

**Substance Use Disorder (SUD)
Oversight Policy Board Meeting
April 16, 2025 ~ 4:00 p.m.**

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

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

- 1) Call to Order
- 2) Oversight Policy Board Member Ten Year Service Recognition
- 3) Roll Call
- 4) **ACTION ITEM:** Approval of the Agenda for April 16, 2025
- 5) **ACTION ITEM:** Approval of Minutes of February 19, 2025 *(Page 3)*
- 6) Public Comment
- 7) Board Chair Report
- 8) Deputy Director Report *(Page 7)*
- 9) **ACTION ITEM:** Approval of Substance Use Disorder Oversight Policy Board Bylaws *(Page 15)*
- 10) Chief Financial Officer Report
 - A. FY25 PA2 Funding & Expenditures by County *(Page 25)*
 - B. FY25 PA2 Use of Funds by County and Provider *(Page 29)*
 - C. FY25 SUD Financial Summary Report of February 2025 *(Page 31)*
- 11) **ACTION ITEM:** FY25 Substance Use Disorder PA2 Contract Listing *(Page 32)*
- 12) SUD Operating Update *(Page 35)*
 - A. FY2025 Q1 SUD County Reports *(Page 38)*
- 13) Other Business
- 14) Public Comment
- 15) Board Member Comment
- 16) Adjournment

*Please direct questions and/or concerns pertaining to MSHN's SUD Oversight Policy Advisory Board to Sherry Kletke, Executive Support Specialist, at 517.253.8203
Mid-State Health Network | 530 W. Ionia Street | Lansing, MI 48933*

MSHN SUD Oversight Policy

Board Officers

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

MEETING LOCATION:

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

VIDEOCONFERENCE:

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

Meeting ID: 5624476175

TELECONFERENCE:

Call 1.312.626.6799

Meeting ID: 5624476175#

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

**UPCOMING FY25
SUD OVERSIGHT POLICY BOARD
MEETINGS**

June 18, 2025
CMHAM
507 S. Grand Ave
Lansing, MI 48933

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

All meetings will be held from
4:00-5:30 p.m.

MSHN Board Approved Policies
May be Found at:
<https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies>

FY25 MSHN SUD Oversight Policy Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Ashley	Lisa	ashleyl@clareco.net		989.630.5256		Gladwin	2025
Burke	Lori	lori.burke@myconnectedhealth.com		989.217.0412		Shiawassee	2026
Cahill	Irene	icahill@ingham.org	irenecahill@icloud.com	517.488.1486		Ingham	2026
Caswell	Bruce	bcaswell@frontier.com		517.425.5230	517.523.3067	Hillsdale	2026
Gambrell	Todd	todd@gambrelllaw.com		989.832.6387		Midland	2027
Gross	Jacob	grossj@clareco.net		989.506.2163		Clare	2027
Harrington	Christina	charrington@saginawcounty.com		989.758.3818		Saginaw	2025
Hemminger	Charlean	chemminger@ioniacounty.org		989.855.5235		Ionia	2025
Hunter	John	hunterjohn74@gmail.com		989.673.8223	989.551.2077	Tuscola	2025
Kolk	Bryan	bryank@newaygocountymi.gov		616.780.5751		Newaygo	2027
Kroneck	John	jkroneck@mmdhd.org		989.831.3659	616.302.6009	Montcalm	2027
Link	Karen	karenl@huroncmh.org		989.269.1109	989.269.9293	Huron	2026
Moreno	Jim	jmoreno@isabellacounty.org		989.954.5144		Isabella	2027
Peters	Justin	comicmonkey1@outlook.com		989.280.1369		Bay	2025
Rayburn	Emily	emily@childadvocacy.net		989.763.3436	989.463.1422	Gratiot	2025
Strong	Jerrilynn	jeristrong64@gmail.com		989.382.5452		Mecosta	2027
Thalison	Kimberly	kthalison@eatonresa.org		517.541.8711		Eaton	2025
Turner	David	davidturner49665@gmail.com		231.908.0501		Osceola	2027
Vallad	Rachel	rachel.vallad87@gmail.com		989.798.4743		Arenac	2026
Washington	Dwight	washindwi@gmail.com		517.974.1658		Clinton	2026
Woods	Ed	ejw1755@yahoo.com		517.796.4501	517.392.8457	Jackson	2026

Alternates:

Briggs	Margery	briggsmmb@sbcglobal.net		517.647.4747		Ionia-Alternate	2025
Fickes	Nicole	fickesn@clinton-County.org		517.899.9307		Clinton - Alternate	2026
Howard	Linda	lhoward8305@gmail.com		989.560.8305		Mecosta-Alternate	2027
Mahar	Charlie	cmahar@greenridge.com		616.205.6435		Montcalm-Alternate	12.31.25
Mott	Jim	jmott@eatoncounty.org		517.749.4236		Eaton-Alternate	2025
Murphy	Joe	jmurphy0504@comcast.net		989.670.1057		Huron-Alternate	2026
Pratt	Tanya	tp Pratt@ingham.org	tlpratt624@gmail.com	810.919.1542		Ingham-Alternate	2026
Smith	Alaynah	asmith@co.midland.mi.us		989.837.6587	989.832.6389	Midland-Alternate	2027
Svetcos	Susan	ssvetcos@gmail.com		989.701.5516		Gladwin-Alternate	2025

Administration:

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

Mid-State Health Network SUD Oversight Policy Advisory Board

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

CMH Association of Michigan (CMHAM)

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

Meeting Minutes

1. Call to Order

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

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

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

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

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

Alternate Member(s) Remote Margery Briggs (Ionia)

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

Staff Members Remote Kate Flavin (SUD Treatment Administrator), Sherrie Donnelly (Treatment and Recovery Specialist), Beth LaFleche (Treatment Specialist), and Sarah Surna (Prevention Specialist)

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

2. Roll Call

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

3. Approval of Agenda for February 19, 2025

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

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

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

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

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

5. Public Comment

There was no public comment

6. Board Chair Report

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

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

7. Deputy Director Report

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

Regional Matters:

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

State of Michigan/Statewide Activities

- Treatment Policy – Off-Site Dosing Released

Federal/National Activities

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

8. Chief Financial Officer Report

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

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

9. Substance Use Disorder PA2 Contract Listing

Ms. Leslie Thomas provided an overview and information on the FY25 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

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

10. SUD Operating Update

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

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

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

11. Other Business

There was no other business.

12. Public Comment

There was no public comment.

13. Board Member Comment

There were no further board member comments.

14. Adjournment

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

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

Community Mental Health Member Authorities

Bay Arenac
Behavioral Health



CMH of
Clinton.Eaton.Ingham
Counties



CMH for Central
Michigan



Gratiot Integrated
Health Network



Huron Behavioral Health



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



LifeWays CMH



Montcalm Care Center



Newaygo County
Mental Health Center



Saginaw County CMH



Shiawassee
Health & Wellness



Tuscola Behavioral
Health Systems

Board Officers

Edward Woods

Chairperson

Irene O'Boyle
Vice-Chairperson

Deb McPeck-McFadden
Secretary

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

February/March

MSHN/REGIONAL MATTERS

SUD OPB By-Laws Review

OPB members were asked to review and provide feedback by April 1, 2025 regarding the proposed changes to the Substance Use Disorder Oversight Policy Board By-Laws. The included changes ensure compliance with the Open Meetings Act, as it currently stands. As indicated in my previous reports, the only legal basis for a member of a public body to participate in a meeting via telephonic or video conferencing as a member of the public body is if that member is absent due to military duty, disability, or health-related condition.

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

MSHN administration therefore recommends approval of the SUD OPB By-Laws as indicated in the attached noted in red. The final edited version will be presented to the MSHN Board of Directors in May, with an approved final version distributed to OPB members shortly thereafter.

Michigan Department of Health and Human Services (MDHHS) Press Release (noted below under State Activities)

As noted in my communication to the SUD OPB Board members on February 28, 2025, MDHHS issued a press release that directly affects the public behavioral health system. More specifically, it directly affects Mid-State Health Network, our staff and related current and future operations planning.

What we know as of today;

- MDHHS indicated it has chosen to re-procure the entire Pre-paid Inpatient Health Plan (PIHP) system
- The state official reiterated several times that "this is not 298" and "we are not privatizing the system." While not stated, this suggests that private health plans would be excluded from procurement, but that is far from clear. There was a hopeful comment that this procurement process makes it possible for multiple paths forward for existing PIHPs and others, perhaps with different configurations. What was meant by "different configurations" is not clear at this

time. Also unclear are the goals relating to reducing the number of PIHPs, broadening geographic areas, or anything else.

- The official stated several times that stakeholder responses to the survey linked in the press release would assist MDHHS with those and related decisions.
- The only definitive piece of information that was shared with us was that MDHHS has a hard deadline of FY 27 (10/01/2026).

