Northern Michigan Regional Entity

Board Meeting

September 23, 2026

1999 Walden Drive, Gaylord

10:00AM

Agenda

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1.	Call to Order	
2.	Roll Call	
3.	Pledge of Allegiance	
4.	Acknowledgement of Conflict of Interest	
5.	Approval of Agenda	
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11.	New Business	
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12.	Old Business	
	a. CMHSP Updates	
	b. PIHP v State	
13.	Presentation	
	NMRE Substance Use Disorder Services Three-Year Strategic Plan	Pages 134 – 184
14.	Comments	
	a. Board	
	b. Staff/CMHSP CEOs	
	c. Public	
15.	Next Meeting Date – October 28, 2026 at 10:00AM	
16.	Adjourn	

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NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – AUGUST 26, 2026
GAYLORD BOARDROOM

ATTENDEES:	**Bob Adrian, Dave Freedman, Ed Ginop, Ron Iseler, Dana Labar, Eric Lawson, Tim Markey, Michael Newman, Jay O'Farrell, Ruth Pilon, Mark Surbrook, Chuck Varner**
VIRTUAL ATTENDEES:	**Karen Goodman**
ABSENT:	**Mary Marois, Don Tanner**
NMRE STAFF/CMHSP CEOs:	**Bea Arsenov, Brian Babbitt, Brady Barnhill, Carol Balousek, Eugene Branigan, Gail Grangood-Griffin, Lisa Hartley, Chip Johnston, Eric Kurtz, Brie Molaison, Trish Otremba, Pamela Polom, Sonya Russell, Nena Sork, Denise Switzer, Deanna Yockey, Lynda Zeller**
PUBLIC:	**Erin Barbus, Ann Friend, Sarah Hegg, Terri Henderson, Larry LaCross, Katie Lorence, Tobias Neal, Phyllis Priest**

CALL TO ORDER
Let the record show that Board Chairman, Ed Ginop, called the meeting to order at 10:00AM.

ROLL CALL
Let the record show that Mary Marois and Don Tanner were not in attendance for the meeting on this date. All other Board Members were present.

PLEDGE OF ALLEGIANCE
Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST
Let the record show that no conflicts of interest to any of the meeting agenda items were declared.

APPROVAL OF AGENDA
Let the record show that no additions to the meeting agenda were requested.

MOTION BY JAY O'FARRELL TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR AUGUST 26, 2026; SUPPORT BY DAVE FREEDMAN. MOTION CARRIED.

APPROVAL OF PAST MINUTES
Let the record show that the July minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION BY ERIC LAWSON TO APPROVE THE MINUTES OF THE JULY 22, 2026 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY DANA LABAR. MOTION CARRIED.

DRAFT

CORRESPONDENCE

1. An Action Alert from the Community Mental Health Association of Michigan (CMHA) dated July 22, 2026, urging the public to contact legislators and the Governor to express concerns about issuing another PIHP RFP during the final months of the current administration.
2. A Press Release from CMHA dated June 29, 2026, sharing results from recent polling indicating that 70% of Michigan voters oppose privatizing public mental health care.
3. Email correspondence from CMHA Associate Director, David Lowe, sharing the Department of Justice's Position on Olmstead Guidance.
4. CMHA's Recommended "Core Components of a Strengthened and Improved Public Mental Health System in Michigan."
5. A Press Release from the Michigan Department of Health and Human Services (MDHHS) dated July 17, 2026, announcing a grant funding opportunity (GFO) for the Rural Health Transformation Program (RHTP).
6. A document outlining the decision and actions made during the August 6, 2026, meeting of CMHA's Rural Health Transformation Program Behavioral Health Advisory Group.
7. A spreadsheet from CMHA showing options for the distribution of dollars in the RHTP initiative.
8. Quarter 2 FY26 Performance Indicator Consultation Draft Report.
9. A Summary of FY25 Behavioral Health Home Pay-for-Performance (P4P) earnings by PIHPs.
10. The draft minutes of the August 12, 2026, Regional Finance Committee meeting.

Mr. Kurtz drew attention to the CMHAM survey regarding privatization and core concepts document.

Mr. Kurtz next drew attention to RHTP funding options for fully rural counties.

ANNOUNCEMENTS

Let the record show that there were no announcements during the meeting on this date.

PUBLIC COMMENT

Let the record show that the members of the public attending the meeting were recognized.

REPORTS

Executive Committee Report

Let the record show that no meetings of the NMRE Executive Committee have occurred since the July Board Meeting.

CEO Report

The NMRE CEO Monthly Report for August 2026 was included in the materials for the meeting on this date. Mr. Kurtz referenced the August 13th mediation session in Court of Claims Case No. 24-000198-MZ. Details were discussed under "Old Business."

June 2026 Financial Report

- Net Position showed a net surplus for Medicaid and HMP of $8,725,000. Carry forward was reported as $2,844,054. The total Medicaid and HMP current year surplus was reported as $11,569,054. The total Medicaid and HMP Internal Service Fund was reported as $20,590,089. The total Medicaid and HMP net surplus was reported as $32,159,143
- Traditional Medicaid showed $175,268,607 in revenue, and $164,559,791 in expenses, resulting in a net surplus of $10,708,816 Medicaid ISF was reported as $13,519,285 based on the current FSR. Medicaid Savings was reported as $2,844,054.

- Healthy Michigan Plan showed $22,300,222 in revenue, and $24,284,038 in expenses, resulting in a net deficit of $1,983,816. HMP ISF was reported as $7,070,804 based on the current FSR. HMP savings was reported as $0.
- Health Home showed $2,725,911 in revenue, and $2,230,143 in expenses, resulting in a net surplus of $495,768.
- SUD showed all funding source revenue of $16,943,369 and $14,768,385 in expenses, resulting in a net surplus of $2,174,984. Total PA2 funds were reported as $5,149,662.

PA2/Liquor Tax was summarized as follows:

Projected FY26 Activity			
Beginning Balance	Projected Revenue	Approved Projects	Projected Ending Balance
$5,137,481	$1,847,106	$2,071,443	$4,913,143

Actual FY26 Activity			
Beginning Balance	Current Receipts	Current Expenditures	Current Ending Balance
$5,137,481	$1,147,646	$1,135,465	$5,149,662

	Centra Wellness	North Country	Northeast MI	Northern Lakes	Wellvance
Medicaid	$569,579	$2,518,565	$1,901,825	$639,840	$3,369,493
HMP	($300,953)	($441,251)	($116,430)	($1,666,268)	($277,611)
Total	$268,627	$2,077,314	$1,785,395	($1,026,428)	$3,091,882

It was noted that the June YTD looks more favorable than May. Since September 2025, the NMRE has observed a 10.5% decrease in eligibles between DAB, TANF, and HMP. July revenue (all funding sources) was $937,087 lower than September 2025.

Quarter 3 PA2 payments came in as anticipated. Because SUD Block Grant Funding currently has a surplus, projects approved for PA2 will be switched to BGF when possible. There is ambiguity surrounding what "debt services" were paid with Quarter 1 PA2. Based on a historical look by NMRE staff, it is suspected that some funds may have been deducted from other quarterly payments as the amounts appear to be inconsistent.

Mr. Lawson recognized Northern Lakes' efforts to reduce its overspend. Ms. Zeller indicated that an overspend of approximately $6M is likely by year end.

MOTION BY JAY O'FARRELL TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR JUNE 2026; SUPPORT BY CHUCK VARNER. MOTION CARRIED.

Operations Committee Report
The minutes from the August 18, 2026, were included in the materials for the meeting on this date.

Mr. Johnston provided an update on the Bridge to Mental Health project. The program, which began in Benzie County, is being expanded to include Alcona, Antrim, and Manistee Counties. A steering committee has been established consisting of individuals representing law enforcement, 911 dispatch, community mental health, and county leadership from all four counties.

The Bridge to Mental Health program aims to utilize a variety of funding sources to train law enforcement personnel as Crisis Response Officers (CRO) who will act as points of first contact for individuals experiencing a behavioral health related emergency.

NMRE SUD Oversight Committee Report
The next SUD Oversight Committee meeting is currently scheduled for September 14th at 10:00AM. Mr. O'Farrell announced that he will be unable to attend due to the Michigan Works conference September 14th–16th; Mr. Varner was asked to Chair. Approximately 25 liquor tax requests for FY27 will be reviewed.

Rep. John Roth (104th District), Chair of the Appropriations Subcommittee on Human Services, has been looking into the redirection of PA2 funds. It was noted that a new section (1530) was added to the FY27 budget boilerplate stating that the "House prohibits the department from requesting or implementing a CMS waiver or Medicaid State Plan amendment prior to statutory approval." The Senate did not include this section. The Conference concurred with the House.

NEW BUSINESS
FY27 PIHP Contract
The FY27 PIHP contract was made available for signature on August 10th with a due date of September 10th. An email from Laura Kilfoyle, dated August 7th, summarizing the changes within the contract was included in the meeting materials.

1. Final Rule Changes
    a. Prior Authorization Final Rule. Updates to language based on the new requirements from the Prior Authorization and API Final Rule
2. Provider Directory—updates to requirements.
3. (i)SPA Changes
    a. Addition of (i)SPA as a covered benefit plan within the PIHP contract.
4. Waskul Changes
    a. Removal of placeholder language from previous contract.
    b. Addition of Medicaid Policy, MPM and Waiver adherence language.
    c. Addition of Medicaid State Fair Hearing decision language (R)
    d. Addition of definitions for Medicaid Policy, Medicaid Provider Manual and Medicaid Waivers.
5. MOMS Program Removal—MOMS no longer a covered program under the PIHPs effective 10/1/2026.
6. Schedule E Reporting Update
    a. Annual MLR Report due date changed to July 31.
    b. Schedule E reporting changes due to CRM reporting being implemented.
    c. Contracts Management Mailbox Update
    d. Update file transfer name to MOVEit.
7. CMS directed language regarding physician incentive plans added.
8. Adverse Benefit Determination Notices for reductions, suspensions, or terminations of previously authorized/currently provided Medicaid services must be provided at least 30 days before the date of action, except as permitted under CFR. (Change from 10 days informed by Sec. 942. A CMHSP shall provide at least 30 days' notice before reducing, terminating, or suspending a service provided by the CMHSP to a CMHSP client, unless the service is authorized by a physician and the service no longer meets established criteria for medical necessity.)
9. MDHHS Compliance addition of language prohibiting offshore data processing/storing of PHI/PII.

DRAFT

Mr. Kurtz stressed that no FY27 rates have been released by Milliman. A rate setting meeting that was scheduled for August 24th was cancelled. The signed contract is due to MDHHS by September 10th. The total contract amount was provided as $279,076,618. Changes made regarding the Waskul lawsuit basically dictate that services be provided according to Medicaid policy. Mr. Johston stressed that, as stewards of public funding, rates need to be at "fair market rate."

MOTION BY MARK SURBROOK TO AUTHORIZE THE NORTHERN MICHIGAN REGIONAL ENTITY'S CHIEF EXECUTIVE OFFICER SIGN AND SUBMIT BY SEPTEMBER 10, 2026, THE FISCAL YEAR 2027 PREPAID INPATIENT HEALTH PLAN (PIHP) CONTRACT WITH THE STATE OF MICHIGAN; SUPPORT BY CHUCK VARNER. MOTION CARRIED.

"Yea" Votes: B. Adrian, D. Freedman, E. Ginop, R. Iseler, D. Labar, E. Lawson, T. Markey, M. Newman, J. O'Farrell, R. Pilon, M. Surbrook, C. Varner

"Nay" Votes: Nil

MOTION CARRIED.

FY27 Grant Awards

NMRE recommendations for FY27 State Opioid Response (SOR), Gambling Disorder Prevention, Tobacco 6000, and Michigan Partnership to Advance Coalitions – Prevention Framework Partnership for Success (MIPAC-PFS) grant awards were included in the materials for the meeting on this date.

Grant Type	Entity Recommended for Grant Award	Dollar Amount
Administration	NMRE	$6,934
Prevention	Catholic Human Services Health Department of Northwest Michigan	$100,001
Peer Outreach & Linkage	Catholic Human Services	$401,354
Jail MAT	Catholic Human Services	$194,669
Jail Medication	Besse/Amerisource Bergen	$194,030
Opioid Use Disorder/Stimulant Use Disorder Treatment	Catholic Human Services BASES	$349,991
Recovery	217 Recovery Community Recovery Alliance	$300,000
Gambling Prevention	PB&J	$200,000
Tobacco 6000	MacDonald Garber	$6,000
MIPAC-PFS	Catholic Human Services	$322,787
	Total	**$2,075,766**

Clarification was made that the funding distributed to the Health Department of Northwest Michigan will be used for school-based programming.

MOTION BY JAY O'FARRELL TO AWARD FISCAL YEAR 2027 SUBSTANCE USE DISORDER GRANTS AS PRESENTED AND REVIEWED ON THIS DATE IN THE TOTAL AMOUNT OF TWO MILLION SEVENTY-FIVE THOUSAND SEVEN HUNDRED SIXTY-SIX DOLLARS ($$2,075,766.00); SUPPORT BY ERIC LAWSON. ROLL CALL VOTE.

"Yea" Votes: B. Adrian, D. Freedman, E. Ginop, R. Iseler, D. Labar, E. Lawson, T. Markey, M. Newman, J. O'Farrell, R. Pilon, M. Surbrook, C. Varner

"Nay" Votes: Nil

MOTION CARRIED.

OLD BUSINESS

CMHSP Updates

Mr. Babbitt announced that North Country has recently acquired two Licensed Behavioral Analysts (LBA).

Ms. Zeller acknowledged that Northern Lakes is struggling to provide psychological services and is reaching out to other CMHSPs and statewide groups to fill the gap.

