

**Substance Use Disorder (SUD)
Oversight Policy Board Meeting
October 21, 2026 ~ 4:00 p.m.**

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

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

- 1) Call to Order
- 2) Roll Call
- 3) **ACTION ITEM:** Approval of the Agenda for October 21, 2026
- 4) **ACTION ITEM:** Approval of Minutes of August 19, 2026 *(Page 3)*
- 5) Public Comment
- 6) Board Chair Report
- 7) Deputy Director Report *(Page 6)*
- 8) Chief Financial Officer Report
 - A. FY26 PA2 Funding & Expenditures by County *(Page 23)*
 - B. FY26 PA2 Use of Funds by County and Provider *(Page 27)*
 - C. FY26 SUD Financial Summary Report of August 2026 *(Page 29)*
 - D. FY27 Budget Overview *(handout)*
- 9) **ACTION ITEM:** FY27 Substance Use Disorder PA2 Contract Listings *(Page 30)*
- 10) SUD Satisfaction Surveys Presentation *(Page 33)*
- 11) SUD Operating Update *(Page 41)*
- 12) Other Business
- 13) Public Comment
- 14) Board Member Comment
- 15) Adjournment

**MSHN SUD Oversight Policy
Board Officers**

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

MEETING LOCATION:

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

VIDEOCONFERENCE:

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

TELECONFERENCE:

Call 1.312.626.6799
Meeting ID: 5624476175#

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

**UPCOMING FY27
SUD OVERSIGHT POLICY BOARD
MEETINGS**

December 16, 2026
CMHAM
507 S. Grand Ave
Lansing, MI 48933

February 17, 2027
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>

FY27 MSHN SUD Oversight Policy Board Roster

Current as of 09/04/2026

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Cahill	Irene	icahill@ingham.org	irenecahill@icloud.com	517.488.1486		Ingham	2029
Collins	Kevin	kevin.collins@lifewaysmi.org		517.425.2446		Hillsdale	2029
Gross	Jacob	grossj@clareco.net		989.506.2163		Clare	2027
Harrington	Christina	charrington@saginawcounty.com		989.758.3818		Saginaw	2028
Hemminger	Charlean	chemminger@ioniacounty.org		989.855.5235		Ionia	2028
Hunter	John	hunterjohn74@gmail.com		989.673.8223	989.551.2077	Tuscola	2028
Kolk	Bryan	bryank@newaygocountymi.gov		616.780.5751		Newaygo	2027
Link	Karen	karenl@huroncmh.org		989.269.1109	989.269.9293	Huron	2029
Mahar	Charlie	cmahar@greenridge.com		616.205.6435	616.302.6009	Montcalm	2027
Moreno	Jim	jmoreno@isabellacounty.org		989.954.5144		Isabella	2027
Rayburn	Emily	emily@childadvocacy.net		989.763.3436	989.463.1422	Gratiot	2028
Schumacher	Pamela	pschumacher82@gmail.com		989.415.9497		Bay	2028
Smith	Alaynah	asmith@co.midland.mi.us		989.832.6389		Midland	2027
Strong	Jerrilynn	jeristrong64@gmail.com		989.382.5452		Mecosta	2027
Thalison	Kimberly	kthalison@eatonresa.org		517.541.8711		Eaton	2028
Turner	David	davidturner49665@gmail.com		231.908.0501		Osceola	2027
Vacant	Vacant					Shiawassee	2026
Vallad	Rachel	rvallad@arenacountymi.gov		989.798.4743		Arenac	2029
Visnaw	Mike	mvisnaw@gladwincounty-mi.gov		281.323.2214	989.709.5622	Gladwin	2028
Washington	Dwight	washindwi@gmail.com		517.974.1658		Clinton	2029
Woods	Ed	ejw1755@yahoo.com		517.392.8457		Jackson	2029

Alternates:

Benzing	Brad	b.benzing@hillsdalecounty.gov				Hillsdale-Alternate	2029
Briggs	Margery	briggsmmb@sbcglobal.net		517.647.4747		Ionia-Alternate	2028
Cook	Glenn	gcook703@hotmail.com		989.553.1447		Huron-Alternate	2029
DeLaat	Ken	kend@nearnorthnow.com		231.414.4173		Newaygo-Alternate	2027
Fickes	Nicole	fickesn@clinton-County.org		517.899.9307		Clinton - Alternate	2029
Howard	Linda	lhoward8305@gmail.com		989.560.8305		Mecosta-Alternate	2027
Merritt	Christa	cmerritt@mmdhd.org		616.302.4379		Montcalm-Alternate	2027
Mott	Jim	jmott@eatoncounty.org		517.749.4236		Eaton-Alternate	2025
Pratt	Tanya	tp Pratt@ingham.org	tlpratt624@gmail.com	810.919.1542		Ingham-Alternate	2029
Salgat	Lisa	lsalgat@arenacountymi.gov		989.820.0640		Arenac-Alternate	2029
Snyder	Jeanette	jsnyder@co.midland.mi.us		989.430.1020	989.832.6381	Midland-Alternate	2027
Thume	Melanie	mthume@gladwincounty-mi.gov		989.426.4821		Gladwin-Alternate	2028

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, August 19, 2026, 4:00 p.m.

CMH Association of Michigan (CMHAM)

507 S. Grand Ave.

Lansing, MI 48933

Meeting Minutes

1. Call to Order

Chairperson Bryan Kolk called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Meeting to order at 4:00 p.m. Mr. Kolk reminded members participating virtually may not participate in or vote on matters before the board unless absent due to military duty, disability, or health-related condition and also provided a reminder that only one vote is allowed per county for those counties that have the member and alternate present.

Board Member(s) Present: Irene Cahill (Ingham), Bruce Caswell (Hillsdale), Jacob Gross (Clare)-joined at 4:15 p.m., Charlean Hemminger (Ionia), John Hunter (Tuscola), Bryan Kolk (Newaygo), Karen Link (Huron), Charlie Mahar (Montcalm), Jim Moreno (Isabella), Emily Rayburn (Gratiot), Pamela Schumacher (Bay), Kim Thalison (Eaton), Mike Visnaw (Gladwin), Dwight Washington (Clinton), and Ed Woods (Jackson)

Board Member(s) Remote: Alaynah Smith (Midland) - Midland, MI – joined at 4:52 p.m. and Rachel Vallad (Arenac)-Standish, MI

Board Member(s) Absent: Christina Harrington (Saginaw), Alaynah Smith (Midland), Jerrilynn Strong (Mecosta), and David Turner (Osceola)

Alternate Member(s) Present: Linda Howard (Mecosta)

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

Staff Members Remote: Sarah Surna (Prevention Specialist), Cari Patrick (Prevention Specialist), and Sherrie Donnelly (Treatment and Recovery Specialist)

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

2. Roll Call

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

3. Approval of Agenda for August 19, 2026

Board approval was requested for the Agenda of the August 19, 2026 Regular Business Meeting, as presented.

MOTION BY JIM MORENO, SUPPORTED BY JOHN HUNTER, FOR APPROVAL OF THE AUGUST 19, 2026 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

4. Approval of Minutes from the June 17, 2026 Regular Business Meeting

Board approval was requested for the draft meeting minutes of the June 17, 2026 Regular Business Meeting.

MOTION BY PAM SCHUMACHER, SUPPORTED BY CHAR HEMMINGER, FOR APPROVAL OF THE MINUTES OF THE JUNE 17, 2026, MEETING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY.

5. Public Comment

There was no public comment.

6. Board Chair Report

Welcome to new alternate member, Glenn Cook from Huron County.

7. Deputy Director Report

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

Regional Matters:

- Michigan Department of Health and Human Services (MDHHS) Prepaid Inpatient Health Plan (PIHP) Procurement Update
- 27th Annual Substance Use and Co-Occurring Disorder Hybrid Conference
- Compliance Activities Summary

State of Michigan/Statewide Activities:

- MDHHS Awards Nearly \$3.75 Million to Help Prevent Substance Use Among Michigan Youth

8. Chief Financial Officer Report

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

- FY2026 PA2 Funding and Expenditures by County
- FY2026 PA2 Use of Funds by County and Provider

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

- FY2026 Substance Use Disorder (SUD) Financial Summary Report of June 2026

9. FY2026 Substance Use Disorder PA2 Contract Listing

Ms. Leslie Thomas provided an overview and information on the FY26 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

MOTION BY JOHN HUNTER, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FY26 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY WITH ONE ABSTENTION.

Ms. Leslie Thomas provided an overview and information on the FY27 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

MOTION BY JIM MORENO, SUPPORTED BY IRENE CAHILL, FOR APPROVAL OF THE FY27 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED UNANIMOUSLY WITH ONE ABSTENTION.

10. SUD Operating Update

Dr. Dani Meier referred members to the written SUD Operations Report and the FY26 Q3 SUD County reports included in the board meeting packet for review, highlighting the team has been working on the FY27-29 SUD Strategic Plan. Dr. Meier provided members with a presentation of the plan, noting that members will receive a draft version of the plan by the end of the week with an opportunity to provide feedback. The FY27-29 SUD Strategic Plan is due to Michigan Department of Health and Human Services on August 31, 2026.

Bruce Caswell left the meeting at 5:10 p.m.

11. Other Business

There was no other business.

12. Public Comment

There was no public comment

13. Board Member Comment

Ed Woods left the meeting at 5:14 p.m.

A board member voiced concerns about sustainable funding allocations in the upcoming years and encouraged MSHN administration to review considering expected reductions at the Federal and State level.

14. Adjournment

Chairperson Bryan Kolk adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:21 p.m.