In addition, MDHHS has indicated a few things since the release.

- There will be no contract (negotiations) meetings until at least after the procurement is over (2027).
- MDHHS' intent is that there will be no contract amendments that are not driven by judicial or regulatory requirements (except rate adjustments).
- MDHHS likely will issue amendments unilaterally without regard to position/views of PIHPs.
 - the statement was also made that MDHHS doesn't think it's fair or right to add new requirements while a procurement process is underway.
 - No response to conflict free access and planning (original plan date of October 1, 2025).
 - No response to the Mental Health Framework for PIHPs – MDHHS plans to move the health plan side ahead.

The MSHN Leadership Team embraces two key principles in particular as the organization and region move into this time of uncertainty and exploration of future configuration options:

Performance Matters! MSHN has a long history of achieving high levels of performance against established standards and benchmarks, of leading a variety of initiatives in our region and across the state and achieving positive outcomes in our operations and for beneficiaries and communities in our 21-county region.

Our leadership team will encourage continued strong performance in all areas of operations and will continue to strive for excellence in all that the organization does, especially focusing on positive beneficiary and community impacts. The MSHN organization will continue to focus on its mission, vision, performance, quality, and compliance.

Relationships Matter! MSHN has a long history of effective collaboration and engagement with our MDHHS colleagues, with our Community Mental Health Service Program (CMHSP) Participants, with our Provider Network, with other stakeholders, and with the communities within which we operate.

Our leadership team will encourage continued effective collaboration and engagement across all areas of operations and will continue to create, develop, and maintain effective relationships with all stakeholders.

Given the uncertainty about what the procurement will entail, whether MSHN will be permitted to be a bidder, and if so, whether MSHN can be a successful bidder, and the myriad other considerations, the MSHN Leadership Team must ensure best use of resources, which includes the time and talent of our workforce members and very limited financial resources.

The following evaluation criteria have been created to guide decisions in determining feasibility of initiating new projects, evaluating existing projects and expanding ongoing operations for continuation or cessation.

- Does the [project/initiative/operation] positively impact beneficiary services, supports, care, or outcomes?

- Does the [project/initiative/operation] positively impact community health, health disparities, and/or community recovery capital?
- Is [project/initiative/operation] required? If so, by what source (law, regulation, contract, MDHHS policy, MSHN policy, etc.)?
- Does [project/initiative/operation] help to position the organization for success as a bidder in the upcoming competitive procurement?
- Benefits should outweigh costs:
 - Can the [project/initiative/operation] be initiated, developed, and/or completed within two years?
 - Does the [project/initiative/operation] add value and/or reduce burdens on beneficiaries, communities, CMHSP Participants, providers, and/or MSHN personnel?
 - Does the [project/initiative/operation] improve access, quality, customer services, performance measures, and/or compliance (among other potential improvement outcomes)?
- Does the [project/initiative/operation] obligate MSHN beyond a two year period ending 09/30/26?

As of now, MSHN is suspending the development of FY26-27 Strategic Planning and will extend our current FY24-25 Strategic Plan for up to two years (ending 9/30/26). MSHN will continue our efforts to expand integrated health initiatives that include Behavioral Health Homes, Substance Use Disorder Health Homes, and Certified Community Behavioral Health Center.

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

HHS COVID-19 Grant Termination

On April 1, 2025, MSHN received a termination notice regarding the COVID-19 Substance Use and Gambling Services – 2025 Prevention and Treatment grants provided under the American Rescue Plan Act (ARPA).

The termination from Health and Human Services (HHS) to MDHHS noted the grants are being terminated for cause due to the end of the pandemic. Termination is effective as of April 1, 2025. ***No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds.*** Unobligated award balances of COVID-19 funding will be de-obligated by the Centers for Disease Control (CDC). Award activities under other funding may continue consistent with the terms and conditions of the award.

MSHN is reviewing the impact of this notice, which at this time is around \$350,000 and will provide Board members with more information when available.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

MDHHS Launches Initiative to Strengthen Behavioral Health Care Access, Quality and Choice for Michigan Families

Online survey offered to identify opportunities and improvements to Medicaid behavioral health services prior to selecting Pre-Paid Inpatient Health Plans

The Michigan Department of Health and Human Services (MDHHS) is launching an initiative designed to improve access to quality behavioral health care. As part of this effort, MDHHS is seeking public input through an online survey as the department moves to a competitive procurement process for the state's Pre-Paid Inpatient Health Plan (PIHP) contracts.

This initiative will help to increase consumer choice and access to services while preserving the Community Mental Health Services Programs (CMHSPs) many Medicaid beneficiaries go to for behavioral health care services today.

"Michigan Medicaid beneficiaries deserve access to behavioral health care services when and where they need them," said Elizabeth Hertel, MDHHS director. "This effort brings together the investment, creativity and commitment of the department and its partners – including community mental health, health care providers, individuals served and communities – to create a more accessible and person-centered system of care dedicated to ensuring Michigan residents a healthier future."

Michigan's specialty behavioral health system provides health care coverage to approximately 300,000 Michiganders, including adults with serious mental illness, children with serious emotional disturbance, individuals with substance use disorder and individuals with intellectual and developmental disabilities. MDHHS contracts with PIHPs as the regional Medicaid managed care entity.

PIHPs are charged with providing adequate supports and services to those in need of the specialty behavioral health benefit and are key to achieving the department's mission to improve the health, safety and prosperity of residents. PIHPs manage provider networks including CMHSPs and behavioral health providers.

"The specialty behavioral health system needs to be more accountable and responsive to the needs of people served. It's time for a change," said Sherri Boyd, executive director, The Arc Michigan.

Through an [online survey](#), MDHHS seeks input from people currently enrolled in Medicaid and their families, advocacy groups, community-based organizations, federally recognized tribal governments, providers of health care, behavioral health and other interested parties to identify opportunities for innovation and improvement in the services and supports provided through the PIHP system.

Survey questions seek feedback on priorities to help determine where the state should focus its efforts. Examples include strengthening person-centered care, conflict-free access and planning, increasing access to providers, beneficiary behavioral health plan choice, beneficiary provider choice, enhancing quality, strengthening outcomes and using data to drive quality.

Feedback received will help guide planning and decision-making in preparation for the implementation of new PIHP behavioral health plan contracts, as well as other MDHHS efforts to improve the health of residents served by the programs.

Survey responses must be submitted through the [online survey](#) no later than 5 p.m., Monday, March 31. The Arc Michigan, The Mental Health Association in Michigan and other advocacy organizations are working with MDHHS to include the voices of individuals served and their families who may not have internet access, have alternative communication needs or would prefer to work through an advocacy organization.

For more information, visit Michigan.gov/BehavioralHealth. Procurement-related questions can be sent to MDHHS-BHSurvey@michigan.gov.

Status of Several Grant Programs

The Michigan Department of Health and Human Services (MDHHS) has received several notifications from the Substance Abuse and Mental Health Services Administration regarding the status of several grant programs, including COVID Mental Health Block Grant (MHBG) Mitigation and Testing; ARPA MHBG; and ARPA Substance Use Prevention, Treatment, and Recovery Services Block Grant.

MDHHS is evaluating the notifications and will be in contact with you soon with additional guidance.

Notice:

Dear Single State Authority Director and State Mental Health Commissioner,

During the COVID-19 pandemic, the Substance Abuse Mental Health Services Administration (SAMHSA) awarded several pandemic-related grants including the funded [Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 \(H.R.6074\) \(CRRSA\)](#) which provided funds to respond to the coronavirus outbreak and the [American Rescue Plan \(ARP\) Act of 2021\(H.R. 1319\)](#) which provided additional relief to address the continued impact of COVID-19 (i.e., coronavirus disease 2019) on the economy, public health, state and local governments, individuals, and businesses.

On April 10, 2023, President Biden signed [PL 188-3](#) terminating the national emergency concerning the COVID-19 pandemic. Consistent with the President's Executive Order 14222, Implementing the President's "Department of Government Efficiency" Cost Efficiency Initiative requiring a comprehensive review of SAMHSA grants, and where appropriate and consistent with applicable law, terminate such grants to reduce the overall Federal spending this grant is being terminated effective March 24, 2025. These grants were issued for a limited purpose: To ameliorate the effects of the pandemic. The end of the pandemic provides cause to terminate COVID-related grants. Now that the pandemic is over, the grants are no longer necessary.

Attorney General Nessel Sues Federal HHS, Sec. Kennedy to Overturn more than \$370 Million in Public Health Grant Cuts in Michigan

On April 1, 2025 Michigan Attorney General Dana Nessel joined a coalition of 23 states and the District of Columbia in filing a lawsuit against the U.S. Department of Health and Human Services and HHS Secretary Robert F. Kennedy, Jr. for abruptly and illegally terminating nearly \$11 billion in critical public health grants nationwide, including \$379.3 million in grant funding awarded and owed to the State of Michigan. Michigan grants suddenly terminated include certain mental health and substance abuse grants and grants from the Centers for Disease Control and Prevention meant to support infectious disease control and vaccinations for children and vulnerable adults.