PIHPs V State

Mediation in State of Michigan Court of Claims Case No. 24-000198-MZ (NorthCare Network, Northern Michigan Regional Entity, Region 10 PIHP, and Community Mental Health Partnership of Southeast Michigan vs. the State of Michigan, MDHHS, and Director Elizabeth Hertel) took place on August 13th during which Mr. Kurtz became aware that MDHHS staff seemed to be unclear of the historical risk and financial arrangements.

Mr. Kurtz noted a prior ISF guidance document was removed from the FY25 contract.

The next mediation session with Judge Phillip Shefferly (a former bankruptcy judge) is scheduled for September 3rd.

PRESENTATION

Quality Update

Chief Clinical Officer, Bea Arsenov, provided an update on the NMRE's Quality Assurance and Performance Improvement Program (QAPIP), a structured system designed to monitor, evaluate, and improve the quality and safety of clinical and support services for Medicaid behavioral health and substance use disorder (SUD) beneficiaries.

FY26 Goal	Status
The NMRE will develop new auditing tools utilizing PCE Auditing to increase efficacy and allow for trending and monitoring of outcomes and progress.	Completed
A new Site Visit Tool addressing all the areas of home and community-based services (HCBS) monitoring needs will be developed by March 2026.	Completed
The NMRE will collect and review data for the HEDIS measures tied to the Performance Bonus Incentive Pool (PBIP).	Ongoing
To incorporate best practices and optimize level of care placement protocols, member CMHSPs will utilize MCG Indicia as a guide alongside other standardized assessments such as LOCUS, MichiCANS, and ASAM Continuum.	Completed
Training will occur based on documented and reported needs to SUD providers in co-occurring and Women's Specialty Services training needs, and CMHSPs in Standards and Clinical Compliance, Person-Centered Planning, and Quality and Utilization Alignment.	Completed and Ongoing
Increase SUD Health Home Enrollment from baseline by September 30th.	Completed
Increase Behavioral Health Home Enrollment by 6%-7% by September 30th.	Completed

Increase CRM Event Reporting timeliness to ≥ 90%.	Ongoing
Increase Medicaid Encounter Verification percentage to 91%-95% by April 1st.	Ongoing

Quality Benchmark	FY26 Target	Current Status
SAA-AD: antipsychotic medication adherence	≥ 62%	69.14%
IET: SUD treatment/Initiation	≥40%	30.82%
IET: SUD treatment/Engagement	≥14%	12.14%
Joint Care Plans in CC360 (for qualified Adult enrollees)	≥25%	100%
FUH: follow-up after hospitalization within 30 days/Adult	≥58%	79.85%
FUH: follow-up after hospitalization within 30 days/Children	≥79%	94.86%
ADD: medication follow-up/Initiation	≥52.6%	55.44%
ADD: medication follow-up/Continuation	≥61.2%	57.31%
APM: metabolic monitoring	≥27.6%	24.87%
APP: first-line psychosocial care	≥65.6%	55.21%
FUA: follow-up after ED visit for SUD within 30 days/Age 13-17	≥35.6%	50.0%
FUA: follow-up after ED visit for SUD within 30 days/Adult	≥36.3%	44.4%
FUM: follow-up after ED Visit for MI	≥60.8%	71.68%

Additional Goals/QAPIP Activities	FY26 Target	Current Status
Provide Quality Oversight/Utilization Training	March 2026	Completed
Create and utilize HCBS Site-Visit Tool	March 2026	Completed
Review and adopt Practice Guidelines	March 226	Completed
Implement Universal Credentialing CRM	April 2026	Completed
Transition HCBS training to CMHSPs	April 2026	Completed
Submit report on Social Determinants of Health to MDHHS	July 2026	Completed
Conduct site reviews of contracted providers	September 2026	Completed
Conduct Consumer Experience surveys	September 2026	In Process
Submit Patient-Centered Medical Home Report to MDHHS	November 2026	In Process

COMMENTS

Board

Mr. Labar brought up the fact that MDHHS has mandated the use of the Level of Care Utilization System (LOCUS) and the Michigan Child and Adolescent Needs and Strengths (MichiCANS) assessment tools (MichiCANS) as part of its statewide Mental Health Framework (MHF). These tools will determine which payer (MHP vs. PIHP) is responsible for the enrollee's care. Ms. Arsenov stated that the MichiCANS is not a biopsychosocial assessment and has little clinical value but is, nonetheless, mandated by the state. Ms. Goodman added that the Primary Care Behavioral Health association is in talks about these screening assessments and the limitations they have in the bigger system.

Public

Larry LaCross, CEO of Catholic Human Services, echoed the sentiments expressed regarding the mental health framework, LOCUS, and MichiCANS. Some people who score high on the assessments prefer to receive treatment in community agencies; disallowing this would reverse collaborative efforts made over many years. Additionally, private insurance companies may start arbitrarily denying payment for individuals with high assessment scores.

DRAFT

NEXT MEETING DATE

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on September 23, 2026.

ADJOURN

Let the record show that Mr. Ginop adjourned the meeting at 11:09AM.

DRAFT

Region 1: NorthCare Network
Megan Rooney

Region 2: Northern Michigan Regional Entity
Eric Kurtz

Region 3: Lakeshore Regional Entity
Mary Marlatt Dumas

Region 4: Southwest Michigan Behavioral Health
Mila Todd

Region 5: Mid-State Health Network
Joseph Sedlock

Region 6: Community Mental Health Partnership of Southeast Michigan
James Colaianne

Region 7: Detroit Wayne Integrated Health Network
James White

Region 8: Oakland Community Health Network
Dana Lasenby

Region 9: Macomb County Community Mental Health
Traci Smith

Region 10: Region 10 Pre-Paid Inpatient Health Plan
Kelly VanWormer

September 14, 2026

Michigan Department of Health and Human Services

Subject: Concerns Regarding SUD Pay-for-Performance Measures and Recommendations for Improvement

Dear Meghan and Kristen,

On behalf of Michigan's Prepaid Inpatient Health Plans (PIHPs), we appreciate the Michigan Department of Health and Human Services' (MDHHS) continued commitment to improving behavioral health outcomes and aligning quality reporting with national standards. We share the Department's goal of utilizing meaningful performance measures to drive improved care and accountability across the behavioral health system.

Since the FY2024 transition from Michigan's historical Key Performance Indicators (KPIs) to the National Behavioral Health Core Set measures, and the corresponding shift from BH-TEDS and PIHP-reported claims data to Community Care 360 (CC360) data, PIHPs have experienced significant challenges related to performance measurement, data transparency, and quality improvement efforts. While we support the intent behind these changes, several aspects of the current methodology create barriers to accurately measuring performance and may unintentionally penalize providers delivering clinically appropriate, evidence-based care.

The Follow-Up After Emergency Department Visits for Substance Use (FUA) and Initiation and Engagement of Substance Use Disorder Treatment (IET) measures are particularly impacted by the exclusion of commonly utilized Michigan Substance Use Disorder (SUD) service codes, limited visibility into the underlying data used to calculate performance, and the inclusion of treatment activity occurring outside the PIHP system and beyond the PIHPs' ability to influence.

Additionally, the significant lag in CC360 reporting substantially limits opportunities for timely intervention, trend analysis, provider engagement, and member outreach. The FY2025 transition of Certified Community Behavioral Health Clinic (CCBHC) services to a fee-for-service payment model has further reduced PIHP visibility and influence over the populations included within these measures, creating additional challenges for organizations being held financially accountable for outcomes they cannot adequately monitor or manage.

Given the direct impact these measures have on pay-for-performance outcomes and funding, we respectfully request MDHHS consider the following recommendations.

1. Align Michigan SUD Service Codes with National Measure Specifications
We recommend MDHHS evaluate replacing Healthcare Common Procedure Coding System (HCPCS) codes H0012, H0018, and H0019 with H2035 and H2036, or pursue alternative approaches that ensure residential and withdrawal management services are recognized within FUA and IET calculations.

Currently, individuals who appropriately enter treatment through withdrawal management and transition to residential services are often excluded from measure compliance despite receiving clinically indicated treatment. This creates a disconnect between the intent of the measures and actual service delivery. The current methodology may inadvertently discourage the use of higher-intensity levels of care that are consistent with American Society of Addiction Medicine (ASAM) placement criteria.

Performance measures should reward successful treatment engagement regardless of service setting. When valid residential and withdrawal management services are excluded, the measures fail to capture the full continuum of care and underrepresent the work being completed by PIHPs and their provider networks.

We recommend that MDHHS engage with National Committee for Quality Assurance (NCQA) and other state Medicaid agencies to identify coding strategies that better align Michigan's service array with national quality reporting requirements while preserving clinically appropriate treatment pathways.

2. Provide Event-Level Data and Performance Attribution Information
We strongly encourage MDHHS to provide PIHPs with access to the event-level data used to calculate FUA and IET measures, including the service events, providers, and claims contributing to both compliant and non-compliant outcomes.

Quality improvement is only effective when organizations can identify the specific drivers of performance. At present, PIHPs are expected to improve outcomes without visibility into critical information such as:

- Which emergency departments generate the highest volume of non-follow-up events.
- Whether follow-up services were delivered through PIHP providers, CCBHCs, Federally Qualified Health Center (FQHCs), primary care practices, or other Medicaid providers.
- The reasons members did not meet measure requirements.
- Which treatment episodes qualify or fail to qualify under measure specifications.

Providing event-level data would allow PIHPs to identify service gaps, establish targeted provider improvement plans, strengthen hospital partnerships, and develop focused outreach strategies. It would also improve confidence in the reported results and increase transparency regarding pay-for-performance determinations.

Organizations cannot reasonably be expected to improve outcomes for populations and service events they cannot identify.

3. Recognize Care Coordination and Case Management Activities During Residential Treatment

We recommend that MDHHS explore options for recognizing qualifying care coordination or case management services during residential treatment episodes.

Successful engagement in substance use treatment frequently depends on intensive care coordination, discharge planning, recovery support, transportation assistance, housing stabilization efforts, and coordination with physical and behavioral health providers. These activities are often foundational to maintaining treatment engagement and preventing readmissions.

States such as Montana have incorporated qualifying case management services into their treatment frameworks. Michigan's current structure creates a gap because Medicaid reimbursement for case management services during residential treatment is generally unavailable, requiring providers to rely on Block Grant or Liquor Tax funding instead.

This policy creates inequity across the behavioral health continuum and limits recognition of critical engagement activities that directly support the objectives of both FUA and IET. Recognizing these services would better reflect person-centered care and acknowledge the substantial care coordination required to successfully engage individuals with complex substance use disorders.

4. Improve Timeliness of Performance Data

We also request that MDHHS prioritize strategies to reduce the current reporting lag associated with CC360 data.

The current delay, which can approach seven months, significantly diminishes the value of performance measures as quality improvement tools. By the time data are available for review, many opportunities for intervention, outreach, and provider engagement have already passed.

More timely reporting would allow PIHPs to:

- Identify emerging trends sooner.
- Conduct outreach to members at highest risk of disengagement.
- Support hospitals and community providers with targeted interventions.
- Implement corrective actions before performance periods close.
- Evaluate the effectiveness of ongoing quality improvement initiatives.

Performance data are most useful when they can be acted upon in real time. Reducing reporting delays would improve both accountability and outcomes.

5. Reevaluate Accountability Methodologies for Services Outside PIHP Control

Finally, we encourage MDHHS to reassess how FUA and IET performance is attributed when services are initiated, delivered, or managed outside of the PIHP system.

As Medicaid behavioral health delivery systems continue to evolve, an increasing proportion of treatment occurs through providers and reimbursement structures that operate independently of PIHP oversight. Holding PIHPs financially accountable for service activity they cannot influence creates a disconnect between responsibility and authority.

Performance measurement is most effective when organizations are accountable for populations, providers, and processes within their sphere of influence. We encourage MDHHS to explore attribution methodologies or risk-adjustment approaches that better reflect the changing behavioral health landscape and ensure pay-for-performance outcomes are equitable and actionable.

PIHPs remain fully committed to delivering high-quality, evidence-based substance use disorder treatment and to partnering with MDHHS to improve outcomes for Michiganders. However, achieving meaningful improvement requires access to accurate, transparent, and actionable data as well as measures that appropriately recognize the full continuum of care.

We respectfully request consideration of these recommendations and welcome the opportunity to collaborate with MDHHS on solutions that strengthen measurement accuracy, support quality improvement, and ensure pay-for-performance methodologies fairly reflect the services being delivered.

Thank you for your time, consideration, and ongoing partnership.

On behalf of the PIHP Chief Executive Officers,



Amanda L. Ittner
Acting PIHP CEO Group Chair
Interim Chief Executive Officer
Mid-State Health Network

Medicaid Adult Dental

The Legislature's decision in the FY27 budget to move adult Medicaid dental benefits away from Medicaid Health Plans raises an important policy question: Is the dental redesign becoming the "canary in the coal mine" for the broader carve-in model of Medicaid managed care? Just three years after citing adult dental as a successful example of integration, policymakers are now reconsidering whether specialized services are better administered through specialized delivery systems.