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

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

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 Network



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)

August / September

MSHN/REGIONAL MATTERS

Michigan Department of Health and Human Services (MDHHS) Procurement Update

The June 2026 posting of an intended procurement of Prepaid Inpatient Health Plans (PIHPs) on the Department of Technology, Management and Budget Vendor Opportunity Dashboard with an estimated release date of August 2026 has now been removed from the Department of Technology, Management and Budget (DTMB) dashboard. It is unclear if MDHHS still intends to proceed with a Request for Proposal (RFP) as no communication has been received directly from state officials.

As an update to the PIHP/MDHHS lawsuit, MSHN along with the other plaintiffs, filed an appeal with the State of Michigan Court of Appeals on May 13, 2026, in response to the final order issued on April 23, 2026 from the Court of Claims earlier order dated October 14, 2025. In early June, MDHHS moved to dismiss our appeal, claiming the case is moot. MSHN along with the other plaintiffs filed a response to the dismissal on July 14, 2026, as well as filed our brief to the appeal on August 4, 2026. MDHHS submitted their response by September 8, 2026. At this point, both parties are awaiting a court date for oral arguments only as no testimony will be heard during the appeal. There is no time frame yet for a court date, but the case has moved along faster than anticipated thus far.

In the meantime, our Community Mental Health Service Program (CMHSP) and PIHP partners continue to evaluate system-wide improvements and appreciate any feedback from our boards, providers and communities.

Substance Use Oversight Intergovernmental Agreement

The Intergovernmental contract for the establishment of a Substance Use Disorder (SUD) Oversight Policy Board (OPB) was fully executed on May 22, 2024. The Term of the Contract is for three years upon execution, so it expires on May 22, 2027. MSHN proposes the following timeline to review and provide an updated final version to the counties for their approval, signature and return in order to have an executed contract by the end of the May 2027.

- October 2026: MSHN presents changes to SUD Intergovernmental Agreement
- December 2026: SUD OPB review and revisions reviewed
- February 2027 – SUD OPB approval of the final contract
- February 2027 – Distribution to the Counties
- March 2027 – April 2027 – County approvals, signature, and return
- April 2027 – Reminders sent for any last signatures
- May 2027 – MSHN signed/fully executed

MSHN administration has completed an initial review of the SUD OPB Intergovernmental Agreement. The edits are included in tracked changes for board

member review. **Board members may submit feedback to amanda.ittner@midstatehealthnetwork.org or sheryl.kletke@midstatehealthnetwork.org by December 4, 2027.** All feedback will be gathered and presented to the full board in December.

SUD Oversight Policy Board Annual Report

The Substance Use Disorder Oversight Policy Board has responsibility to provide oversight and advisement for SUD treatment and prevention operations. Specifically, the approval of any portion of MSHN's budget containing local funding for SUD treatment or prevention, (i.e., PA2 funds) and advisory role in making recommendations regarding SUD treatment and prevention in their respective counties when funded with non-PA2 dollars.

Annually, MSHN's Boards and Councils provide a report outlining past years accomplishments and upcoming goals for the new year. Attached to this report is a draft of the FY2026 SUD OPB Annual report. MSHN is seeking feedback regarding the content as well as recommendations for FY27 goals.

Please submit feedback to amanda.ittner@midstatehealthnetwork.org or sheryl.kletke@midstatehealthnetwork.org by October 31, 2026.

The final report will be included in the Agency's Quality Assurance and Performance Improvement Annual Effectiveness Report.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

MDHHS Moving Forward with Implementation of New Federal Medicaid Reentry Requirements

Under Section 5121 of the Consolidated Appropriations Act of 2023 (CAA), all states, including Michigan must provide Medicaid-covered screening diagnostic and targeted case management (TCM) services to eligible justice-involved individuals in the 30 days prior to release and TCM in the post-release period to eligible justice-involved individuals. Michigan covers up to one year of TCM in the post-release period.

MDHHS has developed a CAA Planning Tool to help meet its obligations under Center for Medicare and Medicaid Services (CMS) guidance to identify which correctional/juvenile justice facilities are prepared to implement CAA requirements and which may need additional time, operational development, or technical assistance. The Planning Tool is intended for correctional/juvenile justice facilities and is designed to assess facility readiness, monitor implementation progress and identify technical assistance needs. All facilities must complete the applicable sections and submit responses to MDHHS by November 13, 2026.

By completing the Planning Tool, facilities are attesting to their current and/or anticipated readiness and ability to comply with applicable CAA requirements by December 31, 2026 when all CAA-eligible facilities in Michigan are expected to comply with the requirements. Facilities are encouraged to refer to the [MDHHS CAA reentry services website](#) for relevant documents and additional resources, including the CAA Policy Bulletin, CAA Operational Guide, Provider Application and Attestation forms, and information about past and future stakeholder webinars.

Governor Whitmer Signs Bipartisan Bills to Protect Michigan Children, Consumers, and Communities

Bills expand education on the risks of cannabis use for kids, prohibit gift card fraud, stop unfair business practices, make government more efficient, and more

On October 5, 2026, Governor Gretchen Whitmer signed multiple bipartisan bills, including those to protect Michigan kids from the harmful impacts of illicit drugs, prohibit gift card fraud, and protect vulnerable children from trauma.

“Every Michigander deserves protection from harm and fraud,” said Governor Whitmer. “I’m proud to sign these bipartisan bills to help educate Michiganders on the risks of drug use, protect consumers from fraud tactics, and safeguard children from traumatic experiences. Together, we’re giving people the tools they need to keep themselves, their families, and their communities safe.”

Senate Bill 433, sponsored by state Senator Dayna Polehanki, protects Michigan children by spreading awareness about the risks of tobacco and cannabis use. By requiring the Department of Health and Human Services to create and issue educational materials, parents can better understand the long-term health risks associated with tobacco and cannabis and combat false claims that these products are safe for kids.

“Over the course of my nearly eight years serving in the legislature, I’ve worked hard to ensure the health and safety of Michigan kids — and today’s signing of my bill to better educate parents and guardians on the dangers of youth tobacco and cannabis use continues to build on that progress,” said state Sen. Dayna Polehanki (D-Livonia). “At its core, this legislation is centered on parent empowerment, harm reduction, and child safety. By requiring schools to distribute informational resources on the risks of vapes, nicotine, cannabis, and other illicit products — Michigan parents will be better informed, and Michigan kids will be better protected.”

House Bill 5514, sponsored by state Representative Cam Cavitt, protects Michigan children by prohibiting restraints and other undignified measures from being used while transporting a child to a residential treatment program, except during an emergency. By stopping these practices, this bill reduces further traumatic experiences for kids who are receiving care.

“Every child deserves dignity and compassion, especially when they are in crisis and seeking care,” said Paris Hilton, Founder of 11:11 Media Impact. “As a survivor of abusive youth transport, I know how terrifying these practices can be, and I have heard that same pain in the stories of Michigan advocates. By signing HB 5514, Governor Whitmer is protecting vulnerable young people from lasting trauma. I am deeply grateful to Governor Whitmer, Representative Cavitt, and the survivors whose courage made this progress possible.”

“Today marks a massive victory in protecting Michigan’s children and ensuring they are treated with dignity,” said state Rep. Cam Cavitt (R-Cheboygan). “This bill establishes clear protections against cruel and dangerous restraint practices, and it gives parents confidence that their children will be safe while receiving the care they need. I’m extremely proud of the bipartisan work that brought this legislation to the finish line, and I thank the governor for signing this bill and standing with Michigan families.”

FEDERAL/NATIONAL ACTIVITIES

NGO Announcements/Briefings

The American Institutes of Research is “offering a resource that examines key requirements, implementation timelines, and strategies to improve system readiness and reduce disruptions for eligible individuals. Beginning Jan. 1, 2027, states that expanded Medicaid eligibility under the Affordable Care Act (ACA) will be required to implement new community engagement requirements for many adult enrollees. A key challenge is designing systems and processes that reduce administrative burden, prevent unnecessary loss of coverage, and help eligible individuals maintain access to critical supports.” The resource is available at <https://www.air.org/resource/medicaid-work-requirements-and-state-readiness>.

Center for Medicare and Medicaid Services (CMS)

CMS has “released guidance describing the optional state plan benefit for Certified Community Behavioral Health Clinic (CCBHC) Services. This optional benefit was authorized by section 209 in Title I of Division G of the Consolidated Appropriations Act of 2024 (Pub. L. 118-42). This legislation amended section 1905 of the Social Security Act (the Act) to establish this new optional CCBHC state plan benefit at section 1905(a)(31), as defined in section 1905(jj) of the Act.”

Additional information is available at <https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/certified-community-behavioral-health-clinic-ccbhc-services>.

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA is offering an October 15, 2026 30-minute webinar introducing “***Connecting With Youth: A Toolkit for Child Welfare Professionals Supporting Families Affected by Substance Use***,” a new National Center on Substance Abuse and Child Welfare (NCSACW) resource to help professionals build trust, strengthen engagement, and have developmentally appropriate conversations with youth about addiction, parental substance use, and mental health.”

Event registration is available at <https://cffutures-net.zoom.us/webinar/register/>.

SAMHSA has released a ***Companion Infographic Report to the 2025 NSDUH*** release. “The report provides user-friendly, visual representations of findings. The report presents outcomes from 2021 to 2025. The report is available at <https://www.samhsa.gov/data/report/2021-2025-nsduh-companion-infographic-report>.