"The Trump administration is now terminating millions in grants being used in our state to support vaccine clinics for kids, crisis mental health services, opioid abuse intervention, and to control disease spread in healthcare facilities," said Attorney General Nessel. "And once again they're breaking the law to take money that has been granted to the states. These programs keep Michigan healthy and, in some cases, help save lives, and that's worth standing up and fighting for."

The grant terminations, which came with no warning or legally valid explanation, have quickly caused chaos for state health agencies that rely on these critical funds for a wide range of urgent public health needs, such as infectious disease management, fortifying emergency preparedness, providing mental health and substance

abuse services, and modernizing public health infrastructure. Michigan stands to lose nearly \$380 million from these cancellations by HHS.

Among the Michigan grants purportedly terminated were:

- A mental health grant to support services for Michiganders suffering serious mental illness or severe emotional disturbances, including children's services.
- A substance abuse grant to enhance substance use disorder services for underserved and marginalized populations, including pregnant women, women with young children, opioid users, and rural populations.
- CDC funding for the control of infectious diseases that was funding laboratory upgrades statewide, throughout both peninsulas, and without which the MDHHS's and local health departments' capacity to respond to healthcare-associated infections in healthcare facilities is effectively eliminated.
- And CDC grants for the immunization and vaccination of children that were being used for vaccine ordering and storage, hosting vaccine clinics, and supporting translation services for vaccination information to non-English speaking parents and patients. The State was due a remaining balance of \$49 million toward these awards and intended to use part of these funds to provide routine immunizations and immunizations against seasonal respiratory viruses to children, adults, and vulnerable and underserved populations.

MDHHS staff and affiliates, contractors, and vendors rely on these federally promised funds to perform critical public health services and activities throughout the State. HHS's abrupt termination of these federal funds has caused panic among MDHHS's employees, partners, subgrantees, and service recipients, many flooding the health agency with questions still left unanswered by the federal government. ***These abrupt and illegal grant terminations will cause harm not just to MDHHS as the State's public health agency, but to all 45 of Michigan's local health departments, 46 community mental health service programs, and community-based organizations that collectively play a large role in providing direct health and public health services to Michigan residents.*** More than 300 grants awarded by MDHHS from these federal funds will be impacted by these terminations, which will result in more than \$80 million never reaching the direct-care state grant recipients.

The HHS cuts threaten the urgent public health needs of states around the country at a time when emerging disease threats—such as measles and bird flu—are on the rise, Attorney General Nessel and the coalition warn. Congress authorized and appropriated new and increased funding for many grants in COVID-19-related legislation to support critical public health needs. Many of the grants impacted nationally are from specific programs created by Congress, such as the block grants to states for mental health and substance abuse and addiction services. Yet, with no legal authority or explanation, Secretary Kennedy's HHS agencies on March 24 arbitrarily terminated these grants "for cause" effective immediately claiming that the COVID-19 pandemic is over and the grants are no longer necessary.

In their lawsuit, filed in the U.S. District Court in Rhode Island, the coalition of attorneys general assert that the mass terminations violate federal law because the end of the pandemic is not a "for cause" basis for ending the grants, especially since none of the appropriated funds are tied to the end of the pandemic which occurred more than a year ago. HHS's position, until very recently, was that the end of the pandemic did not affect the availability of these grant funds. Moreover, for some of the grants, termination "for cause" is not a permissible basis for termination, yet the federal government unlawfully terminated them.

With this lawsuit, Attorney General Nessel and the coalition are seeking a temporary restraining order to invalidate Secretary Kennedy's and HHS's mass grant terminations in the litigating states, arguing that the

actions violate the Administrative Procedure Act. The states are additionally asking the court to prevent HHS from maintaining or reinstating the terminations and any agency actions implementing them. Joining Attorney General Nessel in the lawsuit are the attorneys general of Arizona, California, Colorado, Connecticut, Delaware, the District of Columbia, Hawai'i, Illinois, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Rhode Island, Washington, and Wisconsin, and the Governors of Kentucky and Pennsylvania.

FEDERAL/NATIONAL ACTIVITIES

National Council for Mental Wellbeing - New Guidance on Long-acting Medications

The National Council Medical Director Institute is excited to announce an update to its Guide to Long-acting Medications (LAMs) for Clinicians and Organizations. LAMs offer numerous benefits, including improved medication adherence, prevention of relapse and a simplified medication regimen. This comprehensive guide is a call to action for psychiatrists, clinicians, and mental health and substance use treatment organizations to increase the use of LAMs as a first-line treatment option. Click here for the [Guide to Long-acting Medications \(LAMs\) for Clinicians and Organizations](#)

National Council for Mental Wellbeing - Issue Brief: Challenges in Standardizing SUD Care Coordination

A critical truth: We are not failing patients with substance use disorders (SUDs) because we lack effective treatments. We are failing them because long-term, sustained recovery often depends on what happens between and after treatment. That's where care coordination comes in. Standardizing care coordination for SUD is critical to bridging gaps and ensuring people receive timely, integrated, lifesaving support. Our new brief identifies key challenges to achieving standardization in SUD care coordination and offers solutions to create a reliable and fair system of care. The new brief can be found here : [new brief](#)

Federal Administration

STAT, a media company reporting from the frontiers of health and medicine, reporting on a not-yet-public strategy document, notes that "in an effort to reduce overdose deaths caused by fentanyl and other illicit substances, the Administration plans to "disrupt the supply chain from tooth to tail." The outline, which consists of just over three pages of text, represents the first formal indication of the drug policy that the new administration intends to pursue. And while it focuses in large part on enforcement, it also devotes substantial attention to drug use prevention, addiction recovery, medication-based treatment, and the opioid overdose antidote naloxone. Notably, the document makes no mention of harm reduction, tactics embraced by the Biden administration that aim to preserve substance users' well-being while acknowledging they may continue to consume drugs."

The HHS Secretary has said that he expects about 20 percent of fired employees to be reinstated as the agency backtracks after making cuts directed by the Department of Government Efficiency (DOGE). "Some programs that were cut, they're being reinstated," Kennedy told reporters Thursday. "Personnel that should not have been cut were cut. We're reinstating them."

A federal judge on Thursday April 3 temporarily blocked the Administration's move to cut over \$11 billion in public health funding to states after 23 states and the District of Columbia sued to keep the funding intact. The coalition of states sued the HHS Secretary and Department arguing that the money is used for many "urgent public health needs," including tracking diseases, funding access to vaccines and mental health and addiction services, and improving health infrastructures. The attorneys general allege that the funding was "abruptly and

arbitrarily terminated" on March 24. The Trump administration has pointed to the easing of the public health threat posed by COVID-19 in justifying its move to cut off the funding, which was first offered to state and local health departments earlier during the public health emergency declared for the virus.

The complaint is available at <https://www.courtlistener.com/docket/69829000/1/state-of-colorado-v-us-department-of-health-and-human-services/>.

Submitted by:



Amanda L. Ittner

Finalized: 4.4.25

Attachments:

SUD OPB BYLAWs

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

ARTICLE I
NAME AND FORMATION

1.1 NAME

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

1.2 LEGAL BASIS FOR FORMATION

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

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

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

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

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

ARTICLE II PURPOSES

2.1 PURPOSES

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

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

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

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

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

ARTICLE III BOARD MEMBERSHIP

3.1 NUMBER AND SELECTION OF MEMBERS

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

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

3.2 TERM, REMOVAL, AND RESIGANATION

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

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

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

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

3.3 VACANCIES

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

ARTICLE IV BOARD ACTION

4.1 PLACE OF MEETINGS

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

4.2 ORGANIZATIONAL MEETING

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

4.3 ANNUAL MEETING

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

4.4 SPECIAL MEETINGS

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

4.5 NOTICE OF BOARD MEETINGS

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

4.6 QUORUM AND MEETING BY REMOTE COMMUNICATION

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

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

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

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

4.7 COMPENSATION AND EXPENSES

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

4.8 VOTING

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

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

4.9 AGENDA FOR MEETINGS

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

4.10 Order of Business

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

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

- i. Adjournment

4.11. CONDUCT OF MEETINGS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.12. RECORD OF MEETINGS

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

4.13 COMPLIANCE WITH LAWS

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

4.14 CONFLICT OF INTEREST

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

ARTICLE V OFFICERS

5.1 OFFICERS

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

5.2 ELECTION AND TERM OF OFFICE

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

5.3 REMOVAL OF BOARD OFFICERS

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

5.4 VACANCIES

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

ARTICLE VI COMMITTEES

6.1 COMMITTEES

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

**VII
CONSTRUCTION AND AMENDMENTS**

7.1. Interpretation

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

7.2 Amendment

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

ATTESTATION

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

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

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

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

Mid-State Health Network
FY2025 PA2 Funding Summary by County

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

Mid-State Health Network
FY2025 PA2 Expenditure Summary by County

County	PA2 Balance Available for Expenses	YTD Payments	Ending PA2 Fund Balance
Arenac	68,950	20,967	\$ 47,983
Bay	460,264	79,623	\$ 380,641
Clare	135,889	27,610	\$ 108,279
Clinton	545,073	54,361	\$ 490,712
Eaton	393,313	121,435	\$ 271,878
Gladwin	72,972	17,245	\$ 55,727
Gratiot	87,289	30,657	\$ 56,633
Hillsdale	170,510	23,423	\$ 147,087
Huron	130,878	28,979	\$ 101,899
Ingham	1,516,251	365,395	\$ 1,150,856
Ionia	274,694	48,060	\$ 226,634
Isabella	258,516	69,815	\$ 188,701
Jackson	592,447	138,942	\$ 453,505
Mecosta	187,131	37,728	\$ 149,403
Midland	363,775	116,610	\$ 247,165
Montcalm	252,250	5,304	\$ 246,946
Newaygo	140,233	28,785	\$ 111,447
Osceola	76,520	22,454	\$ 54,066
Saginaw	1,116,666	201,720	\$ 914,946
Shiawassee	230,268	68,085	\$ 162,183
Tuscola	102,613	51,886	\$ 50,728
<hr/>			
	\$ 7,176,502	1,559,085	\$ 5,617,417

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

County	Beginning PA2 Fund Balance	Payment Amount	Date Received	Payment Amount	Date Received	Payment Amount	Date Received	Payment Amount	Date Received	Total Amount Anticipated	Total Amount Received	PA2 Balance Available for Expenses
Arenac	66,822	2,128	02.18.25							44,780	2,128	68,950
Bay	448,582	11,682	02.13.25							232,767	11,682	460,264
Clare	132,748	3,140	02.20.25							64,373	3,140	135,889
Clinton	537,626	7,447	02.14.25							149,877	7,447	545,073
Eaton	379,382	13,931	02.24.25							276,447	13,931	393,313
Gladwin	70,747	2,225	02.18.25							43,802	2,225	72,972
Gratiot	84,686	2,604	02.07.25							54,584	2,604	87,289
Hillsdale	167,062	3,448	02.10.25							65,929	3,448	170,510
Huron	126,776	4,102	02.07.25							81,262	4,102	130,878
Ingham	1,476,422	39,830	02.18.25							804,327	39,830	1,516,251
Ionia	270,289	4,406	02.18.25							89,500	4,406	274,694
Isabella	251,037	7,479	02.18.25							148,318	7,479	258,516
Jackson	572,863	19,584	02.10.25							383,154	19,584	592,447
Mecosta	182,023	5,108	02.10.25							102,596	5,108	187,131
Midland	353,997	9,778	02.14.25							190,134	9,778	363,775
Montcalm	246,452	5,798	02.27.25							118,381	5,798	252,250
Newaygo	135,379	4,854	03.14.25							97,316	4,854	140,233
Osceola	74,496	2,024	02.10.25							39,687	2,024	76,520
Saginaw	1,089,316	27,350	02.27.25							552,253	27,350	1,116,666
Shiawassee	224,413	5,855	02.18.25							116,044	5,855	230,268
Tuscola	99,317	3,296	02.10.25							67,516	3,296	102,613
	<u>\$ 6,990,434</u>	<u>\$ 186,068</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ 3,723,047</u>	<u>\$ 186,068</u>	<u>\$ 7,176,502</u>

Mid-State Health Network
FY2025 PA2 Expenditure Summary by County

County	PA2 Balance Available for Expenses	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	YTD Payments	Ending PA2 Fund Balance
Arenac	68,950	3,367	4,048	4,431	4,091	5,030		20,967	\$ 47,983
Bay	460,264	17,384	16,512	15,176	17,232	13,320		79,623	\$ 380,641
Clare	135,889	4,600	6,098	5,751	5,642	5,519		27,610	\$ 108,279
Clinton	545,073	9,318	15,210	10,928	9,502	9,402		54,361	\$ 490,712
Eaton	393,313	28,776	27,853	20,675	19,071	25,060		121,435	\$ 271,878
Gladwin	72,972	3,796	3,244	3,899	3,078	3,228		17,245	\$ 55,727
Gratiot	87,289	5,201	7,662	5,562	6,069	6,164		30,657	\$ 56,633
Hillsdale	170,510	7,504	4,676	6,065	5,179	-		23,423	\$ 147,087
Huron	130,878	6,310	6,578	5,187	5,561	5,343		28,979	\$ 101,899
Ingham	1,516,251	71,751	50,242	85,902	78,507	78,993		365,395	\$ 1,150,856
Ionia	274,694	5,035	7,478	13,534	9,332	12,680		48,060	\$ 226,634
Isabella	258,516	13,582	14,886	14,229	13,754	13,364		69,815	\$ 188,701
Jackson	592,447	26,347	26,074	27,061	30,669	28,791		138,942	\$ 453,505
Mecosta	187,131	11,799	5,246	6,785	6,803	7,095		37,728	\$ 149,403
Midland	363,775	11,618	17,927	24,848	35,632	26,584		116,610	\$ 247,165
Montcalm	252,250	-	-	-	-	5,304		5,304	\$ 246,946
Newaygo	140,233	5,980	5,498	5,486	5,759	6,063		28,785	\$ 111,447
Osceola	76,520	4,564	4,369	4,564	4,679	4,278		22,454	\$ 54,066
Saginaw	1,116,666	38,675	33,568	23,493	38,468	67,516		201,720	\$ 914,946
Shiawassee	230,268	15,171	16,351	11,355	12,879	12,329		68,085	\$ 162,183
Tuscola	102,613	10,193	12,468	9,354	10,209	9,662		51,886	\$ 50,728
\$ 7,176,502		\$ 300,971	\$ 285,987	\$ 304,286	\$ 322,115	\$ 345,726	\$ -	1,559,085	\$ 5,617,417

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2024 through February 28, 2025

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
Arenac				
Peer 360 Recovery			7,895	7,895
Ten Sixteen Recovery		13,072		13,072
Arenac Total		13,072	7,895	20,967
Bay				
McLaren Prevention Services		3,368		3,368
Peer 360 Recovery			23,951	23,951
Sacred Heart Rehabilitation		11,764		11,764
Ten Sixteen Recovery	2,692	19,911	17,937	40,540
Bay Total	2,692	35,043	41,888	79,623
Clare				
Ten Sixteen Recovery	4,037	23,573		27,610
Clare Total	4,037	23,573		27,610
Clinton				
Eaton Regional Education Service Agency		54,361		54,361
Clinton Total		54,361		54,361
Eaton				
Eaton Regional Education Service Agency		90,371		90,371
Wellness, InX	13,977		17,088	31,065
Eaton Total	13,977	90,371	17,088	121,435
Gladwin				
Ten Sixteen Recovery	1,381	15,864		17,245
Gladwin Total	1,381	15,864		17,245
Gratiot				
Gratiot County Child Advocacy Association		27,630		27,630
Ten Sixteen Recovery	3,027			3,027
Gratiot Total	3,027	27,630		30,657
Hillsdale				
LifeWays Community Mental Health Authority		23,423		23,423
Hillsdale Total		23,423		23,423
Huron				
Peer 360 Recovery			28,979	28,979
Huron Total			28,979	28,979
Ingham				
Child and Family Charities		32,021		32,021
Cristo Rey Community Center		27,114		27,114
Eaton Regional Education Service Agency		41,342		41,342
Ingham County Health Department		31,011		31,011
Lansing Syringe Access, Inc			44,111	44,111
Prevention Network		6,111		6,111
Punks With Lunch Lansing			7,352	7,352
Wellness, InX	107,198		69,136	176,334
Ingham Total	107,198	137,599	120,599	365,395
Ionia				
County of Ionia		48,060		48,060
Ionia Total		48,060		48,060

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2024 through February 28, 2025