An interesting policy parallel

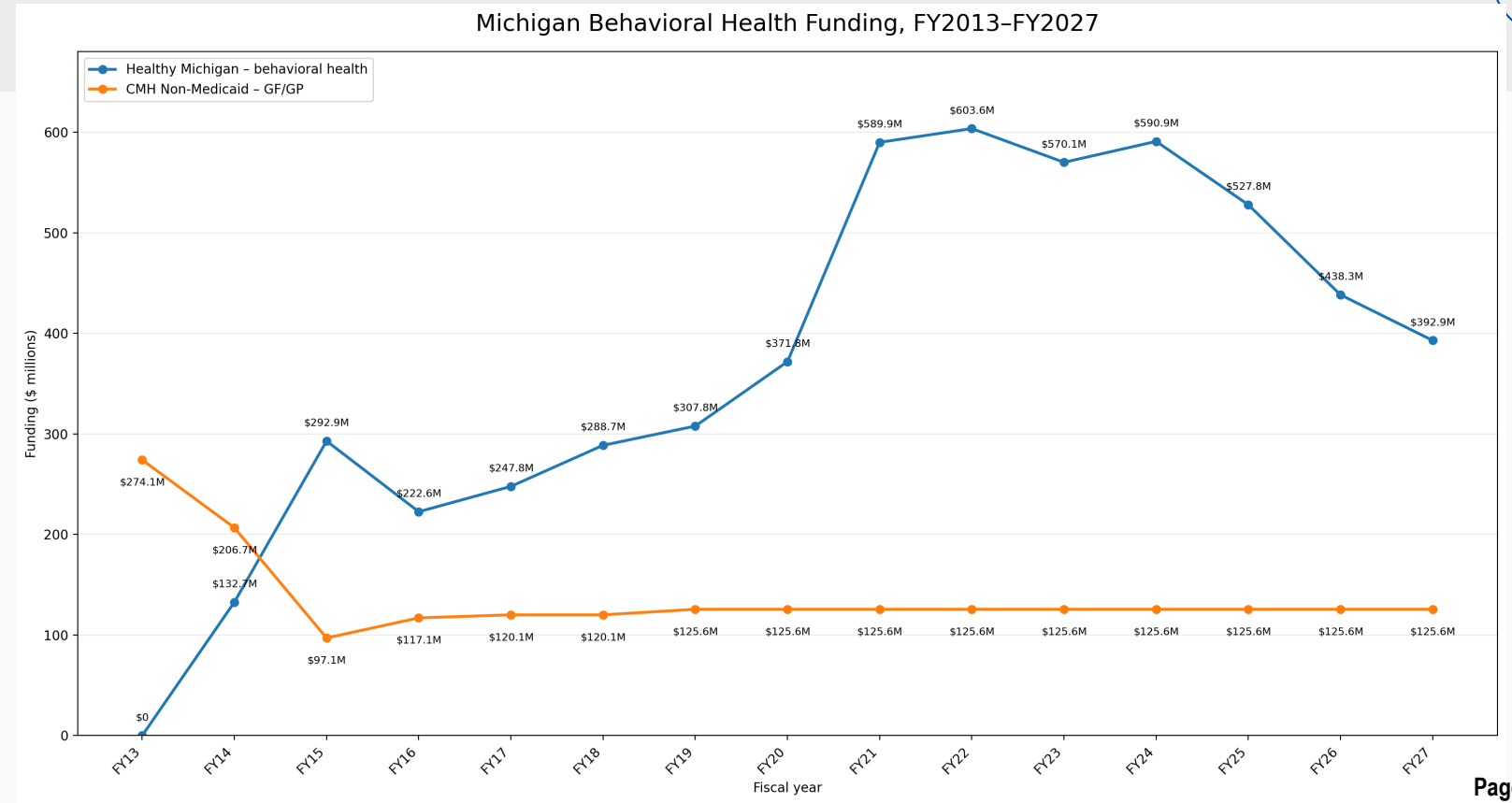
- The adult dental redesign has often been cited by MDHHS as an example of successfully integrating a benefit into Medicaid managed care. However, the FY27 budget reflects legislative skepticism about whether that administrative model is the best long-term approach.
- This creates an interesting contrast for behavioral health policy:
- **2023:** The state argued that moving adult dental **into** Medicaid Health Plans would improve coordination and outcomes.
- **FY27:** The Legislature is directing MDHHS to examine or move toward **carving dental back out** of the Medicaid Health Plans.

Medicaid Adult Dental

Section 1627 ("Dental Carveout") in the enacted FY27 DHHS budget, the Legislature is directing MDHHS to begin moving **adult Medicaid dental benefits back out of the Medicaid Health Plans** and study or implement a dental carve-out. This is a notable policy reversal from the 2023 redesign.

- **Specialized dental organizations may be better suited to administer dental benefits.**
  Legislators have argued that dental benefits are fundamentally different from medical benefits and can be managed more effectively by organizations that specialize exclusively in dental provider networks, claims administration, and quality improvement rather than comprehensive Medicaid HMOs.
- **Concerns about administrative costs.**
  Some policymakers questioned whether administering dental through Medicaid Health Plans adds another layer of administrative expense when the benefit could instead be managed through a single statewide dental administrator. The budget language requests additional information regarding the costs and impacts of the current model.
- **Provider concerns.**
  Since implementation, some dentists and dental organizations have raised concerns about:
  - Different credentialing requirements across health plans.
  - Multiple provider contracts.
  - Different billing rules and prior authorization processes.
  - Administrative burden associated with working with several Medicaid HMOs instead of one dental administrator.
- **Access remains a challenge.**
  While reimbursement increased substantially under the redesign and provider participation improved, access problems still exist in many areas of Michigan. Some legislators have questioned whether those improvements resulted primarily from the large reimbursement increase rather than from placing the benefit under Medicaid Health Plans.

HMP & CMH GF Funding



CMH Non-Medicaid series reflects GF/GP only. Healthy Michigan series reflects gross behavioral-health funding.

Funding Impact with loss of HMP

If the Healthy Michigan behavioral-health resources continue to drop while the $125.6 million CMH Non-Medicaid GF/GP appropriation stays flat, there are several likely pressures.

1. The safety-net funding gap will grow
2. CMHs will face more uninsured people without additional GF dollars
    - Healthy Michigan → loss of eligibility → uninsured/non-Medicaid patient → CMH safety net.
3. CMHs may have to prioritize increasingly scarce GF dollars
    - **Medicaid is an entitlement** for eligible beneficiaries; state General Fund behavioral-health resources are capped.
    - **State GF, local, and block-grant resources are not entitlements** and therefore services have to be prioritized within available resources. Potential consequences include:
        - longer waits for outpatient therapy, psychiatry and assessments;
        - narrower access for people with mild-to-moderate conditions;
        - greater reliance on crisis services;
        - reduced ability to provide prevention and early intervention;
        - pressure on housing, case management, peer supports and other services that may not be readily reimbursable;
        - increased uncompensated care
4. Provider capacity could become part of the problem
    - Declining Medicaid revenue + flat non-Medicaid GF + rising wages/inflation = declining purchasing power.
5. Crisis systems, hospitals and jails can become the downstream safety net

Funding Impact with loss of HMP

Potential Behavioral-Health Funding Exposure

HMP members losing coverage	Estimated BH users affected at (1/3)	Estimated annual BH service costs shifted	Including admin
40,000	13,333	**$65.3M**	**$68.4M**
75,000	25,000	**$122.4M**	**$128.2M**
100,000	33,333	**$163.2M**	**$170.9M**
150,000	50,000	**$244.8M**	**$256.4M**
200,000	66,667	**$326.4M**	**$341.8M**

For every 100,000 Healthy Michigan members who lose Medicaid coverage, approximately 33,000 specialty behavioral-health consumers could be affected. Based on historical HMP service costs, that represents approximately $163 million annually in behavioral-health services potentially losing Medicaid financing—more than the entire $125.6 million currently appropriated for Michigan's CMH Non-Medicaid safety net.

- According to the July 2026 CHRT analysis estimated that HMP behavioral-health consumer annually receives $4,896 for services, or about $5,127 including administration.

CMHA Community Mental Health Association of Michigan

Michigan's Public Mental Health System Absorbs HMP Funding Gaps

Based on the assumption that one-third of HMP members use specialty behavioral-health services at the historical cost of $4,896 per consumer, HMP capitation covered only a portion of the modeled cost of care. Across FY17–FY20 and FY24 alone, the modeled difference is approximately $3.5 billion. – (UM Healthy Michigan Plan Evaluation) (July 2026 CHRT analysis)

FY	HMP member months	Actual HMP BH PMPM	Actual HMP BH funding	Funding needed @ $136 PMPM	Modeled shortfall
FY17	7.365M	$39.05	~$287.6M	~$1.002B	~$714.1M
FY18	~7.67M	$42.46	~$325.7M	~$1.043B	~$717.4M
FY19	~7.96M	$50.12	~$399.0M	~$1.083B	~$683.6M
FY20	~8.14M	$55.06	~$448.2M	~$1.107B	~$658.9M
FY24	~9.109M	$56.28	~$512.7M	~$1.239B	~$726.2M
Total shown	~40.24M	—	~$1.973B	~$5.474B	~$3.50B

- $4,896 Annual BH Cost × 1/3 of HMP Members ÷ 12 = **$136 Required PMPM**

CMHA Community Mental Health Association of Michigan

Vision for a Stronger Public Mental Health System

A practical framework for improving access, consistency, accountability and long-term sustainability while preserving Michigan's public mission and local voice.

OUR VISION

Every person experiencing mental illness, intellectual or developmental disabilities, substance use disorders, or emotional disturbance should have access to high-quality, evidence-based, community-based care through a public system that is locally governed, publicly accountable, financially sustainable, and driven by the voices of those it serves.

The path forward is not to preserve the status quo. It is to strengthen the public system through statutory reforms, regulatory protections, clear contractual expectations and internal improvements that deliver better, more consistent results.

1

Governance & Local Voice

Keep public ownership, align governance with people served, families, counties and communities.

2

Uniformity of Services

Create consistent standards and equitable access while preserving person-centered flexibility.

3

Sustainable Financing

Support prevention, recovery, adequate reserves and reinvestment in care and innovation.

4

System-Led Improvement

Reduce red tape, strengthen networks, improve transparency and hold the system accountable for results.

Public governance that is accountable to people and communities

Michigan's public mental health system should remain publicly owned and overseen, with one accountable Medicaid behavioral health entity per region. Governance must reflect the people who rely on the system and the communities responsible for sustaining it.

Local voice	Lived experience	Public stewardship
Families, people served, counties and community partners should have meaningful influence over priorities and performance.	At least one-third of PIHP board members should have relevant lived experience, consistent with the Mental Health Code.	Public dollars should remain focused on services, community needs, innovation and long-term system stability.

Accountability already has multiple layers

The current structure is not without oversight. CMHSPs and PIHPs operate under state and federal Medicaid rules, the Michigan Mental Health Code, audits, accreditation requirements, recipient-rights protections, county oversight and public-governance requirements.

MDHHS oversight	**Federal Medicaid rules**	**Independent audits**
Recipient Rights	**County oversight**	**Open Meetings & FOIA**

MYTH	**Local governance prevents meaningful accountability.**
	FACT: Local governance creates visible pathways for public input and oversight. The improvement agenda should strengthen performance expectations and transparency—not remove decisions from communities.

Maintaining public ownership is a key safeguard within this vision. It ensures that responsibility for access, quality, outcomes and taxpayer resources remains with publicly accountable entities rather than being transferred to private insurance companies.

Public opinion reinforces this principle: 70% of likely November 2026 voters oppose shifting Medicaid mental health management to private insurance companies, while only 19% support it. In addition, 69% oppose ending local control and local accountability.

Consistent access without losing person-centered care

A person's access to Medicaid behavioral health services should not depend on where they live. Michigan should establish greater consistency across regions while preserving the ability to respond to individual needs, family choice and local conditions.

1	2	3
COMMON STANDARDS	**EQUITABLE ACCESS**	**INDIVIDUALIZED CARE**
Standardize eligibility criteria, medical-necessity standards and authorization processes.	Set clear statewide expectations for timely access, service availability and quality.	Allow variation when driven by the needs and choices of people served—not arbitrary geography.

What uniformity should—and should not—mean

SHOULD MEAN

- Clear statewide service expectations
- Consistent eligibility and authorization rules
- Comparable reporting and performance measures
- Transparent information on capacity and wait times

SHOULD NOT MEAN

- One-size-fits-all treatment decisions
- Ignoring rural, cultural or community differences
- Removing family and person choice
- Moving decisions farther from local partners

MYTH

Changing the payer will automatically fix access and outcomes.

FACT: Many access problems are driven by workforce shortages, inpatient and residential capacity, transportation, reimbursement and limited funding. Structural reform must address these underlying constraints directly.

The goal is a statewide promise of fairness: the same core standards and protections for every resident, delivered through coordinated community systems that know the people and places they serve.

A relevant lesson from Medicaid adult dental

Michigan policymakers recently directed MDHHS to move adult Medicaid dental benefits away from Medicaid Health Plans and toward a specialized dental model. The decision offers an important lesson for behavioral health reform: integration under a general health plan is not automatically the most efficient or effective structure for every service.

Why policymakers changed direction

SPECIALIZED EXPERTISE

Dental benefits rely on distinct provider networks, claims systems and quality measures. Policymakers concluded that a specialized dental administrator may be better positioned to manage those functions.

LESS ADMINISTRATIVE BURDEN

Dentists reported multiple contracts, credentialing standards, billing rules and prior-authorization processes across health plans. A single specialized administrator can reduce duplication and cost.

ACCESS STILL MATTERS

Access improved after reimbursement increased, but problems remain. Policymakers questioned whether the gains came from higher rates—not from placing dental under private health plans.

THE LESSON

Specialized services may be better managed by specialized systems.

The dental carve-out does not prove the prior model failed. It does show that policymakers recognized concerns about efficiency, provider burden and whether a general private health plan is the right administrator for a specialized benefit. Behavioral health deserves the same scrutiny.

Changing the payer is not a substitute for addressing workforce, capacity, reimbursement and access—the underlying pressures that determine whether people receive care.

Finance care for outcomes, prevention and long-term stability

A stronger system needs financing that supports recovery, prevention and continuity of care—not incentives that reward volume or shift risk without adequate resources. Public entities must be able to manage risk responsibly and reinvest savings in the people and communities they serve.

Outcome-focused financing

Use payment approaches that reward access, quality, prevention, recovery and long-term value rather than relying solely on fee-for-service reimbursement.

Sound reserves

Allow PIHPs and CMHSPs to maintain actuarially sound risk reserves so unexpected costs do not destabilize services.

Reinvestment in care

Permit earned savings, incentives and reserves to support service expansion, workforce, technology, crisis capacity and innovation.