2025 National Survey on Drug Use and Health (NSDUH)

Conducted annually, the National Survey on Drug Use and Health (NSDUH) provides nationally representative data on the use of tobacco, alcohol, and illicit drugs; substance use disorders; mental health conditions; suicidal thoughts and behavior; and receipt of substance use and mental health treatment among the civilian, noninstitutionalized population aged 12 or older in the United States. NSDUH estimates allow researchers, clinicians, policymakers, and the general public to better understand and improve the nation’s behavioral health. These reports and detailed tables present national estimates from the 2025 National Survey on Drug Use and Health (NSDUH). The Survey report includes sections: Annual National Report, Companion Infographic Reports, Highlights, Detailed Tables, and FAQs.”

Submitted by:



Amanda L. Ittner

Finalized: 10.11.26

Attachments:

SUD OPB Intergovernmental Agreement

FY26 SUD OPB Annual Report

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

This Contract (this "Contract") is made as of the date it is fully executed and signed, by and among Mid-State Health Network ("MSHN"), Arenac County, Bay County, Clare County, Clinton County, Eaton County, Gladwin County, Gratiot County, Hillsdale County, Huron County, Ingham County, Ionia County, Isabella County, Jackson County, Mecosta County, Midland County, Montcalm County, Newaygo County, Osceola County, Saginaw County, Shiawassee County and Tuscola County (individually referred to as the "County," and collectively referred to as the "Counties"). This Contract is authorized and undertaken pursuant to Section 287 of the Michigan Mental Health Code (Public Act 258 of 1974, as amended the "Code"), the Michigan Intergovernmental Transfer of Functions and Responsibilities Act (Public Act 8 of 1967) and/or the Michigan Intergovernmental Contracts between Municipal Corporations Act (Public Act 35 of 1951).

RECITALS

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

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

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

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

MSHN, as a MDHHS-designated community mental health entity, is required, under MCL 330.1287(5) to establish a Substance Use Disorder Oversight Policy Board (SUD Policy Board) through a contractual agreement, under appropriate law, between MSHN and each of the Counties in Region 5.

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

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

ARTICLE I

PURPOSE

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

ARTICLE II

SUD POLICY BOARD

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 2.7 COMPLIANCE WITH LAWS. MSHN, the Counties and the SUD Policy Board shall fully comply with all applicable laws, regulations and rules, including without limitation 1976 PA 267 (the "Open Meetings Act"), 1976 PA 422 (the "Freedom of Information Act"), 2012 PA 500, 2012 PA 501 and 1986 PA 2. MSHN and the Counties, as required by law, shall not discriminate against any Board member or applicant for appointment to the Board because of race, color, religion, sex (including gender identity or expression, sexual orientation and pregnancy), genetic information, national origin, age, disability, veteran status, marital status, or any other characteristic protected by law that is unrelated to the individual's ability to perform the duties of a particular job. Breach of this section shall be regarded as a material breach of this Agreement.

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

ARTICLE III

MSHN

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

ARTICLE IV

TERM AND TERMINATION AND DISPUTE RESOLUTION

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

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

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

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

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

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

ARTICLE V

LIABILITY

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

ARTICLE VI

MISCELLANEOUS

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE VII

CERTIFICATION OF AUTHORITY TO SIGN THIS CONTRACT

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

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

MID-STATE HEALTH NETWORK REGIONAL ENTITY

By: _____ Date: _____

Its: _____

ARENAC COUNTY

By: _____ Date: _____

Its: _____

BAY COUNTY

By: _____ Date: _____

Its: _____

CLARE COUNTY

By: _____ Date: _____

Its: _____

CLINTON COUNTY

By: _____

Date: _____

Its: _____

EATON COUNTY

By: _____

Date: _____

Its: _____

GLADWIN COUNTY

By: _____

Date: _____

Its: _____

GRATIOT COUNTY

By: _____

Date: _____

Its: _____

HILLSDALE COUNTY

By: _____

Date: _____

Its: _____

HURON COUNTY

By: _____

Date: _____

Its: _____

INGHAM COUNTY

By: _____

Date: _____

Its: _____

IONIA COUNTY

By: _____

Date: _____

Its: _____

ISABELLA COUNTY

By: _____

Date: _____

Its: _____

JACKSON COUNTY

By: _____

Date: _____

Its: _____

MECOSTA COUNTY

By: _____

Date: _____

Its: _____

MIDLAND COUNTY

By: _____

Date: _____

Its: _____

MONTCALM COUNTY

By: _____

Date: _____

Its: _____

NEWAYGO COUNTY

By: _____

Date: _____

Its: _____

OSCEOLA COUNTY

By: _____

Date: _____

Its: _____

SAGINAW COUNTY

By: _____

Date: _____

Its: _____

SHIAWASSEE COUNTY

By: _____

Date: _____

Its: _____

TUSCOLA COUNTY

By: _____

Date: _____

Its: _____

ANNUAL REPORT

TEAM NAME: SUD Oversight Policy Board

TEAM LEADER: Chairman Bryan Kolk, SUD Board Member

REPORT PERIOD COVERED: 10.1.25 – 9.30.26

Purpose of the Board: The Mid-State Health Network (MSHN) Substance Use Disorder (SUD) Oversight Policy Board (OPB) was developed in accordance with Public Act 500 of 2012, Section 287 (5). This law obliged MSHN to “establish a substance use disorder oversight policy board through a contractual agreement between [MSHN] and each of the counties served by the community mental health services program.” MSHN/s twenty-one (21) counties each have representation on the OPB, with a designee chosen from that county. The primary decision-making role for the OPB is as follows:

- Approval of any portion of MSHN’s budget containing local funding for SUD treatment or prevention, i.e. PA2 funds
- Has an advisory role in making recommendations regarding SUD treatment and prevention in their respective counties when funded with non-PA2 dollars.

Annual Evaluation Process:

a. Past Year’s Accomplishments:

- Received updates and presentations on the following:
 - MSHN SUD Strategic Plan
 - MSHN SUD Prevention & Treatment Services
- Approval of Public Act 2 Funding for FY26 & related contracts
- Approved use of PA2 funds for prevention and treatment services in each county
- Received presentation on FY26 Budget Overview
- Received PA2 Funding reports – receipts & expenditures by County
- Received Quarterly Reports on Prevention and Treatment Goals and Progress
- Received Financial Status Reports on all funding sources of SUD Revenue and Expenses
- Provided advisory input to the MSHN Board of Directors regarding the overall agency strategic plan and SUD budget
- Received written updates from Deputy Director including state and federal activities related to SUD
- Shared prevention and treatment strategies within region
- Received information and education on opioid settlement and strategies
- Received information on Substance Use Disorder Health Homes
- Received information on the “.05 Saves Lives” Initiative and Coalition to enact laws to reduce Michigan’s Blood Alcohol Content law from .08 to .05
- Reviewed MSHN SUD Strategic Plan
- Received Prepaid Inpatient Health Plan (PIHP) Procurement Updates

b. Upcoming Goals for FY27 ending, September 30, 2027:

- Approve use of PA2 funds for prevention and treatment services in each county
- Improve communications with MSHN Leadership, Board Members and local coalitions
- Orient new SUD OPB members as reappointments occur
- Increase communication with local counties and coalitions regarding use of state and local opioid settlement funding
- Monitor SUD spending to ensure it occurs consistent with PA 500
- Renew the Intergovernmental Agreement for the next three-year period

Mid-State Health Network FY2026 PA2 Funding Summary by County

County	Beginning PA2 Fund Balance	Total Amount Received	PA2 Balance Available for Expenses
Arenac	51,507	25,896	77,403
Bay	328,021	140,063	468,084
Clare	120,455	38,324	158,779
Clinton	566,230	89,982	656,212
Eaton	385,175	170,429	555,604
Gladwin	72,795	27,009	99,804
Gratiot	59,166	31,501	90,666
Hillsdale	173,861	42,252	216,113
Huron	92,316	49,489	141,805
Ingham	1,364,881	486,974	1,851,855
Ionia	243,833	54,465	298,298
Isabella	222,865	91,313	314,179
Jackson	648,051	238,656	886,707
Mecosta	149,294	62,479	211,772
Midland	253,698	121,363	375,061
Montcalm	173,469	70,963	244,432
Newaygo	97,507	60,112	157,620
Osceola	56,027	24,332	80,359
Saginaw	868,784	335,908	1,204,692
Shiawassee	163,641	70,858	234,499
Tuscola	73,748	39,741	113,489
	\$ 6,165,323	\$ 2,272,109	\$ 8,437,431

Mid-State Health Network
FY2026 PA2 Expenditure Summary by County

County	PA2 Balance Available for Expenses	YTD Payments	Ending PA2 Fund Balance
Arenac	77,403	54,356	\$ 23,047
Bay	468,084	242,423	\$ 225,661
Clare	158,779	76,482	\$ 82,297
Clinton	656,212	110,339	\$ 545,873
Eaton	555,604	314,195	\$ 241,409
Gladwin	99,804	56,900	\$ 42,904
Gratiot	90,666	58,578	\$ 32,089
Hillsdale	216,113	15,284	\$ 200,828
Huron	141,805	97,589	\$ 44,216
Ingham	1,851,855	928,169	\$ 923,686
Ionia	298,298	113,954	\$ 184,343
Isabella	314,179	198,241	\$ 115,938
Jackson	886,707	341,734	\$ 544,974
Mecosta	211,772	112,442	\$ 99,330
Midland	375,061	265,044	\$ 110,017
Montcalm	244,432	65,302	\$ 179,130
Newaygo	157,620	91,145	\$ 66,475
Osceola	80,359	47,121	\$ 33,238
Saginaw	1,204,692	688,048	\$ 516,644
Shiawassee	234,499	163,356	\$ 71,143
Tuscola	113,489	82,084	\$ 31,405
	\$ 8,437,431	4,122,785	\$ 4,314,646