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
Isabella				
Peer 360 Recovery			17,019	17,019
Ten Sixteen Recovery	4,189	10,820	37,787	52,796
Isabella Total	4,189	10,820	54,806	69,815
Jackson				
Big Brothers Big Sisters of Jackson County, Inc		8,428		8,428
Family Service and Childrens Aid (Born Free)		110,256		110,256
Home of New Vision			20,258	20,258
Jackson Total		118,683	20,258	138,942
Mecosta				
Ten Sixteen Recovery	7,249	14,694	15,785	37,728
Mecosta Total	7,249	14,694	15,785	37,728
Midland				
Peer 360 Recovery			38,940	38,940
Ten Sixteen Recovery	15,849			15,849
The Legacy Center for Community Success		61,821		61,821
Midland Total	15,849	61,821	38,940	116,610
Montcalm				
Randy's House of Greenville, Inc.			5,304	5,304
Montcalm Total			5,304	5,304
Newaygo				
Arbor Circle		28,785		28,785
Newaygo Total		28,785		28,785
Osceola				
Ten Sixteen Recovery	5,961	16,493		22,454
Osceola Total	5,961	16,493		22,454
Saginaw				
Face Addiction Now			22,770	22,770
Peer 360 Recovery			41,750	41,750
Sacred Heart Rehabilitation		19,766		19,766
Saginaw County Youth Protection Council		57,685		57,685
Saginaw Police Department		14,008		14,008
Women of Colors		45,741		45,741
Saginaw Total		137,200	64,520	201,720
Shiawassee				
Catholic Charities of Shiawassee and Genesee		34,779		34,779
Peer 360 Recovery			26,575	26,575
Shiawassee County		6,731		6,731
Shiawassee Total		41,510	26,575	68,085
Tuscola				
List Psychological Services		30,324		30,324
Peer 360 Recovery			21,562	21,562
Tuscola Total		30,324	21,562	51,886
Grand Total	165,559	929,326	464,199	1,559,085

Mid-State Health Network
Summary of SUD Revenue and Expenses as of February 2025 (41.7% of Budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	3,737,535.96	9,876,315.00	6,138,779.04	37.84%
SOR and Other Grants	542,631.02	2,313,980.00	1,771,348.98	23.45%
Medicaid	7,837,798.76	19,668,781.00	11,830,982.24	39.85%
Healthy Michigan	11,642,683.07	30,488,957.00	18,846,273.93	38.19%
PA2	1,559,085.18	4,864,052.00	3,304,966.82	32.05%
Totals	25,319,733.99	67,212,085.00	41,892,351.01	37.67%
Direct Expenses				
Block Grant	3,737,535.96	9,876,315.00	6,138,779.04	37.84%
SOR and Other Grants	542,631.02	2,313,980.00	1,771,348.98	23.45%
Medicaid	6,420,470.45	19,049,480.00	12,629,009.55	33.70%
Healthy Michigan	11,537,384.25	31,200,000.00	19,662,615.75	36.98%
PA2	1,559,085.18	4,864,052.00	3,304,966.82	32.05%
Totals	23,797,106.86	67,303,827.00	43,506,720.14	35.36%
Surplus / (Deficit)	1,522,627.13			
Surplus / (Deficit) by Funding Source				
Block Grant	-			
SOR Grants	-			
Medicaid	1,417,328.31			
Healthy Michigan	105,298.82			
PA2	-			
Totals	1,522,627.13			

Actual revenue greater than budgeted revenue

Actual expenses greater than budgeted expenses

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

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

Provider	Provider Funding Total Requested	MSHN Funding Recommended	PA2 Amount Recommended*
Arbor Circle Total			
Big Brothers Big Sisters of Jackson Total			
Boys and Girls Club of Bay County Total			
Catholic Charities of Shiawassee and Genesee Counties Total			
Child Advocacy Center Total			
Child and Family Charities Total			
Cristo Rey Community Center Total			
District Health Department #10			
Eaton Regional Education Service Agency (RESA) Total			
Face Addiction Now (FAN)	-	-	-
Family Services and Children's Aid Total			
First Ward Community Center Total			
Henry Ford Allegiance Health Total			
Home of New Vision Total			
Huron County Health Department Total			
Ingham County Health Department Total			
Ionia County Health Department Total			
Lansing Syringe Services			
LifeWays			
List Psychological Services Total			
McLaren Prevention Services Total			
Mid-Michigan District Health Department Total			
Parishioners on Patrol Total			
Peer 360 Recovery Total	49,391	49,391	49,391
Prevention Network Total			
Punks with Lunch			
Randy's House			
Sacred Heart Rehabilitation Center Total			
Saginaw City Police Total			
Saginaw County Health Department Total			
Saginaw Youth Protection Council Total			
Shiawassee County Court Total			
St. Johns Police Department Total			
Ten Sixteen Recovery Network Total			
The Legacy Center Total			
Wellness, Inx Total			
Women of Colors Total			
GRAND TOTAL	49,391	49,391	49,391

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

Mid-State Health Network
FY2025 PA2 Funding Recommendations by County

County	Projected Beginning Reserve Balance	Projected FY2025 Treasury Revenue	OPB Approved PA2 Provider Funding	MSHN Funding Recommendations April	Projected Ending Reserve Balance
Arenac	54,672	44,780	57,575	-	41,877
Bay	402,695	232,767	383,850	-	251,612
Clare	109,439	64,373	86,675	-	87,137
Clinton	471,531	149,877	140,947	-	480,461
Eaton	448,560	276,447	299,889	-	425,118
Gladwin	63,247	43,802	47,100	-	59,949
Gratiot	80,721	54,584	78,300	-	57,005
Hillsdale	162,203	65,929	149,949	-	78,183
Huron	124,630	81,262	115,605	-	90,287
Ingham	1,229,310	804,327	951,921	-	1,081,716
Ionia	238,919	89,500	205,881	-	122,538
Isabella	237,829	148,318	187,989	-	198,158
Jackson	491,259	383,154	482,786	-	391,627
Mecosta	162,568	102,596	148,000	-	117,164
Midland	339,120	190,134	302,535	-	226,719
Montcalm	193,458	118,381	191,713	-	120,126
Newaygo	134,317	97,316	134,422	-	97,211
Osceola	70,315	39,687	64,100	-	45,902
Saginaw	869,349	552,253	806,029	49,391	566,182
Shiawassee	195,446	116,044	177,955	-	133,535
Tuscola	97,884	67,516	90,756	-	74,644
Total	<u>\$ 6,177,472</u>	<u>\$ 3,723,047</u>	<u>\$ 5,103,977</u>	<u>\$ 49,391</u>	<u>\$ 4,747,151</u>

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

County	Provider	FY2024 OPB	FY2025 MSHN		Coalition	Detail of Services Provided for FY2025 Requests	
		Approved PA2 Provider Funding	Funding Recommendations April	*New Provider / Renewal Contract	Reviewed; New Providers (Yes/No)		
Saginaw							
	Peer 360 Recovery					Community Recovery Supports: Stigma reduction efforts; sober social activities; peer-led facilitation groups; CCAR training; recovery coach training; community outreach; emergency transportation.	
		PA2	86,000	49,391	New	In Progress	African American Outreach in Saginaw County for groups, events, harm reduction formerly funded with ARPA funds that abruptly ended 3/31
		Grants	28,000	-			
		Total	114,000	49,391			
	County Total		114,000	49,391			
Grand Total			114,000	49,391			

*New Provider / Renewal Contract:
New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2024

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

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

OPB Operational Report April 2025

Several Clinical Team functions and activities are ongoing year-round while others are specific to requirements of that quarter's place in the fiscal year cycle or situation-specific demands prompted by new federal, state, or local mandates or regulations, shifts in epidemiological trends, etc. The activities below are separated accordingly.

Prevention

- Participated in planning for upcoming anti-stigma media campaign and discussions with media team from Redhead Studio and separate internal staff meetings
- Completed and submitted the FY24 Prevention Expenditures Service Report to MDHHS
- Problem Gambling Prevention media campaign was approved by MDHHS in February. The campaign consists of two 15-second videos that will be shown through the end of September as "pre-roll" connected to videos watched on websites.
- Completed the Master Retailer List (MRL) updates for tobacco vendors in each county
- Supported DYTURs to begin the Vendor Education and non-Synar check process, including securing their youth inspectors. Non-Synar checks are done with 25% of the vendors in each county
- Continued planning for new MPDS program coming later in FY25. This has required temporary procedures for collecting data until MDHHS is ready for the program to go live. Training for PIHP and provider staff has been tentatively pushed to spring 2025
- Continued completing FY25 Desk Audits with Prevention and Community Recovery Providers
- Prepared FY26 Annual Plan and Budget documents and communications for providers- sent out on March 10 to be returned by June 2, 2025
- Continued working with coalitions and providers to offer technical assistance for harm reduction activities, while encouraging engagement with county Opioid Settlement committees
- Worked planning annual MSHN Region Prevention Conference with partner agency Eaton RESA. The conference will be held May 5-6 in Frankenmuth.
- Engaged in planning with other MSHN SUD Clinical Team staff for Opioid Settlement Fund allocations, approvals and outcomes reporting
- Hosted Quarterly SUD Provider meeting including the Prevention and Community Recovery breakout
- Continued participation in the MDHHS Older Adult Prevention workgroup
- Inter-regional coordination ongoing through Prevention Coordinators around the state
- Review of prevention providers' entries into MPDS (Michigan Prevention Data System) tracking sheets where prevention providers log their activities, persons served, etc.
- Provision of technical assistance and training to existing providers on best practices for prevention and on how to document those in MPDS/tracking sheets
- Attending coalition meetings across Region 5's 21 counties
- Continued implementation of FY24-26 SUD Strategic Plan

Treatment

- MSHN Treatment Team Staffing Update: Beth LaFleche has resigned her position as Treatment Specialist effective April 11, 2025. The position has been posted on MSHN's website. Additionally, MSHN will be hiring a part time temporary position to support administrative duties for the Clinical Team. This position has been approved through June 2025 and will be re-evaluated based on staffing needs.