Clear stewardship

Maintain transparent public accountability for how funds are used and whether investments improve access, quality and outcomes.

Invest where the system is under pressure

Workforce	Capacity	Access	Infrastructure
Recruitment, retention and competitive compensation	Crisis, inpatient, residential and community services	Rural care, transportation and timely entry to services	Data, technology and coordinated provider networks

24%

of psychiatrist positions vacant

Workforce shortages are a core access issue.

The 2025 survey also reported vacancies of 21% for master's-level psychologists and 20% for limited-license clinicians. Financing reform must help build the workforce—not simply rearrange administrative responsibility.

Public financing should create a direct line from taxpayer resources to better care, stronger provider networks and measurable community outcomes.

A practical agenda for a stronger public system

Michigan can make meaningful improvements now. The strongest approach preserves the statutory role of CMHSPs as the foundation of community-based care while setting clear expectations for consistency, transparency, efficiency and results.

1	**Standardize where consistency improves fairness** Align eligibility, medical necessity, authorization, credentialing and core reporting expectations across the state.
2	**Reduce administrative burden** Streamline duplicative audits, training, contracting, recipient-rights procedures and other requirements that pull resources away from care.
3	**Improve transparency and performance** Share understandable information on funding, demand, capacity, wait times, access, quality and outcomes; use data and lived experience to drive improvement.
4	**Strengthen provider networks** Support sustainable rates, workforce development, coordinated care and comprehensive community-based service capacity.

70%

oppose private insurance control

Only 19% support

Michigan voters reject privatization. Seventy percent oppose shifting Medicaid mental health management to private insurance companies, compared with only 19% who support it. In addition, 69% oppose ending local control and accountability, and 58% strongly oppose privatization. Public ownership should remain a foundational safeguard within the broader improvement vision.

THE BOTTOM LINE

Improve the public system—do not abandon its public mission.

Michigan can build a more consistent, transparent, financially sustainable and outcomes-focused behavioral health system while keeping it publicly governed, locally accountable and driven by the people it serves.





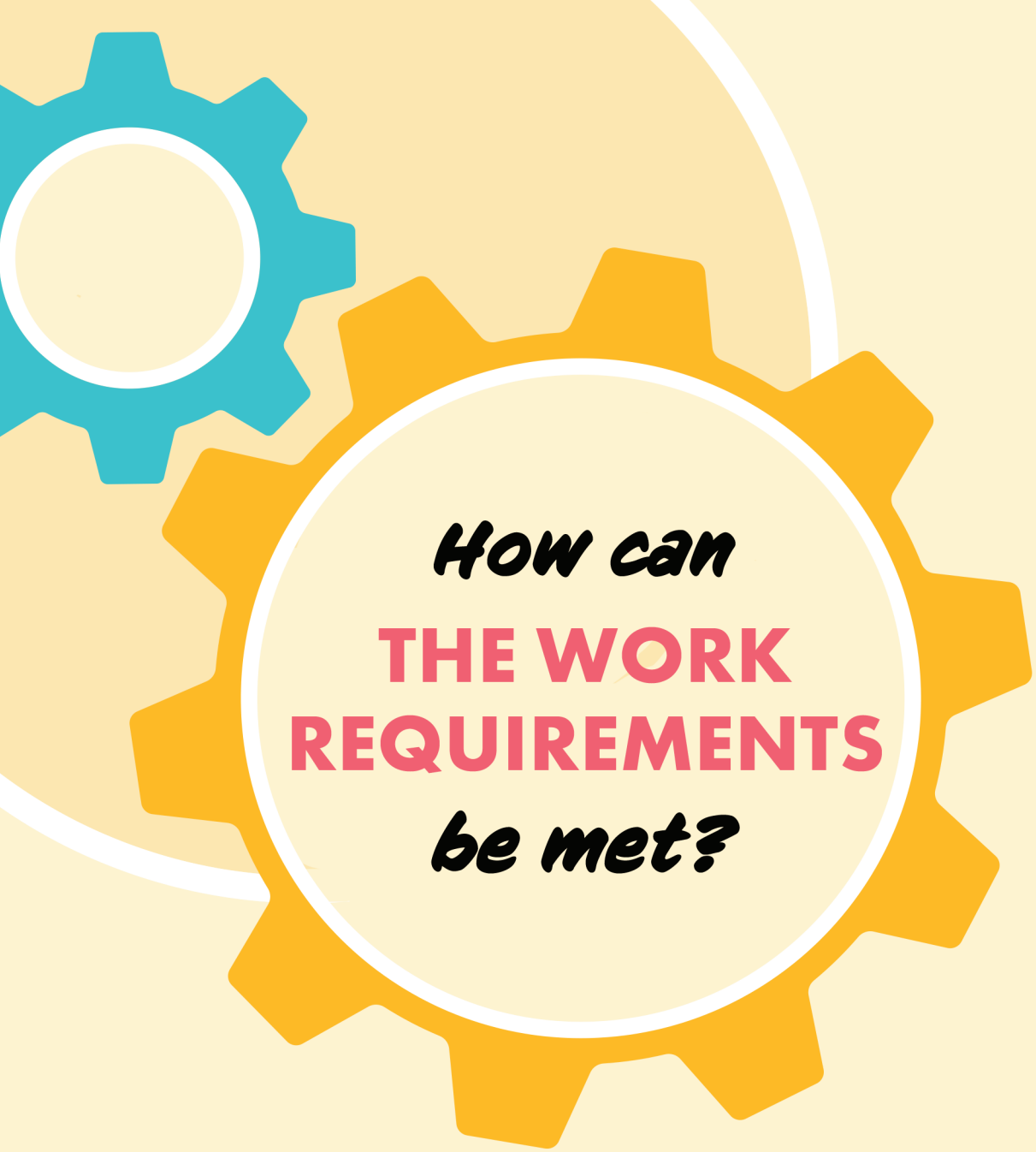


Keep your MEDICAID COVERAGE running smoothly.

Learn about the new Healthy Michigan Plan (HMP) work requirements starting in 2027.

Who does THE NEW WORK REQUIREMENTS affect?

- Some adults who have Medicaid health care coverage through the **HMP.**
- Are between the ages of 19 and 64.
- Don't qualify for an exemption from work requirements.



How can THE WORK REQUIREMENTS be met?

- Working.
- Volunteering or community service.
- Going to school.
- Job training.
- And more.

Unless you are exempt, you must complete 80 hours of work or other activities in one of the six months leading up to your HMP renewal. You may use any combination of these activities to meet the requirement. You can also meet the requirement if you have verified income of $580 or more a month.

How will MDHHS check work requirements?

HMP members will be required to renew coverage every six months beginning in 2027. MDHHS will first check information it already has at application or renewal to see if someone is exempt or already meeting work requirements. The department will reach out if more information is needed.

Those who are:

- Already subject to work requirements for food or cash benefits.
- Pregnant or gave birth within the past 12 months.
- A parent or caregiver of a child age 13 or under.
- A caregiver of a person(s) with a disability.
- An American Indian or Alaska Native (AI/AN).
- A person that was in foster care at age 18 and is currently younger than age 26.



- A disabled veteran.
- In a treatment program for a substance use disorder.
- In jail or prison now or in the past three months.
- A person with complex health needs.
- Living with a mental health disorder.
- Living with a serious health condition that requires regular treatment.
- Experiencing temporary hardship.

MDHHS will use available data sources to check for exemptions, but you may also need to notify MDHHS about your exemptions.

To check for other exemptions visit **Michigan.gov/HMP**.







MANY HMP MEMBERS

are already meeting these requirements or may qualify for an exemption.



What do I NEED TO DO NOW?

- Make sure your contact information is up to date in MI Bridges at Michigan.gov/MIBridges.
- Report changes that may affect your coverage in MI Bridges using the "Report My Changes" function, such as birth of a child, marriage or divorce, or a change in income.
- If you receive paperwork from MDHHS, complete, sign and return it by the deadline, along with any requested documents.
- Continue to check Michigan.gov/HMP for updates and information.

Keep your

MEDICAID COVERAGE

running smoothly.





Learn more at **Michigan.gov/HMP**

MDHHS

Michigan Department of Health & Human Services

RETIREMENT PARTY

Community Mental Health Association of Michigan



Please join us for a casual, open house-style gathering. You're welcome to stop by at your convenience to extend your best wishes to Bob!

Friday
October 30, 2026
4:00 - 8:00pm

AC by Marriott Lansing University Area
3160 E Michigan Ave, Lansing, MI 48912

BOB SHEEHAN

Chief Executive Officer
Community Mental Health Association of Michigan

To RSVP Scan or Visit

Share Photos with Bob to an album for us to dislay at the party!

NORTHERN MICHIGAN REGIONAL ENTITY
FINANCE COMMITTEE MEETING
10:00AM – SEPTEMBER 9, 2026
VIA TEAMS

ATTENDEES:	**Bea Arsenov, Melissa Bentgen, Connie Cadarette, Ann Friend, Nancy Kearly, Allison Nicholson, Donna Nieman, Rob Palmer, Pamela Polom, Jennifer Warner, Tricia Wurn, Deanna Yockey, Lynda Zeller, Carol Balousek**

REVIEW AGENDA & ADDITIONS
No additions to the meeting agenda were requested.

REVIEW PREVIOUS MEETING MINUTES
The August minutes were included in the materials packet for the meeting.

MOTION BY CONNIE CADARETTE TO APPROVE THE MINUTES OF THE AUGUST 12, 2026, NORTHERN MICHIGAN REGIONAL ENTITY REGIONAL FINANCE COMMITTEE MEETING; SUPPORT BY ALLISON NICHOLSON. MOTION APPROVED.

MONTHLY FINANCIALS
July 2026 Financial Report

- Net Position showed a net surplus for Medicaid and HMP of $6,439,940. Carry forward was reported as $2,844,054. The total Medicaid and HMP current year surplus was reported as $9,283,994. The total Medicaid and HMP Internal Service Fund was reported as $20,590,089. The total Medicaid and HMP net surplus was reported as $29,874,083.
- Traditional Medicaid showed $195,827,580 in revenue, and $186,625,745 in expenses, resulting in a net surplus of $9,201,835. Medicaid ISF was reported as $13,519,285 based on the current FSR. Medicaid Savings was reported as $2,844,054.
- Healthy Michigan Plan showed $25,376,700 in revenue, and $28,138,595 in expenses, resulting in a net deficit of $2,761,895. HMP ISF was reported as $7,070,804 based on the current FSR. HMP savings was reported as $0.
- Health Home showed $3,183,868 in revenue, and $2,793,377 in expenses, resulting in a net surplus of $390,491.
- SUD showed all funding source revenue of $19,175,537 and $16,995,048 in expenses, resulting in a net surplus of $2,180,489. Total PA2 funds were reported as $ 5,061,057.

PA2/Liquor Tax was summarized as follows:

Projected FY26 Activity			
Beginning Balance	Projected Revenue	Approved Projects	Projected Ending Balance
$5,137,481	$1,847,106	$2,071,443	$4,913,143

Actual FY26 Activity			
Beginning Balance	Current Receipts	Current Expenditures	Current Ending Balance
$5,137,481	$1,147,646	$1,224,070	$5,061,057

DRAFT

Ms. Yockey noted that the carry forward amount may be adjusted when Northern Lakes' FY25 audit is finalized.

Q4 PA2 payments are expected sometime between the end of October and mid-November. FY26 claims and FSR cutoff is the first week of November. Approved claims received after November 5th will be applied to FY27 as prior year activity.

A lapse of SUD block grant funds is anticipated for FY26. PA2 approved projects have been moved to BGF where possible (likely totaling $500K).

MOTION BY ALLISON NICHOLSON TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR JULY 2026; SUPPORT BY MELISSA BENTGEN. MOTION APPROVED.

EDIT UPDATE
The next EDIT meeting is scheduled for October 15th at 10:00AM.

EQI UPDATE
The Period 2 (October through May) report is due to the State on September 30th. Reports are due from the CMHSPs to the NMRE on September 18th. The Period 2 template is currently in PCE.

ELECTRONIC VISIT VERIFICATION (EVV)
An EVV meeting is scheduled for 11:00AM on this date. Ms. Cadarette requested the meeting invitation which Allison agreed to send. No additional updates were provided.

HSW OPEN SLOTS UPDATE
MDHHS has restricted enrollment for the remainer of FY26 priority populations:

- Individuals exiting the Intermediate Care Facilities for Enrollees with Intellectual Disability (ICF/IID) or at highest risk of needing ICF/IID placement,
- Young adult aging off Children's Waiver Program, or
- Young adult aging off State Plan Private Duty Nursing service.

Enrollments are scheduled to restart October 1st. Because of an error in the WSA system, Ms. Arsenov was unable to determine the number of slots currently open.

CHAMPS Issues & Verification/Research Process
NMRE continues to monitor activity. For September the NMRE was paid for 667 HSW enrollees. Adjustments for March – August totaled $163,270. Payments for HSW, SED, and CWP will be included in the AP run the week of September 14th unless urgent cash needs arise.

NMRE FY26 REVENUE & ELIGIBLES ANALYSIS
October 2025 through August 2026 revenue looks like September 2025; however, the NMRE observed an 8.9% decrease in eligibles between DAB, TANF, and HMP.

Overall, August revenue (all funding sources) was $657,983 lower than September 2025.