**Mid-State Health Network
FY2026 PA2 Funding Summary by County**

County	Beginning PA2 Fund Balance	Payment Amount	Date Received	Payment Amount	Date Received	Payment Amount	Date Received	Total Amount Anticipated	Total Amount Received	PA2 Balance Available for Expenses
Arenac	51,507	11,447	05.11.26	14,448	08.17.26			40,101	25,896	77,403
Bay	328,021	61,916	05.15.26	78,147	08.06.26			218,550	140,063	468,084
Clare	120,455	16,942	05.14.26	21,383	08.20.26			61,501	38,324	158,779
Clinton	566,230	39,777	05.15.26	50,205	08.14.26			145,302	89,982	656,212
Eaton	385,175	75,339	05.26.26	95,090	09.01.26			268,576	170,429	555,604
Gladwin	72,795	11,940	05.20.26	15,070	08.17.26			43,629	27,009	99,804
Gratiot	59,166	13,925	05.07.26	17,576	08.13.26			47,992	31,501	90,666
Hillsdale	173,861	18,678	05.05.26	23,574	08.04.26			73,366	42,252	216,113
Huron	92,316	21,877	05.11.26	27,612	08.10.26			78,814	49,489	141,805
Ingham	1,364,881	215,270	06.01.26	271,704	08.10.26			760,067	486,974	1,851,855
Ionia	243,833	24,076	05.26.26	30,388	08.17.26			85,384	54,465	298,298
Isabella	222,865	40,366	05.15.26	50,948	08.14.26			144,405	91,313	314,179
Jackson	648,051	105,500	05.11.26	133,157	08.14.26			392,256	238,656	886,707
Mecosta	149,294	27,619	05.11.26	34,860	08.10.26			95,908	62,479	211,772
Midland	253,698	53,649	05.08.26	67,714				193,774	121,363	375,061
Montcalm	173,469	31,370	05.15.26	39,593	09.18.26			113,153	70,963	244,432
Newaygo	97,507	26,573	06.12.26	33,539	09.01.26			94,662	60,112	157,620
Osceola	56,027	10,756	05.26.26	13,576	08.20.26			39,188	24,332	80,359
Saginaw	868,784	148,490	05.19.26	187,418	08.28.26			526,454	335,908	1,204,692
Shiawassee	163,641	31,323	05.14.26	39,535	08.10.26			112,602	70,858	234,499
Tuscola	73,748	17,568	08.17.26	22,173	08.17.26			61,849	39,741	113,489
<u>\$ 6,165,323</u>		<u>\$ 1,004,400</u>		<u>\$ 1,267,708</u>		<u>\$ -</u>		<u>\$ 3,597,533</u>	<u>\$ 2,272,109</u>	<u>\$ 8,437,431</u>

**Mid-State Health Network
FY2026 PA2 Expenditure Summary by County**

County	PA2 Balance Available for Expenses	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	YTD Payments	Ending PA2 Fund Balance
Arenac	77,403	5,676	4,517	4,638	5,057	4,764	6,152	54,356	\$ 23,047
Bay	468,084	14,348	13,992	14,808	29,543	55,766	50,138	242,423	\$ 225,661
Clare	158,779	7,781	6,795	6,449	5,360	6,713	8,264	76,482	\$ 82,297
Clinton	656,212	10,431	9,567	12,335	10,607	14,304	4,086	110,339	\$ 545,873
Eaton	555,604	30,538	31,552	38,115	28,720	32,984	19,328	314,195	\$ 241,409
Gladwin	99,804	5,628	4,798	5,404	5,292	4,861	6,981	56,900	\$ 42,904
Gratiot	90,666	5,226	5,453	6,497	4,711	5,734	963	58,578	\$ 32,089
Hillsdale	216,113	-	-	-	-	15,284	-	15,284	\$ 200,828
Huron	141,805	4,901	5,144	4,911	17,000	16,906	23,895	97,589	\$ 44,216
Ingham	1,851,855	74,777	90,880	86,260	93,323	112,988	91,606	928,169	\$ 923,686
Ionia	298,298	11,203	10,262	7,826	13,146	15,466	7,839	113,954	\$ 184,343
Isabella	314,179	18,397	19,711	13,266	19,531	16,395	24,309	198,241	\$ 115,938
Jackson	886,707	30,452	29,575	30,414	27,993	29,787	50,723	341,734	\$ 544,974
Mecosta	211,772	10,251	10,592	9,832	10,311	11,307	11,493	112,442	\$ 99,330
Midland	375,061	24,853	24,891	26,425	26,286	28,729	33,125	265,044	\$ 110,017
Montcalm	244,432	2,625	2,963	1,426	-	-	5,076	65,302	\$ 179,130
Newaygo	157,620	7,307	7,791	6,785	7,595	12,618	18,994	91,145	\$ 66,475
Osceola	80,359	4,583	4,590	3,930	3,573	4,018	5,949	47,121	\$ 33,238
Saginaw	1,204,692	89,367	59,011	66,307	52,788	49,391	68,175	688,048	\$ 516,644
Shiawassee	234,499	12,843	13,699	21,019	14,389	11,800	22,160	163,356	\$ 71,143
Tuscola	113,489	3,735	9,987	14,152	10,934	10,361	13,992	82,084	\$ 31,405
\$ 8,437,431		\$ 374,923	\$ 365,770	\$ 380,798	\$ 386,161	\$ 460,175	\$ 473,247	4,122,785	\$ 4,314,646

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2025 through August 31, 2026

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
Arenac				
Peer 360 Recovery			20,974	20,974
Ten Sixteen Recovery	382	33,000		33,382
Arenac Total	382	33,000	20,974	54,356
Bay				
Boys and Girls Club Bay Region		38,072		38,072
McLaren Prevention Services		59,829		59,829
Peer 360 Recovery			50,471	50,471
Sacred Heart Rehabilitation		27,741		27,741
Ten Sixteen Recovery	7,768	40,600	17,942	66,310
Bay Total	7,768	166,242	68,413	242,423
Clare				
Ten Sixteen Recovery	19,313	57,169		76,482
Clare Total	19,313	57,169		76,482
Clinton				
Eaton Regional Education Service Agency		110,339		110,339
Clinton Total		110,339		110,339
Eaton				
Eaton Regional Education Service Agency		228,777		228,777
Wellness, InX	35,511		49,907	85,418
Eaton Total	35,511	228,777	49,907	314,195
Gladwin				
Ten Sixteen Recovery	12,145	44,755		56,900
Gladwin Total	12,145	44,755		56,900
Gratiot				
Gratiot County Child Advocacy Association		51,743		51,743
Ten Sixteen Recovery	6,835			6,835
Gratiot Total	6,835	51,743		58,578
Hillsdale				
LifeWays Community Mental Health Authority		15,284		15,284
Hillsdale Total		15,284		15,284
Huron				
Huron County Health Department		39,749		39,749
Peer 360 Recovery			57,840	57,840
Huron Total		39,749	57,840	97,589
Ingham				
Child and Family Charities		144,989		144,989
Cristo Rey Community Center		93,881		93,881
Eaton Regional Education Service Agency		109,456		109,456
Ingham County Health Department		118,959		118,959
Lansing Syringe Access, Inc			75,747	75,747
Pinnacle Recovery Services			2,860	2,860
Punks With Lunch Lansing			52,316	52,316
Wellness, InX	198,272		131,689	329,961
Ingham Total	198,272	467,285	262,612	928,169
Ionia				
County of Ionia		113,954		113,954
Ionia Total		113,954		113,954

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2025 through August 31, 2026

County and Provider	Early Intervention	Prevention	Recovery Support	Grand Total
Isabella				
Peer 360 Recovery			47,764	47,764
Ten Sixteen Recovery	10,238	60,713	79,526	150,477
Isabella Total	10,238	60,713	127,290	198,241
Jackson				
Big Brothers Big Sisters of Jackson County, Inc		30,660		30,660
Family Service and Childrens Aid (Born Free)		185,162		185,162
Henry Ford Allegiance		25,551		25,551
Home of New Vision			100,360	100,360
Jackson Total		241,373	100,360	341,734
Mecosta				
Ten Sixteen Recovery	16,707	31,546	64,189	112,442
Mecosta Total	16,707	31,546	64,189	112,442
Midland				
Peer 360 Recovery			91,754	91,754
Ten Sixteen Recovery	31,954			31,954
The Legacy Center for Community Success		141,336		141,336
Midland Total	31,954	141,336	91,754	265,044
Montcalm				
Mid-Michigan District Health Department		8,466	11,836	20,302
Randy's House of Greenville, Inc.			45,000	45,000
Montcalm Total		8,466	56,836	65,302
Newaygo				
Arbor Circle		72,287		72,287
District Health Department No. 10		18,858		18,858
Newaygo Total		91,145		91,145
Osceola				
Ten Sixteen Recovery	14,664	32,457		47,121
Osceola Total	14,664	32,457		47,121
Saginaw				
Face Addiction Now			164,936	164,936
First Ward Community Service		151,941		151,941
Peer 360 Recovery			99,457	99,457
Sacred Heart Rehabilitation		19,740		19,740
Saginaw County Youth Protection Council		143,504		143,504
Women of Colors		108,470		108,470
Saginaw Total		423,655	264,393	688,048
Shiawassee				
Catholic Charities of Shiawassee and Genesee		94,328		94,328
Peer 360 Recovery			54,642	54,642
Shiawassee County		14,386		14,386
Shiawassee Total		108,714	54,642	163,356
Tuscola				
List Psychological Services		38,009		38,009
Peer 360 Recovery			44,075	44,075
Tuscola Total		38,009	44,075	82,084
Grand Total	353,789	2,505,711	1,263,285	4,122,785