- Planning, coordination, and implementation of MSHN roll out of Opioid Settlement Funds allocated to PIHPs from MDHHS for FY25. MSHN was allocated \$1,000,000 from the MDHHS Healing and Recovery Fund per the Governor's budget in FY25. MSHN received and reviewed 25 proposals from providers in 17 of 21 counties, consulting with MDHHS for allowable/not allowable items, and made contract recommendations to the MSHN BOD in March for contracts to implement as of 4/1/25 thru 9/30/2025. MSHN awarded 20 grants in 17 of 21 counties across the region based on feedback from MDHHS for allowable/not allowable items.
- Developed an Opioid Settlement webpage for the MSHN website to report Region 5's activities.
- MDHHS Treatment Policy 4: Off-Site Dosing & Extranet Use Requirements for Opioid Treatment Programs for providers is effective as of 2/1/2025. These changes were shared during the quarterly SUD Provider Meeting on 3/20/2025. Additionally, MSHN Treatment team has developed a quick guide resource for providers highlighting important changes, which has been shared with providers as part of the FY26 annual plan documents.
- Reviewed two applications from an RFP for Recovery Housing for the MSHN region.
- Participated in planning for upcoming anti-stigma media campaign and discussions with media team from Redhead Studio.
- Supported review and evaluation of new provider applications for SUD services for the MSHN region.
- Ongoing support for the MSHN internal Access Team implementation.
- Engaging with Michigan Association of Counties (MAC) to discuss status and collaboration with counties for Opioid Settlement Funds activities in collaboration with three other PIHPs and the MSU evaluation team.
- Participation in quarterly SUD Provider Meeting on Thursday, 3-20-25 from 12-2p.
- Participation in the MDHHS 1115 Reentry Initiative Implementor Advisory Group to support planning for services for incarcerated settings (ie. MDOC, County Jails, and Juvenile Detention Facilities).
- Participation in MDHHS ASAM Criteria 4th Edition Workgroup to update treatment policies and ASAM designations to new/revised standards.
- Planning for ASAM Criteria 4th Edition revisions and roll out in Region 5, including ASAM Criteria trainings for SUD providers in the spring/summer/fall of FY25. MSHN will be supporting 13 ASAM Criteria Trainings for contracted SUD treatment providers between May-September 2025. This will include 10 virtual and 3 in-person trainings. Registration for these events opened on 3/6/2025.
- Planning for implementation of MDHHS Recovery Incentive Pilot for FY25. MDHHS has chosen Lifeways – Jackson as the phase 1 provider. MDHHS delayed planned implementation to April due to the incentive platform not being ready for implementation. A refresher for cohort 1 was conducted on March 7th. Cohort 3 providers have been identified for training which is to begin sometime in May.
- Coordinate and support monthly Lunch & Learn series to support SUD provider network in calendar year 2025 with sessions provided by SUD Clinical, Utilization Management, Access, QAPI, Finance, Quality, Customer Service & Recipient Rights, and Veteran Navigator. Schedule, topics, and links to sessions available in the weekly constant contact newsletter. Sessions that were recorded can also be found on the MSHN website.
- Support Equity Upstream Learning Collaborative partners with DEI action plan implementation in FY25.
- Continued support for development of withdrawal management and residential levels of care with Bear River Health in Isabella County as the approved provider from WM/Residential RFP during FY23. The Mt. Pleasant location had an anticipated implementation of January 2025, but the facility experienced an occurrence of a pipe bursting and creating water damage. The renovations to this damage will delay implementation an additional 8-12 weeks. Service implementation is now anticipated in May/June of 2025.
- Continued support for value-based pilot for Project ASSERT with two regional providers and exploration of possible future VBP initiatives for FY25.

- MSHN has a total of 500 *beneficiaries* enrolled in 6 SUD Health Home locations. MSHN supported an RFP for providers interested in joining the SUD-Health Home for region 5. MSHN is currently reviewing the submissions and will be developing a plan for implementation in FY25. In FY25, MSHN onboarded Isabella Citizens for Health as a new health home provider in Isabella County. Currently the SUD Health Home locations in the MSHN region have the following enrolled in services:
 - a. VCS – Saginaw: 208
 - b. VCS – Jackson: 113
 - c. VCS – Lansing: 82
 - d. Recovery Pathways – Bay City: 64
 - e. MidMichigan Community Health Services: 31
 - f. Isabella Citizens for Health – Mt. Pleasant: 2
 - g. MSHN region has a total of 500 beneficiaries enrolled in the SUD Health Homes.
- Participation and support for internal IDEA workgroup for DEI initiatives.
- Ongoing support of technical assistance needs with SUD treatment providers.
- Continued Treatment Team attendance at prevention community coalition meetings.
- Ongoing evaluation of opportunities to expand services for specialty populations of older adults, adolescents, veterans, and military families.
- Coordinate and facilitate regional workgroups for Recovery, ROSC (Northwest, South, & East), Outpatient/MAT, WSS, and WM/residential.

Additional Activities February-March:

- Oversight and coordination of SUD prevention and treatment teams and all activities listed above.
- Ongoing coordination with statewide SUDS Directors & development of consensus as SUD subject matter experts, e.g., need for adolescent services, opioid settlement fund support and direction to counties, Medication-First Principles, etc.
- Development of MSHN's Opioid Settlement Fund Transparency page on MSHN's website to report Region 5's OSF activities.
- Met with all SUD providers involved in the Equity Upstream Learning Collaborative and received progress reports from Q1 of FY25. These reports were forwarded to the Dorothy Johnson Center for further review, analysis and recommendations once Q2 progress reports are completed.
- Working with Redhead Creative Consultancy on marketing plan for reducing SUD stigma in communities where overdose death rates are highest. Redhead is developing videos and copy that can be shared with MDHHS for approval.
- Ongoing advocacy continued in Q2 for reduction of barriers for Peer Recovery Coaches with legal history, et al.
- SUD Clinical Team is evaluating impact on Region 5 residents of federal cuts to SAMHSA (and elimination of that branch of US dept. of HHS), to VA personnel and services, to ARPA SUD grants and to SUD Block Grant.

Substance Use Disorder (SUD)
Clinical Team
Narrative Report
FY25-Q1
October-December 2024


PREVENTION GOALS	RESULTS & PROGRESS
Reduce Underage Drinking	Retailer/server education (TIPS) was provided to 9 individuals in Saginaw County this quarter. Another 141 attendees participated in alcohol related presentations, alcohol policy related activity, and alcohol compliance checks.
Reduce prescription and over-the-counter drug abuse, including opiates	In the first quarter of FY25 51 individuals received services for referral, screening, and assessment. Additionally, over 13,000 individuals received education and evidence-based programming services in the same period within the MSHN 21 county catchment area.
Reduce youth access to tobacco	In the first quarter of FY25 47 Vendor Education sessions were completed in Ionia County. The “official” Synar period will begin next quarter and activity will increase.
Reduce Substance Use in Older Adults	In the first quarter of FY25 Older Adult work continued via new WISE cohorts and through attendance at MDHHS and MSHN Older Adult Wellness Workgroups.

