vision limitations.

Significant drop from FY24 at 94.3%

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Sufficiency of Mix of Providers: Accommodations

No county has more than 5% non-English speaking individuals

	Languages Spoken																		
COUNTY	Albanian	Arabic	Bengali, Bangla	Chinese	English	French	German	Hindi	Korean	Kurdish	Portuguese	Punjabi	Russian	Somali	Spanish	Swahili	Tigrinya	Turkish	Urdu	Vietnamese
ARENAC					99.70%			0.04%					0.02%		0.09%					
BAY		0.01%			99.56%										0.12%					
CLARE		0.04%			99.57%								0.07%		0.17%					
CLINTON	0.01%	0.18%	0.01%	0.03%	98.56%				0.01%				0.01%		0.51%				0.01%	0.01%
EATON		0.15%		0.01%	97.51%	0.05%				0.01%		0.01%			1.59%	0.12%			0.01%	0.02%
GLADWIN		0.01%			99.13%										0.44%					
GRATIOT					99.22%							0.01%			0.43%					
HILLSDALE		0.01%	0.01%		99.39%		0.03%				0.01%		0.01%		0.29%					
HURON		0.02%		0.01%	99.24%								0.01%		0.32%					
INGHAM	0.01%	0.73%		0.03%	96.64%	0.09%		0.02%	0.02%	0.01%		0.01%	0.05%	0.06%	1.31%	0.49%	0.01%	0.01%	0.01%	0.04%
IONIA		0.02%			99.27%	0.01%	0.01%	0.01%							0.44%	0.01%				
ISABELLA		0.01%		0.02%	99.00%										0.31%					
JACKSON		0.01%	0.01%	0.01%	99.15%										0.44%				0.01%	0.02%
MECOSTA		0.02%	0.01%	0.01%	99.44%										0.16%					
MIDLAND		0.01%	0.01%		99.08%							0.01%	0.01%		0.36%			0.01%	0.01%	0.01%
MONTCALM					99.48%	0.02%	0.01%								0.31%					
NEWAYGO		0.02%		0.01%	98.88%						0.01%	0.01%	0.01%		0.86%					
OSCEOLA		0.02%		0.01%	99.37%								0.01%		0.23%					
SAGINAW		0.03%		0.01%	99.19%						0.01%		0.01%		0.45%					0.01%
SHIAWASSEE				0.01%	99.49%										0.11%					
TUSCOLA					99.30%								0.01%		0.38%					

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FY25 Health Homes:

- Certified Community Behavioral Health Clinics (CCBHCs) – 25,314 beneficiaries (up from 19,871 in FY24)
  - Community Mental Health Authority of Clinton, Eaton and Ingham Counties
  - The Right Door for Hope, Recovery and Wellness (Ionia County)
  - Saginaw County Community Mental Health
  - LifeWays (Hillsdale, Jackson Counties)

- Substance Use Disorder Health Home (SUDHH) - Expansion from Opioid Health Home - 526 beneficiaries (up from 398 in FY24)
  - Isabella Citizens for Health - Isabella
  - LifeWays – Jackson/Hillsdale
  - MidMichigan Community Health – Roscommon (serving northern MSHN region) (Beaverton & West Branch FY26)
  - MidMichigan Recovery Services – Lansing FY26
  - Montcalm Care Network – Montcalm FY26
  - Professional Psychological & Psychiatric Services – Saginaw FY26
  - Recovery Pathways – Bay City/Essexville/Shiawassee (Midland, FY26)
  - Sacred Heart – Bay City/Saginaw
  - Shiawassee Health & Wellness – Owosso FY26
  - Victory Clinical Services - Saginaw/Lansing/Jackson

- Behavioral Health Home (BHH) - 344 beneficiaries (down from 566 in FY24) Note: decrease due to disenrollment
  - CMH for Central MI
  - Saginaw CMH Authority
  - Montcalm Care Network
  - Newaygo CMH
  - Shiawassee Health & Wellness
  - Gratiot Integrated Health Network

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Assessment Results

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- Expand **Children Services** by increasing Provider Capacity:
  - Autism
  - Crisis Residential
  - Inpatient Psychiatric
  - Substance Use Disorder
- Increase in-region Opioid Treatment Providers
- Address provider network accommodations (or accurate reporting of such on the directory)
- Support CMHSP staffing capacity for ACT

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