Mid-State Health Network
Summary of SUD Revenue and Expenses as of August 2026 (91.7% of Budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	8,639,720.15	10,251,692.00	1,611,971.85	84.28%
SOR and Other Grants	1,760,324.39	1,872,246.00	111,921.61	94.02%
Medicaid	18,117,261.00	19,683,336.00	1,566,075.00	92.04%
Healthy Michigan	25,434,526.82	28,411,794.00	2,977,267.18	89.52%
PA2	4,122,785.08	4,991,869.00	869,083.92	82.59%
Totals	58,074,617.44	65,210,937.00	7,136,319.56	89.06%
Direct Expenses				
Block Grant	8,639,720.15	10,251,692.00	1,611,971.85	84.28%
SOR and Other Grants	1,760,324.39	1,872,246.00	111,921.61	94.02%
Medicaid	15,035,496.54	18,561,816.00	3,526,319.46	81.00%
Healthy Michigan	26,849,727.73	30,000,000.00	3,150,272.27	89.50%
PA2	4,122,785.08	4,991,869.00	869,083.92	82.59%
Totals	56,408,053.89	65,677,623.00	9,269,569.11	85.89%
Surplus / (Deficit)	1,666,563.55			

Surplus / (Deficit) by Funding Source

Block Grant	-
SOR Grants	-
Medicaid	3,081,764.46
Healthy Michigan	(1,415,200.91)
PA2	-
Totals	1,666,563.55

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
FY2027 PA2 Funding Recommendations by Provider
October 2026 Oversight Policy Board

Provider	Provider Funding Total Requested	MSHN Funding Recommended	PA2 Amount Recommended*
Arbor Circle			
Big Brothers Big Sisters of Jackson			
Boys and Girls Club of Bay County			
Catholic Charities of Shiawassee and Genesee Counties			
Child Advocacy Center			
Child and Family Charities			
Cristo Rey Community Center			
District Health Department #10			
Eaton Regional Education Service Agency (RESA)			
Face Addiction Now	105,788	105,788	105,788
Family Services and Children's Aid			
First Ward Community Center			
Henry Ford Allegiance Health			
Home of New Vision			
Huron County Health Department			
Ingham County Health Department			
Ionia County Health Department			
Lansing Syringe Services			
LifeWays			
List Psychological Services			
McLaren Prevention Services			
Mid-Michigan District Health Department			
Montcalm Care Network			
Peer 360 Recovery			
Punks with Lunch			
Randy's House			
Sacred Heart Rehabilitation Center	89,509	89,509	31,509
Saginaw County Health Department			
Saginaw Youth Protection Council			
Shiawassee County Court			
Ten Sixteen Recovery Network			
The Legacy Center			
Wellness, Inx			
Women of Colors			
GRAND TOTAL	195,297	195,297	137,297

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

Mid-State Health Network
FY2027 PA2 Funding Recommendations by County

County	Projected Beginning Reserve Balance	Projected FY2027 Treasury Revenue	OPB Approved PA2 Provider Funding	MSHN Funding Recommendations October	Projected Ending Reserve Balance
Arenac	34,832	41,383	48,341		27,874
Bay	215,397	223,829	220,665	24,254	194,307
Clare	82,281	61,244	92,675		50,850
Clinton	577,347	143,796	153,286		567,857
Eaton	268,374	272,356	378,990		161,740
Gladwin	46,323	43,162	54,100		35,385
Gratiot	32,858	50,340	55,000		28,198
Hillsdale	177,227	67,521	79,255		165,493
Huron	58,925	79,086	94,889		43,122
Ingham	985,550	778,214	1,062,645		701,119
Ionia	197,167	87,038	119,752		164,453
Isabella	141,968	145,924	190,515		97,377
Jackson	577,515	381,388	437,039		521,864
Mecosta	100,502	99,844	117,900		82,446
Midland	153,649	193,946	221,409		126,186
Montcalm	144,023	113,402	157,737		99,688
Newaygo	62,034	96,063	106,812		51,285
Osceola	38,815	38,884	47,500		30,199
Saginaw	546,783	536,802	672,037	113,043	298,505
Shiawassee	97,275	113,236	136,325		74,186
Tuscola	37,765	63,509	66,360	-	34,914
Total	<u>\$ 4,576,610</u>	<u>\$ 3,630,967</u>	<u>\$ 4,513,232</u>	<u>\$ 137,297</u>	<u>\$ 3,557,048</u>

Mid-State Health Network
Comparison of FY2026 and FY2027 PA2 by County and Provider

		FY2027 MSHN			
		FY2026 OPB	Funding	Coalition	
County	Provider	Approved PA2	Recommendations	New Provider /	Reviewed; New
		Provider Funding	August	Renewal Contract*	Providers (Yes/No)
Detail of Services Provided for FY2027 Requests					
Bay					
	Sacred Heart Rehabilitation Center			Renewal	Prevention: Catch My Breath vaping education; local coalition activities (BCPN, Teens Advocating Prevention, FAN) ; DYTUR/SYNAR activities; Juvenile Probation groups, Brighter Days, WISE Older Adult education.
		PA2	48,362		
		Grants	35,000		
		Total	83,362		54,254
	County Total	83,362			54,254
Saginaw					
	Face Addiction Now (FAN)			Renewal	Street Medicine Start-up
		PA2	-		105,788
		Grants	-		-
		Total	-		105,788
	Sacred Heart Rehabilitation Center			Renewal	Prevention: School Programs- Botvin LifeSkills Training, Interactive Journaling, Catch My Breath, Too Good For Drugs; Nurturing Families; WISE Older Adult education; Community Presentations; Health Fairs; various coalition involvement
		PA2	60,946		7,255
		Grants	16,000		28,000
		Total	76,946		35,255
	County Total	76,946			35,255
	PA2 Subtotal	109,308			137,297
	Grants Subtotal	51,000			58,000
Grand Total		160,308			195,297

*New Provider / Renewal Contract:

New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2026

Grants refers to Community Grant and State Opioid Response Grant

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

2026 SUD Satisfaction Survey Analysis



MSHN

Mid-State Health Network

2026 Mental Health Statistics Improvement Program (MHSIP) Survey - Substance Use Disorder Providers



"I am happy I am getting help."

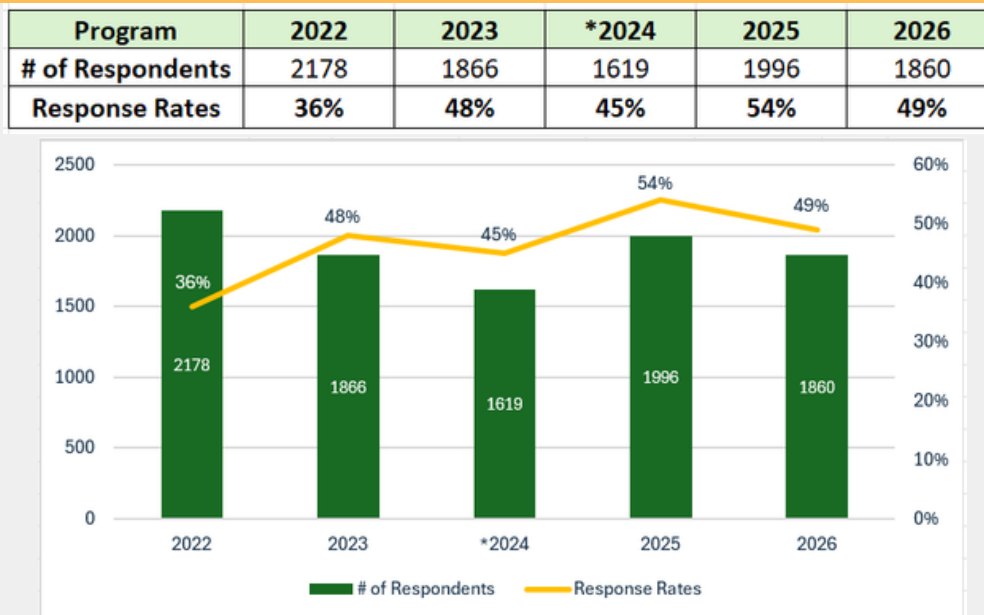
"I think the staff works hard to provide the best possible service/help they can give us/me. They are always willing to help with any concerns I/we may have."

"The staff, counselors and therapists were amazing in my recovery."

SUD Survey Response Rates

Three thousand eight hundred and nineteen (3,819) individuals received an SUD service during the survey distribution period, of those, 1,860 individuals completed a MHSIP SUD survey: this equates to a response rate of 49% in FY26. Response rates for the SUD surveying are calculated by dividing the total number of surveys received by the number of individuals served by SUD providers during the surveying period. Compared to the previous three fiscal years, FY25 had the highest response rate at 54 percent, however FY26 still shows strong response rates of 49% which is significantly higher than national average response rates for the MHSIP (15-40% depending on distribution method). There remains ongoing variability amongst providers of survey distribution which underscores challenges in achieving consistent engagement in survey participation for the MSHIP survey.