Substance Use Disorder (SUD)
Clinical Team
Narrative Report
FY25-Q1
October-December 2024

TREATMENT GOALS	RESULTS & PROGRESS
Increase women's specialty service programs	No new programming added during Q1. MSHN will be evaluating impacts of how federal cuts to DEI-related services might impact specialized funding for populations like women and/or fathers with children.
Increase array of medication assisted treatment programs	MSHN Treatment Team is completing its pre-contract review process to add a new mobile MOUD provider who will be able to support this service in some of our more rural areas. Additionally, MSHN Treatment Team met with a potential new residential service provider who can support individuals receiving MOUD services in ASAM residential 3.5 LOC environment.
Expand Stimulant Use Disorder Treatment	MSHN Treatment Team continues planning for implementation of MDHHS Recovery Incentive Pilot for FY25. MDHHS has chosen Lifeways – Jackson as the phase 1 provider. MDHHS delayed planned implementation to April due to the incentive platform not being ready for implementation. Two additional providers have been selected for Cohort 3, which will begin in May. Additionally, MSHN has selected three more providers to add five additional SUD – Health Home locations for the region in the following counties: Bay, Saginaw, Jackson, Hillsdale, and Shiawassee.
Expand Jail Based Services	Continued efforts occur to increase services and availability. Recovery Pathways has expressed an interest in working with Shiawassee County Jail to support SUD services for incarcerated individuals.
Expand Trauma Informed Care	As part of MSHN's trauma policy, the SUD Clinical Team supports the provider network with completing a Trauma Informed Organizational survey every 3 years to determine areas of strength, and areas of further improvement. The majority of providers were due in FY24 to complete the

Substance Use Disorder (SUD)
Clinical Team
Narrative Report
FY25-Q1
October-December 2024

	<p>Trauma Informed Organizational survey, and develop new goals in FY25. Progress towards the goals will be discussed and reviewed at the subsequent years annual plan meeting with each provider. There are six providers who will be completing the survey in FY25.</p>
Expand penetration rates for adolescents, older adults, and veterans/military families.	<p>MSHN Treatment team is reviewing screening and admission data from FY20 through FY25 for adolescent services in an effort to evaluate the need for additional services in our region.</p> <p>MSHN is also leading an SUD Directors workgroup to develop a proposal to submit to MDHHS with recommendations of 1) Proposal for creating a new adolescent services location to support the full continuum of ASAM level of care services so every LOC is available within the State of Michigan, 2) Recommendations of how to strengthen existing adolescent service providers so they can sustain the services being provided, and 3) Recommendations of evidence-based practice trainings to support positive outcomes with adolescents in their home communities.</p> <p>MSHN will also be evaluating federal cuts to the Veterans Administration (VA)'s personnel and services.</p>



OPB FY25Q1
10/1/2024 Through
12/31/2024



Arenac

FY25 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:

Admitted

Service	Adult
Outpatient	14
Residential	4
Withdrawal	3

WSS

Adult

1

MAT

Adult

4

Served

Service	Adult
Outpatient	39
Residential	6
Withdrawal	4

WSS

Adult

4

MAT

Adult

4

Primary Substance at Admission	Adult	Minor
Alcohol	7	
Methamphetamine / Speed	6	
Other Opiates / Synthetics	5	
Heroin	3	
Benzodiazepines	1	
Marijuana/Hashish	1	

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

Bay

FY25 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:

Admitted

Service	Adult	Minor
Outpatient	104	3
Residential	60	
Withdrawal	20	

WSS

Adult

15

MAT

Adult

58

Served

Service	Adult	Minor
Outpatient	443	10
Residential	84	
Withdrawal	28	

WSS

Adult

100

MAT

Adult

82

Primary Substance at Admission	Adult	Minor
Alcohol	64	
Other Opiates / Synthetics	35	
Heroin	34	
Methamphetamine / Speed	32	
Cocaine / Crack	19	
Marijuana/Hashish	12	3
Barbiturates	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	37	
(None)	24	
Methamphetamine / Speed	24	
Marijuana/Hashish	20	
Alcohol	15	
Heroin	11	
Other Opiates / Synthetics	9	
Other Drugs	2	
Benzodiazepines	1	

Clare

FY25 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:

Admitted

Service	Adult	Minor
Outpatient	19	1
Residential	17	
Withdrawal	5	

WSS

Adult

3

MAT

Adult

5

Served

Service	Adult	Minor
Outpatient	106	1
Residential	23	
Withdrawal	5	

WSS

Adult

7

MAT

Adult

24

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	26	
Alcohol	13	
Heroin	3	
Cocaine / Crack	2	
Other Amphetamines	1	
Marijuana/Hashish		1

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	11	
(None)	4	
Methamphetamine / Speed	4	
Alcohol	2	
Heroin	1	
Other Drugs	1	1
Other Opiates / Synthetics	1	

Clinton

FY25 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:

Admitted

Service	Adult
Outpatient	33
Residential	15
Withdrawal	6

WSS
Adult

MAT
Adult

_____ 3

Served

Service	Adult
Outpatient	106
Residential	21
Withdrawal	7

WSS
Adult

_____ 3

MAT
Adult

_____ 20

Primary Substance at Admission	Adult	Minor
Alcohol	28	
Methamphetamine / Speed	12	
Heroin	8	
Other Opiates / Synthetics	4	
Cocaine / Crack	3	
Marijuana/Hashish	2	

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

Eaton

FY25 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:

Admitted

Service	Adult
Outpatient	54
Residential	24
Withdrawal	14

WSS

Adult

2

MAT

Adult

18

Served

Service	Adult	Minor
Outpatient	205	2
Residential	30	
Withdrawal	15	

WSS

Adult

9

MAT

Adult

59

Primary Substance at Admission	Adult	Minor
Alcohol	30	
Methamphetamine / Speed	23	
Heroin	22	
Cocaine / Crack	9	
Other Opiates / Synthetics	7	
Marijuana/Hashish	5	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	15	
Cocaine / Crack	8	
Marijuana/Hashish	8	
Other Opiates / Synthetics	7	
Heroin	5	
Alcohol	4	
(None)	3	
Other Drugs	2	

Gladwin

FY25 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:

Admitted

Service	Adult	Minor
Outpatient	28	1
Residential	16	
Withdrawal	3	

WSS

Adult

5

MAT

Adult

5

Served

Service	Adult	Minor
Outpatient	85	1
Residential	24	1
Withdrawal	3	

WSS

Adult

8

MAT

Adult

14

Primary Substance at Admission	Adult	Minor
Alcohol	17	
Methamphetamine / Speed	14	
Other Opiates / Synthetics	10	1
Cocaine / Crack	5	
Heroin	4	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
(None)	11	
Marijuana/Hashish	8	1
Methamphetamine / Speed	7	
Alcohol	2	
Heroin	2	
Other Opiates / Synthetics	2	

Gratiot

FY25 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:

Admitted

Service	Adult
Outpatient	7
Residential	6
Withdrawal	4

WSS

Adult

MAT

Adult

_____ 8

Served

Service	Adult
Outpatient	70
Residential	14
Withdrawal	4

WSS

Adult

_____ 1

MAT

Adult

_____ 38

Primary Substance at Admission

	Adult	Minor
Heroin	8	
Methamphetamine / Speed	3	
Other Opiates / Synthetics	3	
Alcohol	1	
Cocaine / Crack	1	
Marijuana/Hashish	1	

Secondary Substance at Admission

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

Hillsdale

FY25 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:

Admitted

Service	Adult
Outpatient	31
Residential	12
Withdrawal	4

WSS

Adult

5

MAT

Adult

6

Served

Service	Adult
Outpatient	81
Residential	19
Withdrawal	4

WSS

Adult

8

MAT

Adult

9

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	24	
Alcohol	17	
Heroin	3	
Marijuana/Hashish	2	
Other Opiates / Synthetics	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
(None)	8	
Heroin	6	
Methamphetamine / Speed	5	
Marijuana/Hashish	3	
Alcohol	1	
Benzodiazepines	1	
Other Amphetamines	1	
Other Drugs	1	

Huron

FY25 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:

Admitted

Service	Adult
Outpatient	14
Residential	2
Withdrawal	6

WSS

Adult

2

MAT

Adult

13

Served

Service	Adult
Outpatient	69
Residential	3
Withdrawal	6

WSS

Adult

7

MAT

Adult

8

Primary Substance at Admission	Adult	Minor
Alcohol	8	
Other Opiates / Synthetics	4	
Heroin	3	
Methamphetamine / Speed	3	
Other Stimulants	2	
Cocaine / Crack	1	
Other Drugs	1	

Secondary Substance at Admission	Adult	Minor
Other Opiates / Synthetics	4	
Cocaine / Crack	2	
Alcohol	1	
Marijuana/Hashish	1	
Other Drugs	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Ingham

FY25 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:

Admitted

Service	Adult	Minor
Outpatient	369	3
Residential	152	
Withdrawal	107	

WSS

Adult

11

MAT

Adult

127

Served

Service	Adult	Minor
Outpatient	1198	7
Residential	207	
Withdrawal	125	

WSS

Adult

27

MAT

Adult

345

Primary Substance at Admission	Adult	Minor
Alcohol	294	1
Heroin	165	
Methamphetamine / Speed	123	
Cocaine / Crack	90	
Other Opiates / Synthetics	33	
Marijuana/Hashish	14	2
Other Amphetamines	3	
Other Stimulants	3	
Hallucinogens	2	
Benzodiazepines	1	
Other Sedatives / Hypnotics	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	94	
Methamphetamine / Speed	72	1
Marijuana/Hashish	70	
Alcohol	51	
(None)	38	
Heroin	36	
Other Opiates / Synthetics	25	
Other Drugs	12	
Benzodiazepines	6	
Hallucinogens	4	
Other Amphetamines	2	
Barbiturates	1	
Other Stimulants	1	