DAB			
	October 2023	August 2026	% Change
Revenue	$10,003,003	$10,988,640	9.85%
Enrollees	28,444	24,884	-12.52%

DRAFT

Average Payment per Enrollee	$352	$442	25.57%

HMP			
	October 2023	August 2026	% Change
Revenue	$2,369,569	$2,024,765	-14.55%
Enrollees	47,550	25,802	-45.74%
Average Payment per Enrollee	$50	$78	57.47%

TANF			
	October 2023	August 2026	% Change
Revenue	$2,865,200	$2,689,974	-6.12%
Enrollees	66,801	48,906	-26.79%
Average Payment per Enrollee	$43	$55	28.24%

Children's Waiver Program			
	October 2023	August 2026	% Change
Revenue	$36,882	$28,106	-23.79%
Enrollees	11	8	-27.27%
Average Payment per Enrollee	$3,353	$3,513	4.78%

HSW			
	October 2023	August 2026	% Change
Revenue	$4,638,399	$5,202,903	12.17%
Enrollees	650	697	7.23%
Average Payment per Enrollee	$7,136	$7,465	4.61%

SED			
	October 2023	August 2026	% Change
Revenue	$40,846	$36,079	-11.67%
Enrollees	21	49	133.33%
Average Payment per Enrollee*	$1,945	$736	-62.14%

*SED revenue was moved into DAB October 1, 2024.

TOTAL			
	October 2023	August 2026	% Change
	$19,953,899	$20,970,468	5.09%

Clarification was made that the November HSW payment included prior year retroactivity totaling $616K and the January HSW payment included prior year retroactivity totaling $136K.

FY27 Rates

A preliminary rate setting meeting with MDHHS and Milliman took place on September 3rd. A slight rate increase is anticipated for FY27, however, a 10% reduction in HMP enrollees is expected with the implementation of HR1.

Final FY27 rates are expected by the end of September.

DRAFT

The group discussed the difficulty of establishing FY27 budgets without sufficient information on rates. During the August 18th regional Operations Committee meeting, the CEOs discussed continuing their current budget for another month rather than adopting fully revised FY27 budget before reliable information is available. There was support for delaying commitments until revenue information is clearer. One approach considered was to put off any rate adjustments until more information is available, likely in January 2027. Contracts could be amended to end on September 30th with a month-to-month continuation clause until rates have been determined.

It was noted that Michigan's minimum wage will increase to $15/hour on January 1, 2027. Ms. Friend asked whether the NMRE needs any information regarding the CMHSPs' contracted services increases to account for minimum wage and health insurance. The NMRE does not need that information at this time.

Clarification was provided that the Department intends to take back the HSW (higher rate) payments for October and November sometime in the next fiscal year.

FY26 Rate Adjustment
Year-end documents received from the Department indicate that a FY26 final rate amendment will be sent after October 1st. The NMRE will accrue the adjustment on the FY26 FSR. Historically, the NMRE does not pass these adjustments through to the CMHSPs but ensures they are made whole. A CMHSP-level breakdown was requested if it becomes available.

OTHER
Ms. Cadarette referenced the changes to Michigan's SNAP (food assistance) program that went into effect on March 1st in response to HR1.

Beginning March 1st, most adults aged 18-64 (able-bodied adults without dependents) must work, volunteer, or participate in an approved training for at least 80 hours per month to keep receiving benefits. If work requirements are not met, SNAP benefits can only be received for 3 months in any 36-month period before eligibility is lost.

Work requirements do not apply to:
- Pregnant individuals
- Adults aged 65 and over
- People physically or mentally unable to work
- Caretakers of a child under age 14
- Caretakers of an incapacitated adult
- Students enrolled at least half-time (with qualifying exemptions)
- People receiving unemployment, disability, or Veterans benefits
- Individuals in approved substance-use treatment programs
- Indian/Alaska Native/Urban Indian individuals

More can be found by visiting: Work Requirements for Food Assistance.

Ms. Zeller requested that this topic be a recurring agenda item for the next several meetings.

NEXT MEETING
The next meeting was scheduled for October 14th at 10:00AM.

Chief Executive Officer Report

August 2026

This report is intended to brief the NMRE Board on the CEO's activities since the last Board meeting. The activities outlined are not all inclusive of the CEO's functions and are intended to outline key events attended or accomplished by the CEO.

Aug 28: Attended and participated in statewide CIO Forum.

Sept 3: Attended and participated in PIHP v State mediation.

Sept 3: Attended and participated in PIHP Rate Setting Meeting.

Sept 4: Attended and participated in CMHAM Guidance Group.

Sept 8 & 9: Attended and participated in GLRMA Conference.

Sept 14: Attended and participated in NMRE SUD Oversight Committee Meeting.

Sept 15: Chaired NMRE Regional Operations Committee Meeting.

Sept 16: Met with Autism Alliance of Michigan.

Sept 17: Attended and participated in NMRE Internal Operations Committee Meeting.

Northern Michigan Regional Entity

July 2026 Finance Report

July 2026 Financial Summary

Funding Source	YTD Net Surplus (Deficit)	Carry Forward	ISF
Medicaid	9,201,835	2,844,054	13,519,285
Healthy Michigan	(2,761,895)	-	7,070,804
	$ 6,439,940	$ 2,844,054	$ 20,590,089

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	Wellvance	Centra Wellness	PIHP Total
Net Surplus (Deficit) MA/HMP	999,179	1,792,578	(3,237,429)	1,701,052	1,746,846	3,388,363	49,351	$ 6,439,940
Carry Forward		-	-	-	-	-	-	2,844,054
Total Med/HMP Current Year Surplus	999,179	1,792,578	(3,237,429)	1,701,052	1,746,846	3,388,363	49,351	$ 9,283,994
Medicaid & HMP Internal Service Fund								20,590,089
Total Medicaid & HMP Net Surplus								$ 29,874,083

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health
October 1, 2025 through July 31, 2026

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	Wellvance	Centra Wellness	PIHP Total
Traditional Medicaid (inc Autism)								
Revenue								
Revenue Capitation (PEPM)	$ 192,084,294	$ 3,743,286						$ 195,827,580
CMHSP Distributions	(183,207,011)		59,326,930	49,804,246	30,051,163	27,956,396	16,068,277	0
1st/3rd Party receipts								-
Net revenue	8,877,283	3,743,286	59,326,930	49,804,246	30,051,163	27,956,396	16,068,277	195,827,580
Expense								
PIHP Admin	2,632,729	39,209						2,671,938
PIHP SUD Admin		93,157						93,157
SUD Access Center		-						-
Insurance Provider Assessment	1,203,115	18,122						1,221,237
Hospital Rate Adjuster	3,987,723							3,987,723
Services	-	2,621,591	60,467,500	47,526,843	28,117,827	24,293,852	15,624,077	178,651,690
Total expense	7,823,567	2,772,079	60,467,500	47,526,843	28,117,827	24,293,852	15,624,077	186,625,745
Net Actual Surplus (Deficit)	$ 1,053,715	$ 971,207	$ (1,140,570)	$ 2,277,403	$ 1,933,336	$ 3,662,544	$ 444,200	$ 9,201,835

Notes

Medicaid ISF - $13,519,285 - based on current FSR
Medicaid Savings - $2,844,054

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health
October 1, 2025 through July 31, 2026

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	Wellvance	Centra Wellness	PIHP Total
Healthy Michigan								
Revenue								
Revenue Capitation (PEPM)	$ 17,653,427	$ 7,723,273						$ 25,376,700
CMHSP Distributions	(13,723,986)		5,016,964	3,867,127	1,783,581	1,877,041	1,179,273	-
1st/3rd Party receipts								-
Net revenue	3,929,441	7,723,273	5,016,964	3,867,127	1,783,581	1,877,041	1,179,273	25,376,700
Expense								
PIHP Admin	258,034	97,615						355,649
PIHP SUD Admin		231,925						231,925
SUD Access Center		-						-
Insurance Provider Assessment	352,164	45,621						397,785
Hospital Rate Adjuster	3,373,780							3,373,780
Services	-	6,526,741	7,113,823	4,443,477	1,970,071	2,151,222	1,574,122	23,779,456
Total expense	3,983,978	6,901,902	7,113,823	4,443,477	1,970,071	2,151,222	1,574,122	28,138,595
Net Surplus (Deficit)	$ (54,537)	$ 821,371	$ (2,096,859)	$ (576,350)	$ (186,490)	$ (274,181)	$ (394,849)	$ (2,761,895)

Notes
HMP ISF - $7,070,804 - based on current FSR
HMP Savings - $0

Net Surplus (Deficit) MA/HMP	**$ 999,179**	**$ 1,792,578**	**$ (3,237,429)**	**$ 1,701,052**	**$ 1,746,846**	**$ 3,388,363**	**$ 49,351**	**$ 6,439,940**
Medicaid/HMP Carry Forward								**2,844,054**
Total Med/HMP Current Year Surplus								$ 9,283,994
Medicaid & HMP ISF - based on current FSR								**20,590,089**
Total Medicaid & HMP Net Surplus (Deficit) including Carry Forward and ISF								**$ 29,874,083**

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health
October 1, 2025 through July 31, 2026

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	Wellvance	Centra Wellness	PIHP Total
Health Home								
Revenue								
Revenue Capitation (PEPM)	$ 1,004,254		358,665	397,890	541,689	323,303	558,068	$ 3,183,868
CMHSP Distributions	-							-
1st/3rd Party receipts								-
Net revenue	1,004,254	-	358,665	397,890	541,689	323,303	558,068	3,183,868
Expense								
PIHP Admin	40,558							40,558
BHH Admin	41,023							41,023
Insurance Provider Assessment	-							-
Hospital Rate Adjuster								
Services	532,182		358,665	397,890	541,689	323,303	558,068	2,711,796
Total expense	613,763	-	358,665	397,890	541,689	323,303	558,068	2,793,377
Net Surplus (Deficit)	$ 390,491	$ -	$ -	$ -	$ -	$ -	$ -	$ 390,491

Northern Michigan Regional Entity

Funding Source Report - SUD

Mental Health
October 1, 2025 through July 31, 2026

	Medicaid	Healthy Michigan	Opioid Health Home	SAPT Block Grant	PA2 Liquor Tax	Total SUD
Substance Abuse Prevention & Treatment						
Revenue	$ 3,743,286	$ 7,723,273	$ 4,347,373	$ 2,137,535	$ 1,224,070	$ 19,175,537
Expense						
Administration	132,366	329,540	186,679	238,745		887,331
OHH Admin			75,497	-		75,497
Block Grant Access Center	-	-	-	-		-
Insurance Provider Assessment	18,122	45,621	-			63,743
Services:						
Treatment	2,621,591	6,526,741	3,697,286	1,204,296	1,224,070	15,273,984
Prevention	-	-	-	685,814	-	685,814
Healing and Recovery Grant				8,679		8,679
Alcohol Use Disorder Services				-		
ARPA Grant	-	-	-	-	-	-
Total expense	2,772,079	6,901,902	3,959,462	2,137,535	1,224,070	16,995,048
PA2 Redirect			-	-		-
Net Surplus (Deficit)	$ 971,207	$ 821,371	$ 387,911	$ 0	$ -	$ 2,180,489

Northern Michigan Regional Entity

Statement of Activities and Proprietary Funds Statement of

Revenues, Expenses, and Unspent Funds
October 1, 2025 through July 31, 2026

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
Operating revenue				
Medicaid	$ 192,084,294	$ 3,743,286	$ -	$ 195,827,580
Medicaid Savings	3,582,881	-	-	3,582,881
Healthy Michigan	17,653,427	7,723,273	-	25,376,700
Healthy Michigan Savings	-	-	-	-
Health Home	3,183,868	-	-	3,183,868
Opioid Health Home	-	4,347,373	-	4,347,373
Substance Use Disorder Block Grant	-	2,137,535	-	2,137,535
Public Act 2 (Liquor tax)	-	1,224,070	-	1,224,070
Affiliate local drawdown	446,112	-	-	446,112
Performance Incentive Bonus	859,452	-	-	859,452
Miscellanous Grant Revenue	-	1,329	-	1,329
Healing & Recovery Revenue	-	8,679	-	8,679
Veteran Navigator Grant	119,712	-	-	119,712
SOR Grant Revenue	-	1,331,063	-	1,331,063
Gambling Grant Revenue	-	171,762	-	171,762
Other Revenue	140	-	3,380	3,520
Total operating revenue	217,929,886	20,688,370	3,380	238,621,636
Operating expenses				
General Administration	3,123,442	695,210	-	3,818,652
Prevention Administration	-	86,929	-	86,929
OHH Administration	-	75,497	-	75,497
BHH Administration	41,023	-	-	41,023
Insurance Provider Assessment	1,555,279	63,743	-	1,619,022
Hospital Rate Adjuster	7,361,503	-	-	7,361,503
Payments to Affiliates:				
Medicaid Services	176,030,099	2,621,591	-	178,651,690
Healthy Michigan Services	17,252,715	6,526,741	-	23,779,456
Health Home Services	2,711,796	-	-	2,711,796
Opioid Health Home Services	-	3,697,286	-	3,697,286
Community Grant	-	1,204,296	-	1,204,296
Prevention	-	598,885	-	598,885
State Disability Assistance	-	-	-	-
Alcohol Use Disorder Services	-	-	-	-
ARPA Grant	-	-	-	-
Public Act 2 (Liquor tax)	-	1,224,071	-	1,224,071
Local PBIP	2,463,598	-	-	2,463,598
Local Match Drawdown	446,112	-	-	446,112
Miscellanous Grant	-	1,329	-	1,329
Healing & Recovery Grant	-	8,679	-	8,679
Veteran Navigator Grant	119,712	-	-	119,712
SOR Grant Expenses	-	1,331,063	-	1,331,063
Gambling Grant Expenses	-	171,762	-	171,762
Total operating expenses	211,105,279	18,307,082	-	229,412,361
CY Unspent funds	6,824,607	2,381,288	3,380	9,209,275
Transfers In	-	-	-	-
Transfers out	-	-	-	-
Unspent funds - beginning	(1,630,680)	10,600,637	20,586,761	29,556,718
Unspent funds - ending	$ 5,193,927	$ 12,981,925	$ 20,590,141	$ 38,765,993