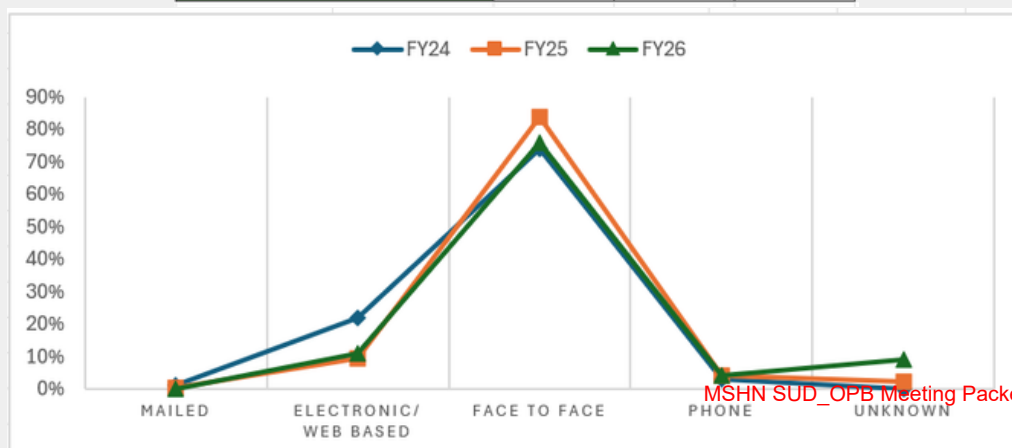
Figure 1: Longitudinal SUD MHSIP Response Rates for MSHN Region



In FY26, distribution methods for the SUD MHSIP survey showed a continued reliance on face-to-face collection (76%) as the primary method of distribution and electronic distribution declined conversely with this face-to-face distribution method. Mailed and phone surveys remained minimal and largely unchanged, underscoring a regional shift toward face-to-face engagement overall for the SUD MHSIP surveying process.

Figure 2: Longitudinal Distribution Method Percentages

Method of Distribution			
	FY24	FY25	FY26
Mailed	1%	1%	0%
Electronic/ Web based	22%	9%	11%
Face to Face	74%	84%	76%
Phone	3%	4%	4%
Unknown	0%	2%	9%



"I am blessed to be a part of this incredible program. This work is saving my life."



SUD MHSIP Survey Analysis

In FY26, the SUD Provider MHSIP survey achieved 1,860 total respondents with the largest program response group being those that received Medication Assisted Treatment (MAT) services. Outpatient and Medication Assisted Treatment programs continue to represent the largest group of respondents, with both programs showing slight decreases in overall participation compared to FY25. Case Management remained the smallest group of respondents with only 4 surveys being completed in FY26.

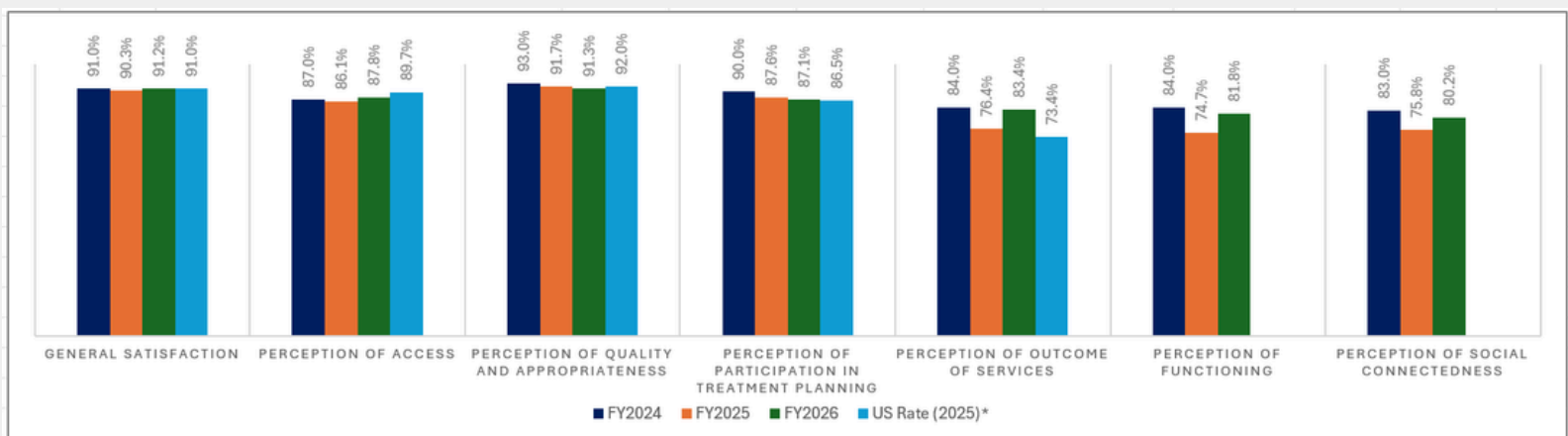
Figure 3: Longitudinal Response Rates by Program

Program	2020	2021	2022	2023	2024*	2025	2026
Case Management (CSM)	18	39	10	11	5	2	4
Outpatient (OPT)	520	671	572	691	441	519	389
Detox	25	10	51	29	21	31	26
Residential	179	183	283	347	188	241	324
Medication Assisted Treatment (MAT)	80	796	1204	783	846	1036	873
More than One Program					96	134	79
Blank	287	441	58	5	22	33	165
Total Respondents	1125	2140	2178	1866	1619	1996	1860
MSHN Response Rates	16%	38%	36%	48%	45%	54%	49%

Please note that for the measurement periods of 2020-2023 the counts represent participation in more than one program, therefore the total involved in individual programs is larger than the total number of respondents.

*Beginning in 2024 the MHSIP was used and a category of "More than one program was added". Therefore, the count equals the number of respondents.

Figure 4: Longitudinal Percentages by Domain by FY



*SAMHSA, 2025

When comparing FY26 to FY25, overall satisfaction and perceptions of access remain strong, with minimal increases across these domains. Domains relating to outcomes showed a significant increase when compared to FY25, specifically in the areas of outcome of services, functioning, and social connectedness. These results indicate that consumers continue to identify a positive view and high satisfaction with service quality and perceptions tied directly to recovery outcomes and broader social well-being.

When comparing FY26 results to national averages, MSHN SUD services are slightly below the U.S. benchmarks for perceptions of access and quality and appropriateness, whereas MSHN SUD satisfaction is higher than the national performance in the areas of general satisfaction, participation in treatment planning, and outcomes in service.



SUD MHSIP Survey Analysis (Continued)



The highest rated questions for the MSHN region were the following:

- Q1: I like the services that I received
- Q3: I would recommend this agency to a friend or family member
- Q10: Staff believed that I could grow, change and recover



The lowest rated questions for the MSHN region were the following:

- Q27: I am satisfied with my housing situation
- Q28: My symptoms are not bothering me as much
- Q35: I feel I belong in my community

Figure 5: Longitudinal Percentages by Domain and Subscale Question

SUD MHSIP Survey Domains and Subscale Questions	FY2024	FY2025	FY2026	Change FY24 to FY26	Change FY25 to FY26
General Satisfaction	91%	90%	91%	0%	1%
Q1. I like the services that I received.	92%	93%	92%	0%	-1%
Q2. If I had other choices, I would still choose to get services from this mental health agency.	86%	85%	88%	2%	3%
Q3. I would recommend this agency to a friend or family member.	90%	90%	92%	2%	2%
Perception of Access	87%	86%	88%	1%	2%
Q4. The location of services was convenient.	80%	80%	79%	-1%	0%
Q5. Staff were willing to see me as often as I felt it was necessary.	89%	88%	90%	1%	2%
Q6. Staff returned my calls within 24 hours.	86%	82%	83%	-3%	2%
Q7. Services were available at times that were good for me.	88%	84%	88%	0%	4%
Q8. I was able to get all the services I thought I needed.	89%	86%	89%	0%	2%
Q9. I was able to see a psychiatrist when I wanted to.	80%	77%	83%	3%	6%
Perception of Quality and Appropriateness	93%	92%	91%	-2%	0%
Q10. Staff believed that I could grow, change and recover.	94%	91%	93%	-1%	2%
Q12. I felt free to complain.	83%	80%	84%	1%	4%
Q13. I was given information about my rights.	91%	91%	91%	0%	-1%
Q14. Staff encouraged me to take responsibility for how I live my life.	92%	91%	90%	-2%	-1%
Q15. Staff told me what side effects to watch for.	83%	84%	84%	1%	0%
Q16. Staff respected my wishes about who is and who is not to be given information about my treatment services.	93%	92%	92%	-1%	0%
Q18. Staff were sensitive to my cultural/ ethnic background.	91%	87%	89%	-2%	2%
Q19. Staff helped me obtain the information I needed so that I could take charge of managing my illness and disability.	91%	91%	89%	-2%	-1%
Q20. I was encouraged to use consumer-run programs.	88%	85%	85%	-3%	0%
Perception of Participation in Treatment Planning	90%	88%	87%	-3%	-1%
Q11. I felt comfortable asking questions about my treatment, services, and medication.	93%	91%	90%	-3%	0%
Q17. I, not staff, decided my treatment goals.	90%	89%	88%	-2%	-1%
Perception of Outcome of Services	84%	76%	83%	-1%	7%
Q21. I deal more effectively with daily problems.	84%	77%	82%	-2%	5%
Q22. I am better able to control my life.	84%	76%	82%	-2%	6%
Q23. I am better able to deal with crisis.	81%	73%	81%	0%	8%
Q24. I am getting along better with my family.	81%	75%	80%	-1%	5%
Q25. I do better in social situations.	85%	82%	84%	-1%	2%
Q26. I do better in school and/or work.	86%	79%	83%	-3%	4%
Q27. My housing situation has improved.	75%	68%	75%	0%	7%
Q28. My symptoms are not bothering me as much.	79%	71%	79%	0%	8%
Perception of Functioning	84%	75%	82%	-2%	7%
Q29. I do things that are more meaningful to me.	85%	78%	84%	-1%	6%
Q30. I am better able to take care of my needs.	86%	77%	85%	-1%	8%
Q31. I am better able to handle things when they go wrong.	83%	76%	82%	-1%	6%
Q32. I am better able to do things that I want to do.	81%	73%	80%	-1%	6%
Perception of Social Connectedness	83%	76%	80%	-3%	4%
Q33. I am happy with the friendships I have.	82%	77%	80%	-2%	3%
Q34. I have people with who I can do enjoyable things.	85%	80%	83%	-2%	3%
Q35. I feel I belong in my community.	78%	71%	76%	-2%	5%
Q36. In a crisis, I would have the support I need from family or friends.	85%	78%	82%	-3%	4%