Ionia

FY25 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:

Admitted

Service	Adult	Minor
Outpatient	41	1
Residential	13	
Withdrawal	9	

WSS

Adult

	2
--	---

MAT

Adult

	7
--	---

Served

Service	Adult	Minor
Outpatient	162	6
Residential	17	
Withdrawal	9	

WSS

Adult

	4
--	---

MAT

Adult

	14
--	----

Primary Substance at Admission	Adult	Minor
Alcohol	18	
Heroin	17	
Methamphetamine / Speed	10	
Other Opiates / Synthetics	7	
Cocaine / Crack	5	
Other Stimulants	4	
Marijuana/Hashish	3	1
Inhalants	2	
Hallucinogens	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	10	
Alcohol	6	
Cocaine / Crack	6	
Marijuana/Hashish	6	
Other Stimulants	4	
Other Opiates / Synthetics	3	
Heroin	2	
(None)	1	
Other Drugs	1	
Other Sedatives / Hypnotics	1	
Hallucinogens		1

Isabella

FY25 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:

Admitted

Service	Adult
Outpatient	19
Residential	15
Withdrawal	8

WSS
Adult

MAT
Adult

16

Served

Service	Adult	Minor
Outpatient	172	1
Residential	22	
Withdrawal	9	

WSS
Adult

4

MAT
Adult

86

Primary Substance at Admission	Adult	Minor
Alcohol	15	
Methamphetamine / Speed	14	
Heroin	8	
Other Opiates / Synthetics	5	
Cocaine / Crack	1	

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

Jackson

FY25 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:

Admitted

Service	Adult	Minor
Outpatient	136	
Residential	83	1
Withdrawal	25	

WSS

Adult

33

MAT

Adult

44

Served

Service	Adult	Minor
Withdrawal	33	
Residential	123	1
Outpatient	507	1
	1	

WSS

Adult

69

MAT

Adult

196

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	90	
Alcohol	85	
Heroin	40	
Other Opiates / Synthetics	21	
Cocaine / Crack	15	
Marijuana/Hashish	7	1
Other Drugs	2	
Other Stimulants	2	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	41	
Cocaine / Crack	25	
Marijuana/Hashish	23	
(None)	21	1
Alcohol	16	
Heroin	15	
Other Opiates / Synthetics	13	
Other Drugs	3	
Benzodiazepines	2	
Non-prescription methadone	1	
Other Stimulants	1	

Mecosta

FY25 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:

Admitted

Service	Adult	Minor
Outpatient	15	
Residential	19	1
Withdrawal	6	

WSS

Adult

3

MAT

Adult

9

Served

Service	Adult	Minor
Outpatient	75	
Residential	26	1
Withdrawal	8	

WSS

Adult

5

MAT

Adult

24

Primary Substance at Admission	Adult	Minor
Alcohol	20	
Methamphetamine / Speed	13	
Cocaine / Crack	6	
Marijuana/Hashish	1	1
Other Amphetamines	1	
Over-the-Counter Medications	1	

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

Midland

FY25 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:

Admitted

Service	Adult	Minor
Outpatient	35	
Residential	37	1
Withdrawal	19	

WSS

Adult

5

MAT

Adult

27

Served

Service	Adult	Minor
Outpatient	131	2
Residential	49	2
Withdrawal	23	

WSS

Adult

11

MAT

Adult

22

Primary Substance at Admission	Adult	Minor
Alcohol	42	1
Methamphetamine / Speed	21	
Heroin	17	
Other Opiates / Synthetics	12	
Cocaine / Crack	3	

Secondary Substance at Admission	Adult	Minor
(None)	14	1
Cocaine / Crack	11	
Marijuana/Hashish	7	
Other Opiates / Synthetics	6	
Alcohol	5	
Methamphetamine / Speed	5	
Heroin	4	
Benzodiazepines	3	
Hallucinogens	1	
Other Drugs	1	

Montcalm

FY25 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:

Admitted

Service	Adult
Outpatient	42
Residential	14
Withdrawal	6

WSS

Adult

	3
--	---

MAT

Adult

	11
--	----

Served

Service	Adult	Minor
Outpatient	124	
Residential	22	1
Withdrawal	9	

WSS

Adult

	9
--	---

MAT

Adult

	25
--	----

Primary Substance at Admission	Adult	Minor
Alcohol	21	
Methamphetamine / Speed	21	
Heroin	17	
Other Opiates / Synthetics	4	
Cocaine / Crack	2	
Marijuana/Hashish	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	13	
Marijuana/Hashish	7	
Cocaine / Crack	6	
Other Opiates / Synthetics	5	
Alcohol	2	
(None)	1	
Heroin	1	
Other Stimulants	1	

Newwaygo

FY25 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:

Admitted

Service	Adult
Outpatient	16
Residential	17
Withdrawal	10

WSS

Adult

2

MAT

Adult

7

Served

Service	Adult
Outpatient	71
Residential	22
Withdrawal	11

WSS

Adult

13

MAT

Adult

19

Primary Substance at Admission	Adult	Minor
Alcohol	19	
Methamphetamine / Speed	17	
Heroin	7	
Other Opiates / Synthetics	2	
Benzodiazepines	1	
Cocaine / Crack	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	4	
Methamphetamine / Speed	4	
(None)	2	
Alcohol	2	
Marijuana/Hashish	2	

Osceola

FY25 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:

Admitted

Service	Adult	Minor
Outpatient	12	1
Residential	17	
Withdrawal	6	

WSS

Adult

1

MAT

Adult

4

Served

Service	Adult	Minor
Outpatient	50	1
Residential	24	1
Withdrawal	6	

WSS

Adult

2

MAT

Adult

9

Primary Substance at Admission	Adult	Minor
Alcohol	22	
Methamphetamine / Speed	11	
Heroin	2	
Cocaine / Crack	1	
Other Opiates / Synthetics		1

Secondary Substance at Admission	Adult	Minor
(None)	5	
Alcohol	2	1
Other Opiates / Synthetics	2	
Heroin	1	
Other Amphetamines	1	
Other Drugs	1	
Other Sedatives / Hypnotics	1	

Saginaw

FY25 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:

Admitted

Service	Adult	Minor
Outpatient	94	21
Residential	95	
Withdrawal	65	

WSS

Adult

27

MAT

Adult

77

Served

Service	Adult	Minor
Outpatient	464	26
Residential	125	
Withdrawal	75	

WSS

Adult

97

MAT

Adult

146

Primary Substance at Admission	Adult	Minor
Alcohol	109	2
Cocaine / Crack	72	
Heroin	41	
Methamphetamine / Speed	26	
Other Opiates / Synthetics	16	
Marijuana/Hashish	9	18
Benzodiazepines	1	
Other Stimulants	1	
Other Sedatives / Hypnotics		1

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	42	
Marijuana/Hashish	30	2
Alcohol	23	2
(None)	21	16
Methamphetamine / Speed	14	
Other Opiates / Synthetics	13	
Other Drugs	7	
Benzodiazepines	4	
Heroin	4	
Non-prescription methadone	1	
Other Amphetamines	1	

Shiawasse

FY25 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:

Admitted

Service	Adult
Outpatient	44
Residential	10
Withdrawal	12

WSS

Adult

4

MAT

Adult

16

Served

Service	Adult	Minor
Outpatient	168	2
Residential	18	
Withdrawal	14	

WSS

Adult

25

MAT

Adult

27

Primary Substance at Admission	Adult	Minor
Alcohol	35	
Heroin	13	
Methamphetamine / Speed	9	
Other Opiates / Synthetics	6	
Cocaine / Crack	3	
Benzodiazepines	1	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	10	
Methamphetamine / Speed	7	
Cocaine / Crack	6	
Other Opiates / Synthetics	5	
Heroin	4	
Alcohol	2	
Other Drugs	2	
(None)	1	
Benzodiazepines	1	
Non-prescription methadone	1	

Tuscola

FY25 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:

Admitted

Service	Adult
Outpatient	33
Residential	11
Withdrawal	6

WSS

Adult

3

MAT

Adult

8

Served

Service	Adult
Outpatient	167
Residential	13
Withdrawal	7

WSS

Adult

18

MAT

Adult

16

Primary Substance at Admission	Adult	Minor
Alcohol	19	
Other Opiates / Synthetics	10	
Heroin	9	
Cocaine / Crack	6	
Methamphetamine / Speed	5	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	10	
Methamphetamine / Speed	6	
Marijuana/Hashish	4	
(None)	2	
Alcohol	2	
Benzodiazepines	2	
Heroin	1	
Other Opiates / Synthetics	1	
Other Stimulants	1	