Northern Michigan Regional Entity

Statement of Net Position

July 31, 2026

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
Assets				
Current Assets				
Cash Position	$ 27,891,862	$ 12,679,936	$ 20,590,141	$ 61,161,939
Accounts Receivable	9,695,308	2,456,384	-	12,151,692
Prepaids	59,988	-	-	59,988
Total current assets	37,647,158	15,136,320	20,590,141	73,373,619
Noncurrent Assets				
Capital assets	373,818	-	-	373,818
Total Assets	38,020,976	15,136,320	20,590,141	73,747,437
Liabilities				
Current liabilities				
Accounts payable	32,564,801	2,154,395	-	34,719,196
Accrued liabilities	262,248	-	-	262,248
Unearned revenue	-	-	-	-
Total current liabilities	32,827,049	2,154,395	-	34,981,444
Unspent funds	$ 5,193,927	$ 12,981,925	$ 20,590,141	$ 38,765,993

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health
October 1, 2025 through July 31, 2026

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Medicaid					
* Capitation	$ 229,702,368	$ 191,418,640	$ 192,084,294	$ 665,654	0.35%
Carryover	4,449,500	3,707,917	3,582,881	(125,036)	(0)
Healthy Michigan					
Capitation	17,969,268	14,974,390	17,653,427	2,679,037	17.89%
Carryover	-	-	-	-	0.00%
Health Home	2,844,551	2,370,459	3,183,868	813,409	34.31%
Affiliate local drawdown	594,816	446,112	446,112	-	0.00%
Performance Bonus Incentive	2,184,505	2,184,505	859,452	(1,325,053)	(60.66%)
Miscellanous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	110,000	91,670	119,712	28,042	30.59%
Other Revenue	-	-	140	140	0.00%
Total operating revenue	257,855,008	215,193,693	217,929,886	2,736,193	1.27%
Operating expenses					
General Administration	4,481,376	3,734,480	3,123,442	611,038	16.36%
Health Home Administration	-	-	41,023	(41,023)	0.00%
Insurance Provider Assessment	2,038,488	1,698,740	1,555,279	143,461	8.45%
Hospital Rate Adjuster	7,687,213	6,406,011	7,361,503	(955,492)	(14.92%)
Local PBIP	2,184,505	2,184,505	2,463,598	(279,093)	(12.78%)
Local Match Drawdown	594,816	446,112	446,112	-	0.00%
Miscellanous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	135,336	112,780	119,712	(6,932)	(6.15%)
Payments to Affiliates:					
Medicaid Services	218,897,134	182,414,278	176,030,099	6,384,179	3.50%
Healthy Michigan Services	15,738,212	13,115,177	17,252,715	(4,137,538)	(31.55%)
Health Home Services	2,844,551	2,370,459	2,711,796	(341,337)	(14.40%)
Total operating expenses	254,601,631	212,482,542	211,105,279	1,377,263	0.65%
CY Unspent funds	$ 3,253,377	$ 2,711,151	6,824,607	$ 4,113,456	
Transfers in			-		
Transfers out			-	211,105,279	
Unspent funds - beginning			(1,630,680)		
Unspent funds - ending			$ 5,193,927	6,824,607	

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse
October 1, 2025 through July 31, 2026

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Medicaid	$ 7,015,245	$ 5,846,038	$ 3,743,286	$ (2,102,752)	(35.97%)
Healthy Michigan	12,312,158	10,260,132	7,723,273	(2,536,859)	(24.73%)
Substance Use Disorder Block Grant	3,525,032	2,937,527	2,137,535	(799,992)	(27.23%)
Opioid Health Home	3,556,831	2,964,026	4,347,373	1,383,347	46.67%
Public Act 2 (Liquor tax)	1,794,486	1,196,324	1,224,070	27,746	2.32%
Miscellanous Grants	4,000	3,333	1,329	(2,004)	(60.13%)
Alcohol Disorder Grant	285,600	238,000	-	(238,000)	(100.00%)
Healing & Recovery Grant	150,000	125,000	8,679	(116,321)	(93.06%)
SOR Grant	1,546,979	1,289,149	1,331,063	41,914	3.25%
Gambling Prevention Grant	200,000	166,667	171,762	5,095	3.06%
Other Revenue	-	-	-	-	0.00%
Total operating revenue	30,390,331	25,026,195	20,688,370	(4,337,825)	(17.33%)
Operating expenses					
Substance Use Disorder:					
SUD Administration	1,025,044	854,203	695,210	158,993	18.61%
Prevention Administration	143,928	119,940	86,929	33,011	27.52%
Insurance Provider Assessment	120,208	100,173	63,743	36,430	36.37%
Medicaid Services	3,700,000	3,083,333	2,621,591	461,742	14.98%
Healthy Michigan Services	8,634,200	7,195,167	6,526,741	668,426	9.29%
Community Grant	2,130,419	1,775,349	1,204,296	571,053	32.17%
Prevention	838,096	698,413	598,885	99,528	14.25%
State Disability Assistance	93,043	77,536	-	77,536	100.00%
Alcohol Use Disorder Services	285,600	238,000	-	238,000	100.00%
ARPA Grant	-	-	-	-	0.00%
Opioid Health Home Admin	-	-	75,497	(75,497)	0.00%
Opioid Health Home Services	3,556,813	2,964,011	3,697,286	(733,275)	(24.74%)
Miscellanous Grants	4,000	3,333	1,329	2,004	60.13%
Healing & Recovery Grant	150,000	125,000	8,679	116,321	93.06%
SOR Grant	1,546,979	1,289,149	1,331,063	(41,914)	(3.25%)
Gambling Prevention	200,000	166,667	171,762	(5,095)	(3.06%)
PA2	1,794,492	1,196,328	1,224,071	(27,743)	(2.32%)
Total operating expenses	24,222,822	19,886,603	18,307,082	1,579,521	7.94%
CY Unspent funds	$ 6,167,509	$ 5,139,592	2,381,288	$ (2,758,304)	
Transfers in			-		
Transfers out			-		
Unspent funds - beginning			10,600,637		
Unspent funds - ending			$ 12,981,925		

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health Administration
October 1, 2025 through July 31, 2026

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
General Admin					
Salaries	$ 2,442,372	$ 2,035,310	$ 1,773,463	$ 261,847	12.87%
Fringes	768,300	640,250	555,565	84,685	13.23%
Contractual	952,800	794,003	573,725	220,278	27.74%
Board expenses	13,500	11,250	14,164	(2,914)	(25.90%)
Day of recovery	14,000	11,667	10,311	1,356	11.62%
Facilities	133,000	110,830	121,932	(11,102)	(10.02%)
Other	157,404	131,170	74,282	56,888	43.37%
Total General Admin	$ 4,481,376	$ 3,734,480	$ 3,123,442	$ 611,038	16.36%

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse Administration
October 1, 2025 through July 31, 2026

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
SUD Administration					
Salaries	$ 646,392	$ 538,660	$ 441,075	$ 97,585	18.12%
Fringes	227,940	189,950	146,066	43,884	23.10%
Access Salaries	-	-	-	-	0.00%
Access Fringes	-	-	-	-	0.00%
Access Contractual	-	-	-	-	0.00%
Contractual	114,000	95,000	82,375	12,625	13.29%
Board expenses	5,000	4,167	2,330	1,837	44.08%
Day of Recover	9,000	7,500	4,419	3,081	41.08%
Facilities	-	-	-	-	0.00%
Other	22,712	18,927	18,945	(18)	(0.10%)
Total operating expenses	$ 1,025,044	$ 854,203	$ 695,210	$ 158,993	18.61%

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - ISF

October 1, 2025 through July 31, 2026

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Charges for services	$ -	$ -	$ -	$ -	0.00%
Interest and Dividends	3,500	2,917	3,380	463	15.89%
Total operating revenue	3,500	2,917	3,380	463	15.89%
Operating expenses					
Medicaid Services	-	-	-	-	0.00%
Healthy Michigan Services	-	-	-	-	0.00%
Total operating expenses	-	-	-	-	0.00%
CY Unspent funds	$ 3,500	$ 2,917	3,380	$ 463	
Transfers in			-		
Transfers out			-	-	
Unspent funds - beginning			20,586,761		
Unspent funds - ending			$ 20,590,141		

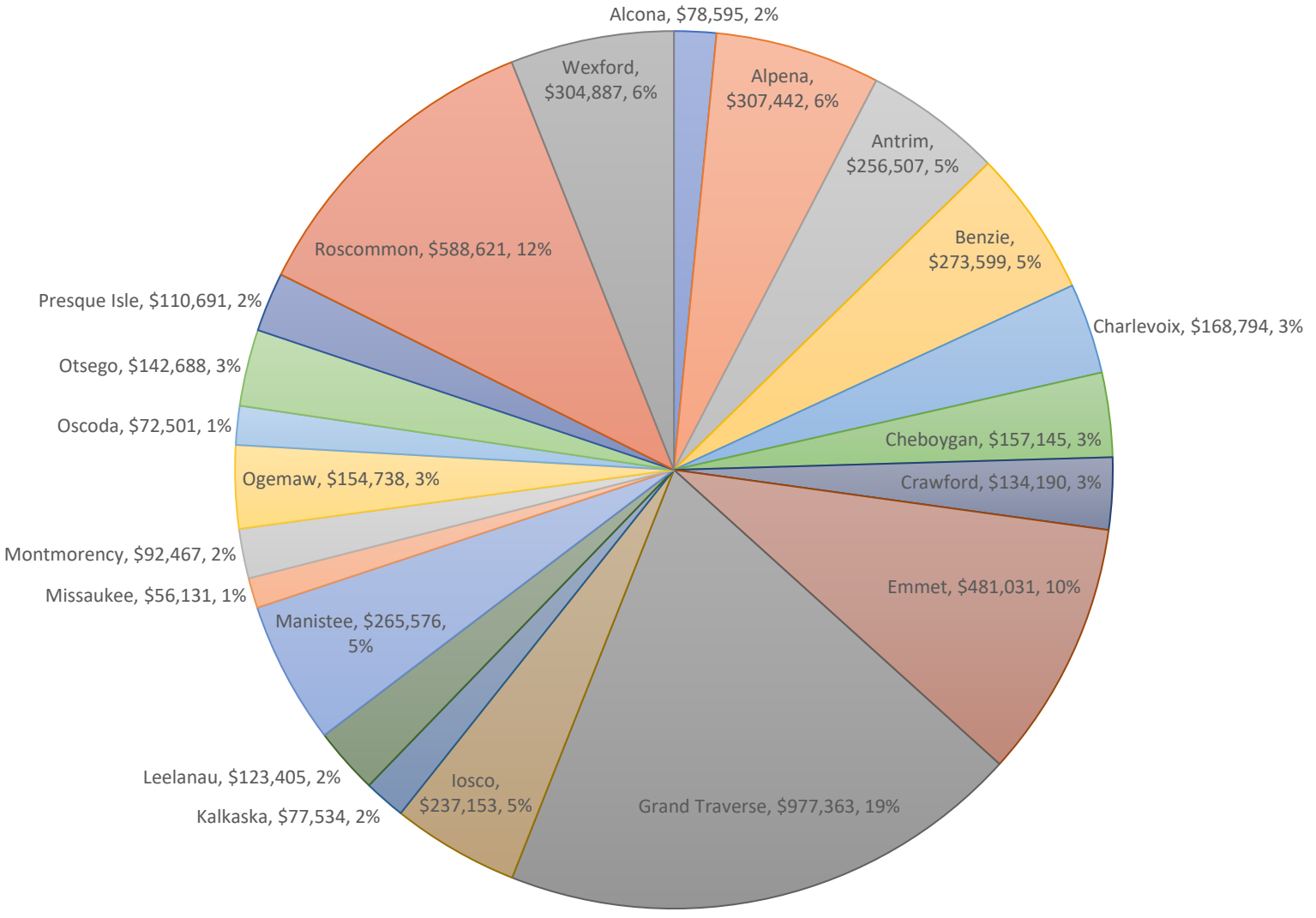
Northern Michigan Regional Entity

Schedule of PA2 by County

October 1, 2025 through July 31, 2026

County	Projected FY26 Activity				Actual FY26 Activity			
	Beginning Balance	FY26 Projected Revenue	FY26 Approved Projects	Projected Ending Balance	Current Receipts	County Specific Projects	Region Wide Projects by Population	Ending Balance
						Actual Expenditures by County		
Alcona	$ 79,981	$ 23,013	$ 24,001	$ 78,993	$ 13,257	14,643	$ -	$ 78,595
Alpena	315,153	81,249	87,854	308,548	52,592	60,302	-	307,442
Antrim	247,799	71,430	46,424	272,805	45,070	36,363	-	256,507
Benzie	276,050	64,021	47,793	292,278	39,634	42,085	-	273,599
Charlevoix	180,985	106,977	92,341	195,621	64,687	76,878	-	168,794
Cheboygan	161,840	85,508	81,361	165,987	53,858	58,554	-	157,145
Crawford	127,739	36,205	33,849	130,095	26,982	20,531	-	134,190
Emmet	573,810	182,951	332,159	424,602	110,675	203,454	-	481,031
Grand Traverse	1,036,830	464,163	698,152	802,841	285,794	345,262	-	977,363
Iosco	217,704	84,319	66,511	235,512	52,875	33,426	-	237,153
Kalkaska	53,910	41,796	3,936	91,770	26,060	2,436	-	77,534
Leelanau	109,318	63,811	44,237	128,892	36,948	22,861	-	123,405
Manistee	250,122	82,480	40,719	291,883	51,254	35,801	-	265,576
Missaukee	48,934	22,352	7,175	64,112	14,371	7,175	-	56,131
Montmorency	85,825	30,318	14,262	101,881	15,768	9,127	-	92,467
Ogemaw	123,654	68,787	26,413	166,029	43,748	12,665	-	154,738
Oscoda	65,547	21,668	17,149	70,065	15,490	8,535	-	72,501
Otsego	135,933	105,067	111,286	129,714	66,579	59,824	-	142,688
Presque Isle	104,651	24,977	20,080	109,548	16,592	10,552	-	110,691
Roscommon	613,222	87,317	130,060	570,480	53,697	78,298	-	588,621
Wexford	328,472	98,696	145,681	281,487	61,714	85,299	-	304,887
	5,137,481	1,847,106	2,071,443	4,913,143	1,147,646	1,224,070	-	5,061,057
PA2 Redirect								-
								5,061,057