SUD MHSIP Survey Analysis (Continued)

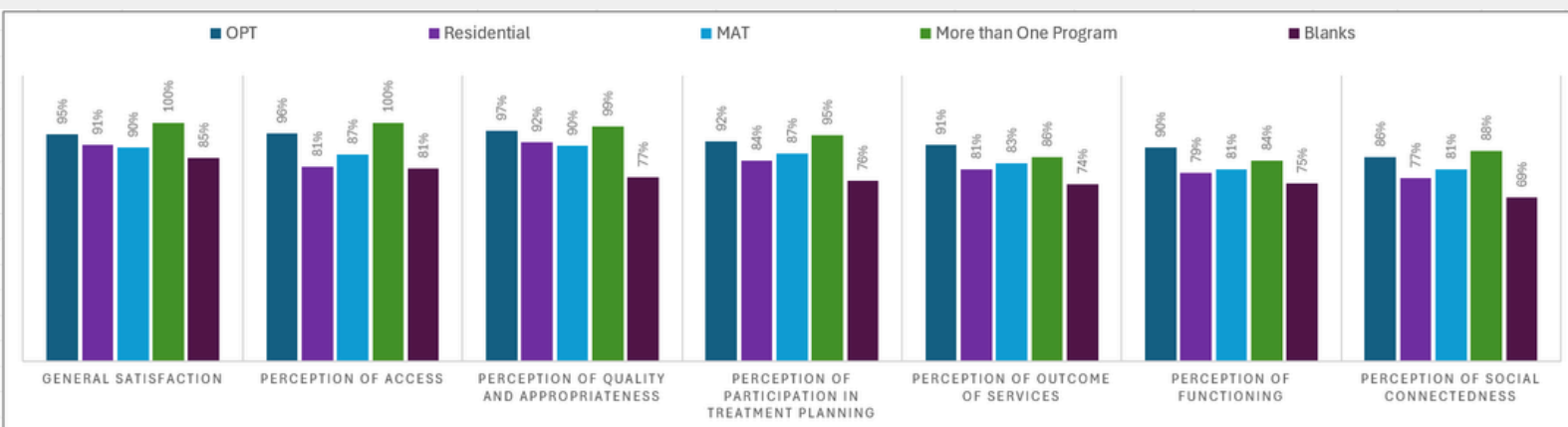


Figure 6: FY26 SUD MHSIP Results by Program and Domain

MHSIP SUD Survey Domains and Subscale Questions	OPT	WM*	Residential	MAT	Case Management*	More than One Program	Blanks
General Satisfaction	95%	100%	91%	90%	100%	100%	85%
Perception of Access	96%	85%	81%	87%	100%	100%	81%
Perception of Quality and Appropriateness	97%	96%	92%	90%	100%	99%	77%
Perception of Participation in Treatment Planning	92%	92%	84%	87%	100%	95%	76%
Perception of Outcome of Services	91%	65%	81%	83%	100%	86%	74%
Perception of Functioning	90%	65%	79%	81%	100%	84%	75%
Perception of Social Connectedness	86%	68%	77%	81%	100%	88%	69%

*Less than 30 individuals responded in these programs

Across programs, satisfaction trends for SUD providers in FY26 highlight variations in consumer experience. Outpatient and consumers receiving More than one Program consistently reported the highest levels of satisfaction (95% and 100%, respectively). Those individuals receiving Residential and Medication Assisted Treatment (MAT) services showed more mixed results in satisfaction: while still strong in general satisfaction and quality, both groups reported lower perceptions of outcomes (Residential at 81% and MAT at 83%) and functioning (Residential at 79% and MAT at 81%). These results suggest that while core service delivery is viewed positively across programs, MAT and Residential services face the most significant challenges in demonstrating improvements in functioning, outcomes, and connectedness.



FY26 Follow-up/Recommendations



The FY26 MHSIP and YSS satisfaction survey results provide a comprehensive view of consumer perception across Mid-State Health Network's region and partners while reinforcing areas of strength and identifying ongoing opportunities for improvement. Core domains such as General Satisfaction, Access, and Quality/Appropriateness continue to perform above the established 80% benchmark and performance within the MSHN region aligns closely with national averages overall. These results affirm that the foundation of service delivery including timeliness, access to care, respect for a consumer's desires and preferences, and overall satisfaction remain strong and consistent across service programs.

Consistent with previous fiscal years, outcome-related domains performed below the MSHN established 80% threshold. The persistence of lower results in these outcome domains is consistent with national averages as these measure the major changes in a consumer's overall living as well as a reduction in symptoms. These areas are long-term outcome goals impacted by many factors, but most importantly, external factors that CMHSPs and PIHPs cannot completely impact (these include socioeconomic factors as well as things like housing, employment, and social ties). These areas are often affected by poverty and community resources and are likely at risk of becoming worse in subsequent years due to federal and state cuts to services and coverage of health care.

FY26 Survey Recommendations/Follow-up

- The Satisfaction Survey report will be distributed in September and October to providers through relevant committees and councils for development of local improvement plans, identification of local and regional barriers, and discussion/development of interventions for the domains of Social Functioning, Outcome of Services, and Social Connectedness. These interventions will then be compiled in November's Quality Improvement Council (QIC) meeting and will be monitored through a region-wide goal which will be established in the FY27 QAPIP plan for ongoing monitoring of initiatives and strategies
 - Improvement strategy discussions will prioritize local interventions and development of community resources, as well as partnerships, that can increase social functioning and connectedness within a consumer's local community
 - Advocacy efforts should be completed with MDHHS to address the cuts and lack of funding for areas of Social Determinants of Health (SDOH) that directly impact satisfaction survey results and consumer outcomes, functioning, and care
- SUD Providers will be reminded to reach out to any individuals who requested to be followed-up with/contacted. MSHN Customer Service is reaching out to all individuals who completed the electronic MHSIP survey who requested additional follow-up based off of survey responses

The recommendations outlined above are designed to respond to the regional MSHN survey analysis and findings. Overall, most domains as well as question responses relating to satisfaction had increases when compared to FY25 surveying, and the MSHN CMHSP and SUD systems should celebrate the consistency in the provision of care as well as services that are taking place throughout the region at large.

"Once again so grateful for a place I can feel comfortable at my most vulnerable with pretty much every employee that I've been in contact with / that has helped me on my journey to better myself. Not sure where I'd be without them. Having support is beyond words. One of the things I look forward to the most even in a busy, chaotic week is walking in to [staff name] and knowing that people care."



Appendix C

FY26 SUD- MHSIP Questions Ranked by Score and Program

Scores are ranked in the top 10% by each Provider/PIHP (green) and the bottom 10% (red)

MHSIP Questions	MSHN	tensive Outpatient	Withdrawal Management	Residential	Assisted Treatment	Case Management	More than One Program	(blank)
Q10. Staff believed that I could grow, change and recover.	1.32	1.22	1.31	1.42	1.45	1.00	1.23	1.65
Q1. I like the services that I received	1.34	1.26	1.23	1.47	1.48	1.00	1.27	1.68
Q3. I would recommend this agency to a friend or family member.	1.36	1.27	1.27	1.52	1.47	1.00	1.22	1.76
Q11. I felt comfortable asking questions about my treatment, services, and medication.	1.36	1.26	1.27	1.51	1.46	1.00	1.21	1.82
Q16. Staff respected my wishes about who is and who is not to be given information about my treatment services.	1.36	1.27	1.35	1.51	1.45	1.00	1.18	1.79
Q14. Staff encouraged me to take responsibility for how I live my life.	1.38	1.26	1.35	1.45	1.52	1.00	1.30	1.80
Q18. Staff were sensitive to my cultural/ethnic background. (e.g., race, religion, language, etc)	1.40	1.34	1.31	1.53	1.54	1.00	1.28	1.82
Q2: If I had other choices, I would still choose to get services from this agency	1.41	1.32	1.31	1.52	1.61	1.00	1.28	1.84
Q13. I was given information about my rights.	1.41	1.31	1.42	1.48	1.52	1.00	1.27	1.90
Q5. Staff were willing to see me as often as I felt it was necessary.	1.42	1.30	1.38	1.68	1.52	1.00	1.25	1.77
Q19. Staff helped me to obtain the information I needed so that I could take charge of managing my illness/disability.	1.43	1.31	1.38	1.59	1.56	1.00	1.30	1.84
Q8. I was able to get all the services I thought I needed.	1.46	1.35	1.46	1.64	1.56	1.00	1.32	1.90
Q7. Services were available at times that were good for me.	1.47	1.33	1.50	1.66	1.63	1.00	1.32	1.83
Q20. I was encouraged to use consumer peer programs. (support groups, drop-in centers)	1.48	1.35	1.50	1.62	1.65	1.00	1.29	1.92
Q17. I, not staff, decided my treatment goals.	1.48	1.42	1.38	1.65	1.54	1.33	1.31	1.74
Q6. Staff returned my calls within 24 hours.	1.54	1.35	1.58	1.86	1.65	1.00	1.35	2.03
Q12. I felt free to complain.	1.56	1.40	1.54	1.81	1.65	1.00	1.33	2.18
Q15. Staff told me what side effects to watch for (choose NA if you are not prescribed medication)	1.56	1.59	1.60	1.94	1.61	1.00	1.30	1.89
Q4. The location of services was convenient.	1.56	1.47	1.54	1.82	1.84	1.00	1.49	1.79
Q26. I do better in school and/or work (choose N/A if you are not working or attending school)	1.59	1.53	1.75	1.85	1.66	1.00	1.45	1.90
Q9. I was able to see a psychiatrist/prescriber when I wanted to.	1.59	1.59	1.79	1.91	1.66	1.00	1.47	1.74
Q30. I am able to take care of my needs.	1.62	1.49	1.96	1.74	1.73	1.00	1.48	1.91
Q36. In a crisis, I have the support I need from family or friends.	1.64	1.48	1.80	1.81	1.71	1.25	1.47	1.97
Q25. I am able to get along in social situations.	1.65	1.52	1.73	1.73	1.70	1.33	1.62	1.88
Q21. I deal effectively with daily problems.	1.69	1.55	2.00	1.73	1.80	1.00	1.67	2.06
Q29. I do things that are meaningful to me.	1.69	1.47	2.08	1.77	1.74	1.25	1.62	1.89
Q34. I have people with whom I can do enjoyable things.	1.69	1.51	2.00	1.79	1.74	1.25	1.56	1.99
Q22. I am able to manage my life.	1.72	1.54	1.85	1.81	1.78	1.33	1.62	2.12
Q33. I am happy with the friendships I have.	1.74	1.55	1.92	1.82	1.78	1.25	1.70	2.12
Q31. I am able to handle things when they go wrong.	1.74	1.54	1.85	1.86	1.78	1.25	1.78	2.09
Q32. I am able to do things that I want to do.	1.75	1.64	1.96	1.93	1.80	1.25	1.70	1.94
Q24. I am getting along with my family.	1.75	1.56	1.73	1.89	1.76	1.67	1.74	1.89
Q23. I am able to deal with crisis.	1.75	1.54	1.96	1.82	1.82	1.33	1.72	2.06
Q28. My symptoms are not bothering me as much.	1.83	1.62	2.12	2.00	1.86	1.33	1.78	2.13
Q27. I am satisfied with my housing situation.	1.86	1.85	2.24	2.09	1.86	1.00	1.87	2.08
Q35. I feel I belong in my community.	1.90	1.67	2.20	1.85	1.89	1.75	1.73	2.20