PA2/Liquor Tax Fund Balances by County

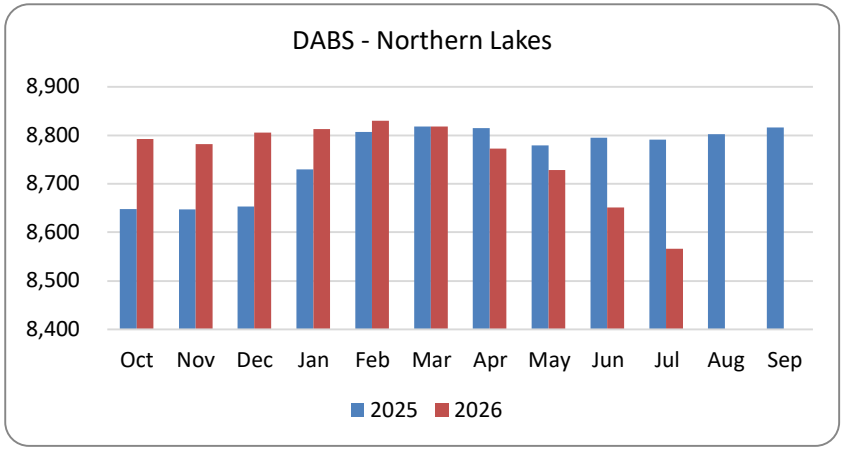


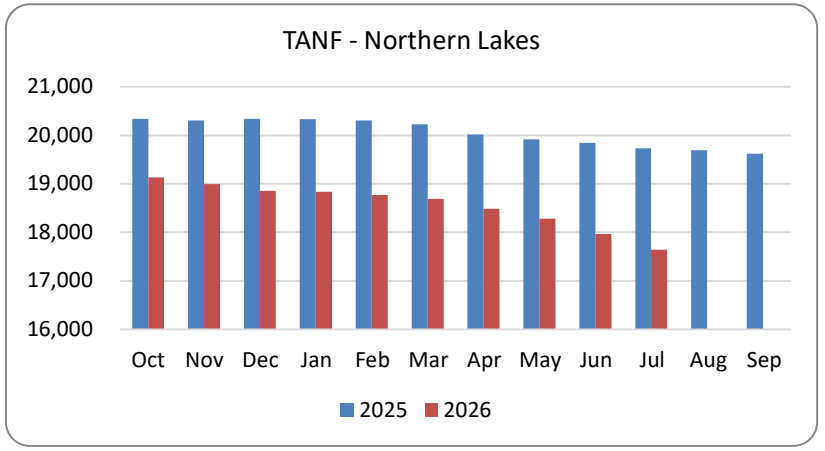
Northern Michigan Regional Entity

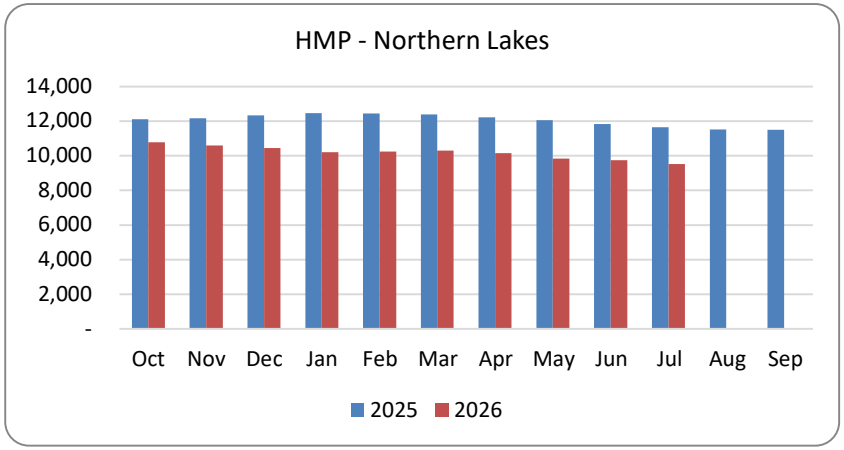
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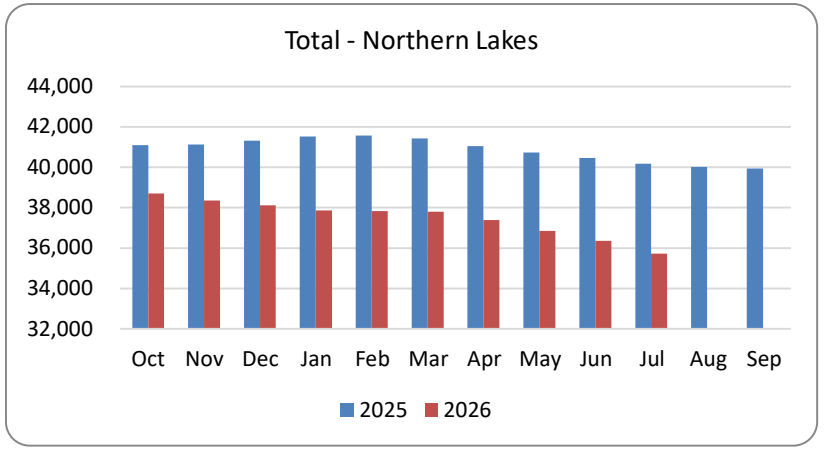
October 1, 2025 through July 31, 2026

Northern Lakes Eligible Members Trending - based on payment files







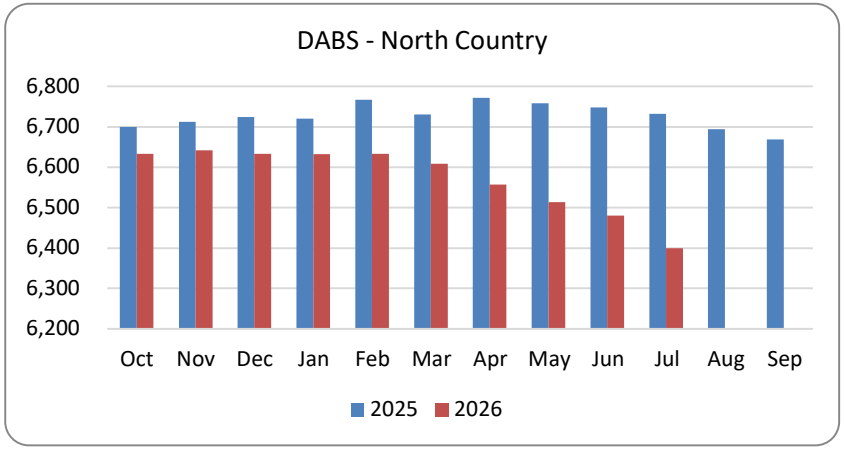


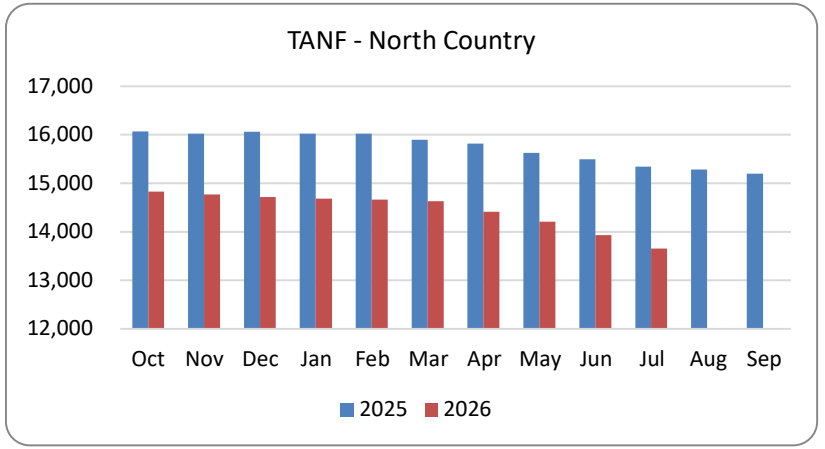
Northern Michigan Regional Entity

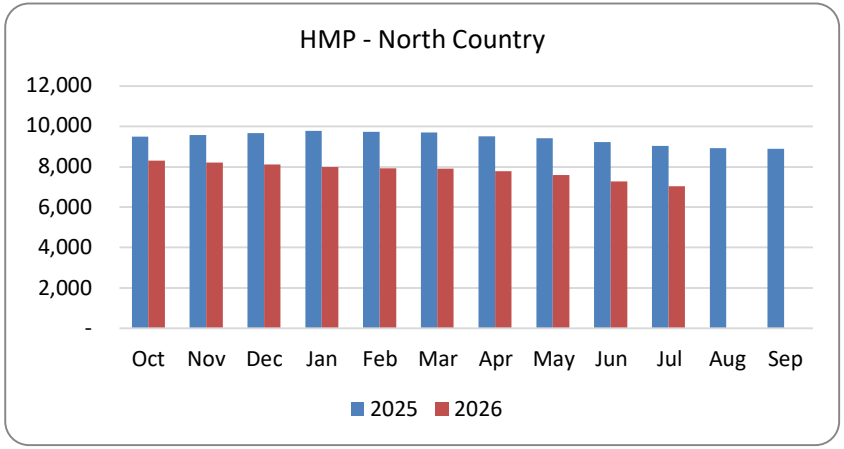
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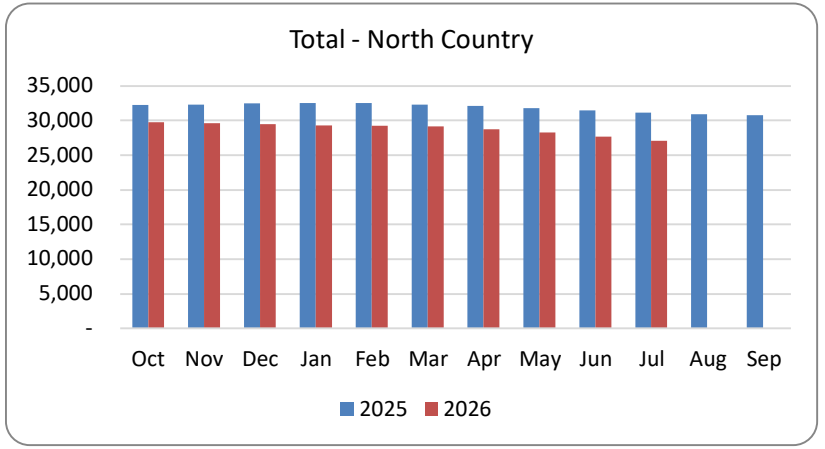
October 1, 2025 through July 31, 2026

North Country Eligible Members Trending - based on payment files







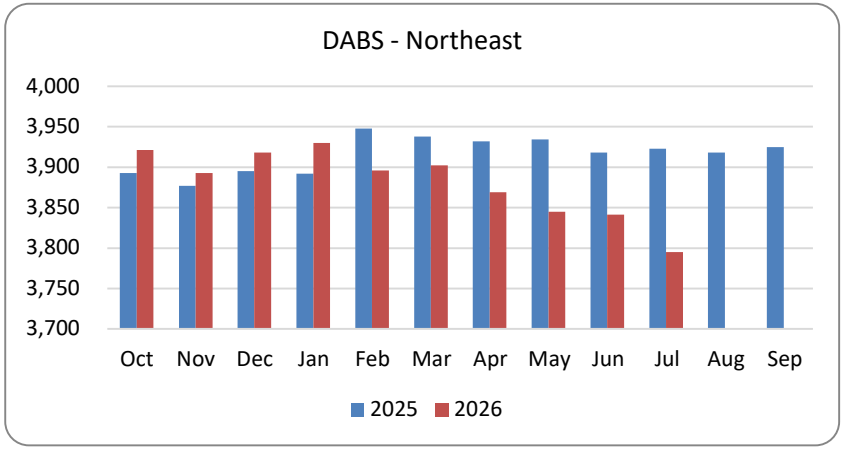


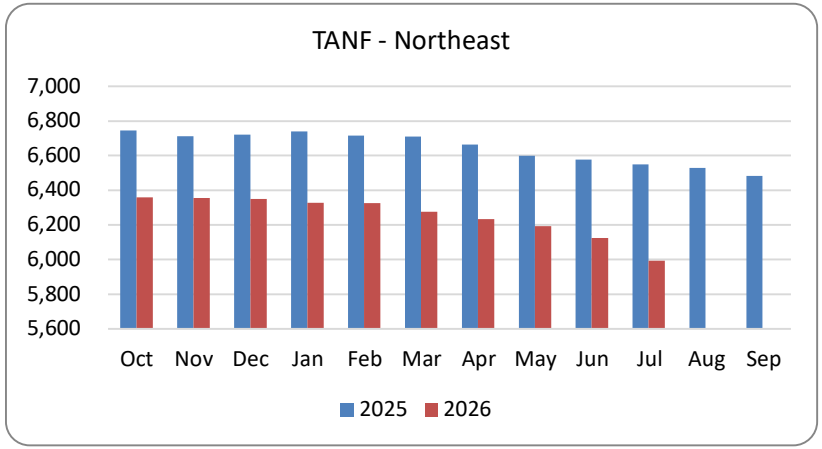
Northern Michigan Regional Entity

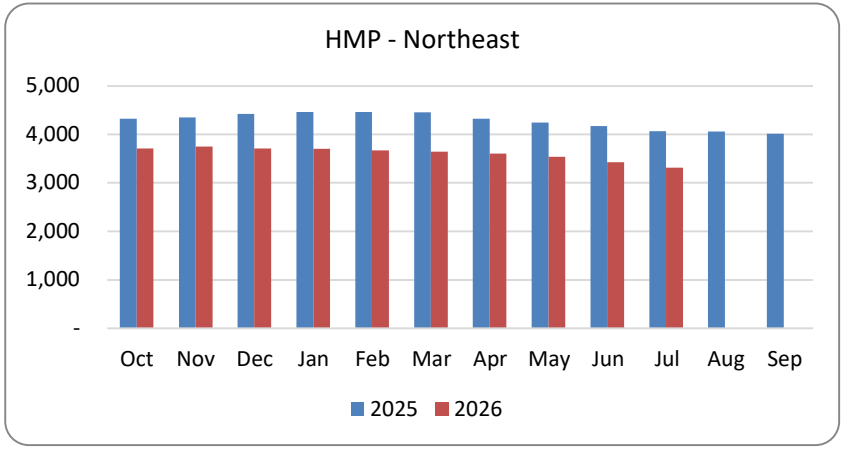
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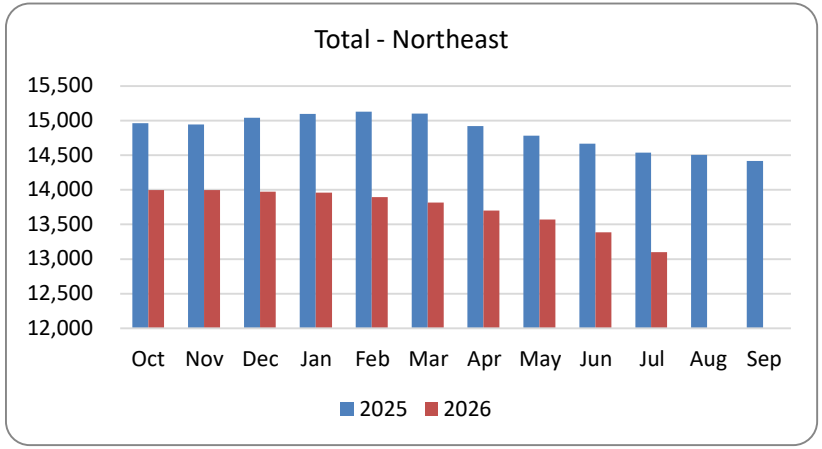
October 1, 2025 through July 31, 2026