OPB Operational Report October 2026

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 & Community Recovery

- Supported development and release of the SOR Coalition Mini Grant proposal process for MSHN region coalitions. Proposals were due to MSHN by 10-1-2026. Recommendations will be made to the November BOD for contracts running from 11-1-2026 through 6-30-2027.
- DYTURs completed annual Youth Access to Tobacco Report that summarized all of their Synar activities in FY26. This is compiled into a regional report that MSHN submits to MDHHS.
- Completed work on FY27-29 SUD Strategic Plan
- MSHN Prevention team attended 27th Annual MDHHS SUD and Co-Occurring conference that was held September 28-29
- Held September Quarterly SUD Provider meeting including the Prevention and Community Recovery breakout
- Began FY26 MPDS closeout procedure with providers. Providers will be reviewing all data entered in FY26 to identify any errors that need to be corrected, and MSHN Prevention staff will review provider corrections and the region's data as a whole.
- Wrapped up work in MDHHS workgroup to update MPDS User Manuals for PIHPs and provider users
- Updated End of Year Outcomes reporting template that providers submit to report on FY26 work
- Continued working with coalitions and providers to offer technical assistance for overdose prevention activities, while encouraging engagement with county Opioid Settlement committees
- Inter-regional coordination ongoing through Prevention Coordinators around the state
- Review of prevention providers' entries into MPDS (Michigan Prevention Data System) and on spreadsheets where prevention providers log their activities, persons served, etc.
- Provision of technical assistance and training to existing providers on best practices for prevention and on how to document those in MPDS
- Attending coalition meetings across Region 5's 21 counties
- Continued implementation of FY24-26 SUD Strategic Plan

Treatment, Recovery Housing, & Overdose Prevention

- Finalized and submitted the MDHHS SUD Strategic Plan for FY27-29. Awaiting approval from MDHHS.
- Development and release of a Request for Proposals (RFP) for SUD Opioid Treatment Program services in the MSHN region. Information available on the MSHN website [here](#).
- Development and release of a Request for Proposals (RFP) for SUD Adolescent services in the MSHN region. Information available on the MSHN website [here](#).
- Developed and supported a Lunch & Learn training on September 9, 2026 for Women's Specialty Service providers contracted with MSHN. The training recording and presentation can be found on the MSHN website [here](#).

- Support SUD Quarterly Provider Meeting (virtually) on September 17, 2026. Meeting recording and presentation materials available on the MSHN website [here](#).
- SUD Clinical Team attendance at the MDHHS SUD and Co-occurring Conference on September 28 & 29, 2026.
- Continued the SOR Media Campaign for Region 5 counties to focus on overdose prevention, treatment connection, and recovery content for the remainder of FY26.
- Continued support for implementation of mobile methadone in the MSHN region. New provider and location to begin in Big Rapids (Mecosta County) tentatively in November 2026. Will offer SUD outpatient services with the combination of the FDA approved MAT/MOUD medications.
- Consultation and coordination of ASAM Criteria 4 implementation internally at MSHN and with the other 9 PIHPs through the Treatment Technologies workgroup and SUD Directors statewide group.
- Continued implementation of the MDHHS Recovery Incentive Pilot for FY26 with supporting the onboarding and implementation activities for 3 additional Region 5 providers.
- Supported MDHHS EGRAMS reporting for FY26 – Q4.
- Monitoring of Opioid Settlement Funds allocated to regional SUD providers. All SUD provider projects (by county) for OSF can be found on the MSHN website at this link: [Opioid Settlement Transparency & Accountability](#).
- MSHN currently has 700 beneficiaries enrolled across seventeen active Substance Use Disorder Health Home locations. The Integrated Health Team continues to support two additional providers through the SUD Health Home certification process. As of September 16, 2026, SUD Health Home beneficiary enrollment totals for the MSHN region, by site, were as follows:
 - Cherry Health Services: Working on program set-up, engagement, and enrollment
 - Isabella Citizens for Health – Mt. Pleasant: 1
 - Lifeways CMH – Hillsdale: 0
 - Lifeways CMH – Jackson: 0
 - MidMichigan Community Health Services – Beaverton: Working on program set-up, engagement, and enrollment
 - MidMichigan Community Health Services – Houghton Lake: 20
 - MidMichigan Community Health Services – West Branch: Working on program set-up, engagement, and enrollment
 - Mid-Michigan Recovery Services (MMRS): Working on program set-up, engagement, and enrollment
 - Montcalm Care Network: Working on program set-up, engagement, and enrollment
 - Recovery Pathways – Bay City: 77
 - Recovery Pathways – Corunna: 41
 - Recovery Pathways – Midland: 1
 - Sacred Heart – Bay City: 19
 - Sacred Heart – Saginaw: 0
 - Victory Clinic Services – Jackson: 126
 - Victory Clinic Services – Lansing: 220
 - Victory Clinic Services – Saginaw: 197
- Ongoing support of technical assistance needs with SUD treatment, recovery housing, and overdose prevention providers.

- Continued Treatment Team attendance at county level SUD prevention 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).

Additional Activities September – October:

- MSHN continues to support multiple pathways to recovery from a SUD based on each individual's needs: These include Medication Assisted Treatment (MAT), Medication for Opioid Use Disorders (MOUD), abstinence-based approaches and faith-based treatment approaches. Underlying these options is each individual's right to choose the treatment pathway that works best for them, which requires full transparency and disclosure of a provider's treatment philosophy at the first point of contact for services.
- The last FY26 phase of MSHN's [Celebrating Strength](#) anti-stigma campaign included three individuals in recovery from Midland, Tuscola, and Jackson counties. The intent of this campaign is to reduce stigma towards those living with a SUD and towards SUD treatment, i.e., to help individuals seeking services feel less shut down by family, friends, or community members. There's a persistent lack of understanding about the benefits of engaging in SUD services and about the potential for successful recovery.
- MDHHS released a report in July 2026, [Update on previous findings: Drug Overdoses Continue to Disproportionately Impact Black Men](#) which affirmed that *"emergency department visits for suspected overdose and fatal overdose rates decreased across demographic groups in recent years, but fatal overdose rates for Black men, specifically older Black men (50-80+), continue to be over two times higher compared to other populations."*
- Addressing these disparities was a primary goal for the *Equity Upstream* Learning Collaborative pilot in which pilot providers successfully increased penetration rates for people of color in their respective communities (the March 2026 report on those efforts can be found [here](#)). The single most impactful variable in establishing a successful recovery from a SUD is initiation and retention in treatment, so increasing underserved populations' engagement in treatment is a critical first step.
- MSHN understands that each county's epidemiological profile is different, however, and that providers are at varying stages of readiness for organizational change that could catalyze improved penetration rates for all populations. Moreover, we recognize that providers have undergone multiple stressors in recent years with workforce shortages, funding reductions, changing LARA licensing rules and the general cloud of uncertainty that hangs over our economy generally and our public behavioral health system in particular.
- FY27, therefore, will be a development year in which providers across Region 5 will do an organizational self-assessment survey to establish a baseline which will inform provider-specific action planning to reduce health disparities in FY28. MSHN will also provide multiple "Lunch & Learn" trainings in FY27 for all SUD provider staff so that internal agency awareness, understanding and capacity for growth offers a foundation for improvement in reducing health disparities in the overdose epidemic across Region 5's 21 counties.