Northeast Eligible Members Trending - based on payment files







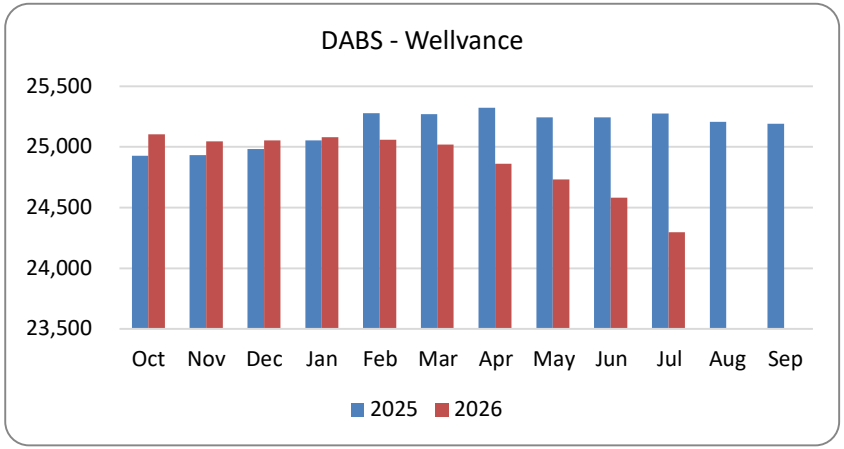


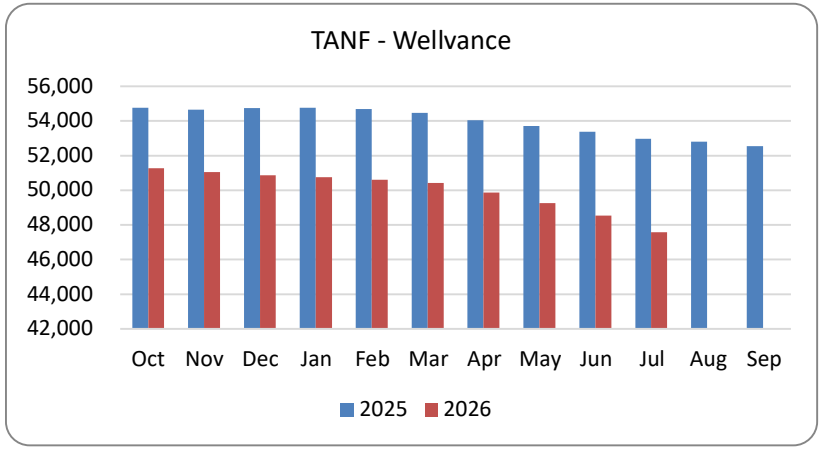
Northern Michigan Regional Entity

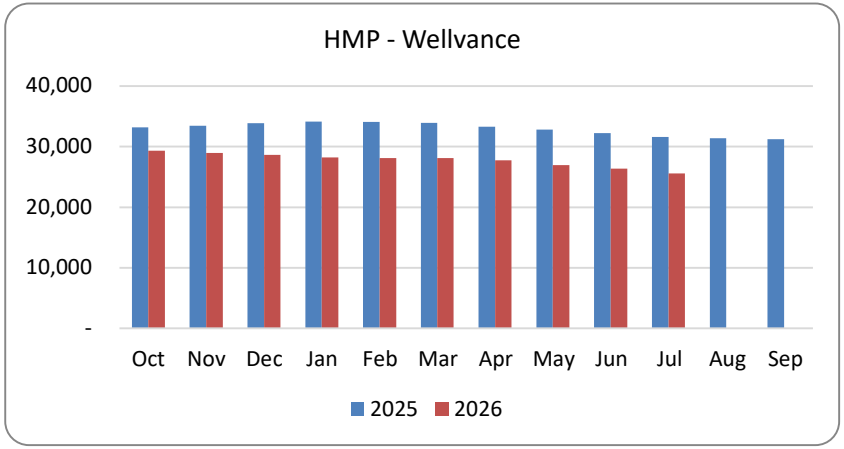
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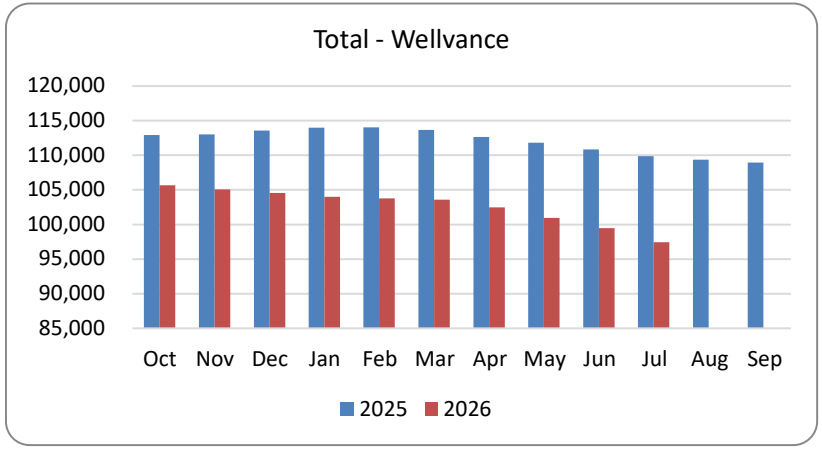
October 1, 2025 through July 31, 2026

Wellvance Eligible Members Trending - based on payment files







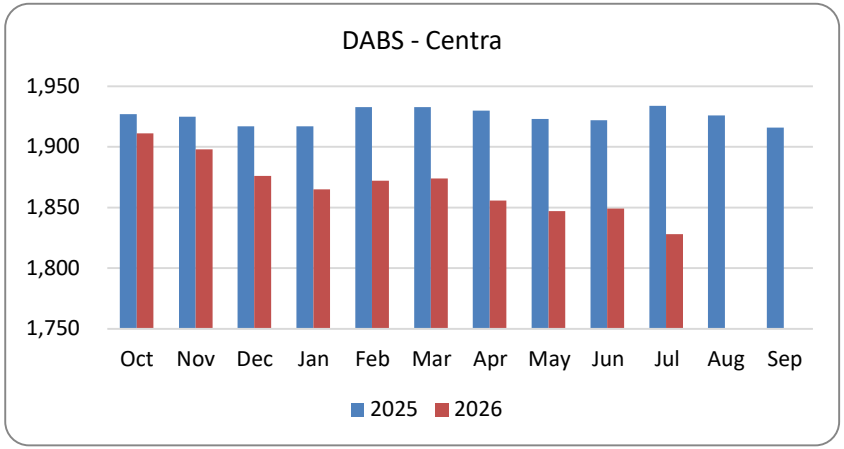


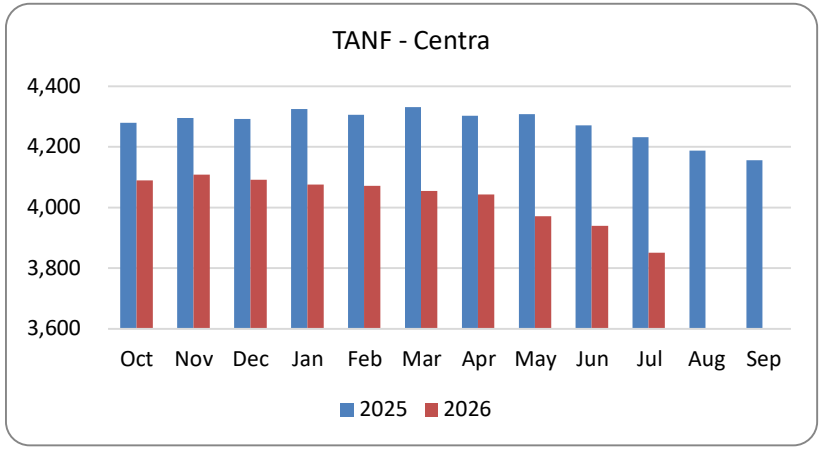
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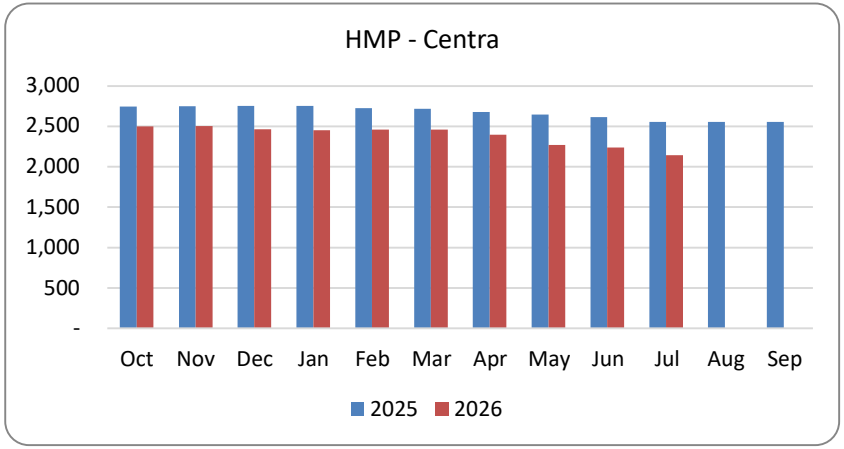
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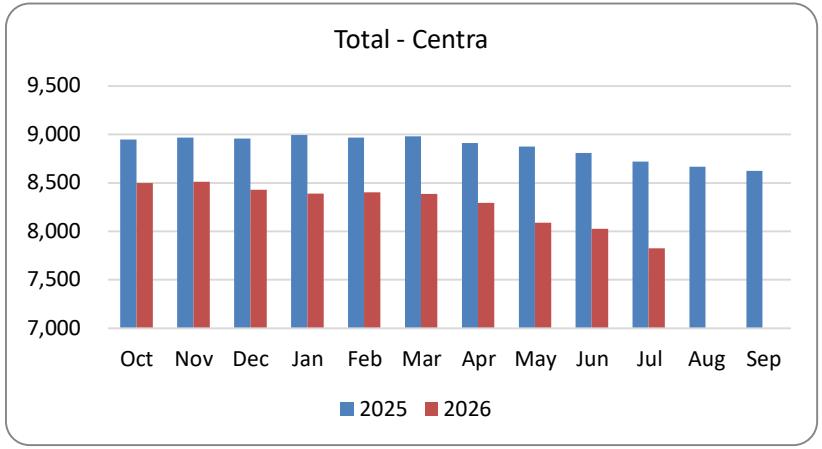
October 1, 2025 through July 31, 2026

Centra Wellness Eligible Members Trending - based on payment files







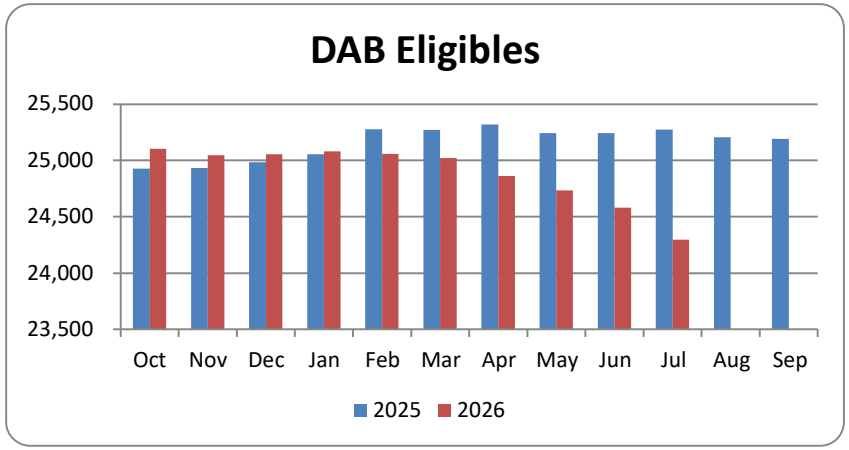


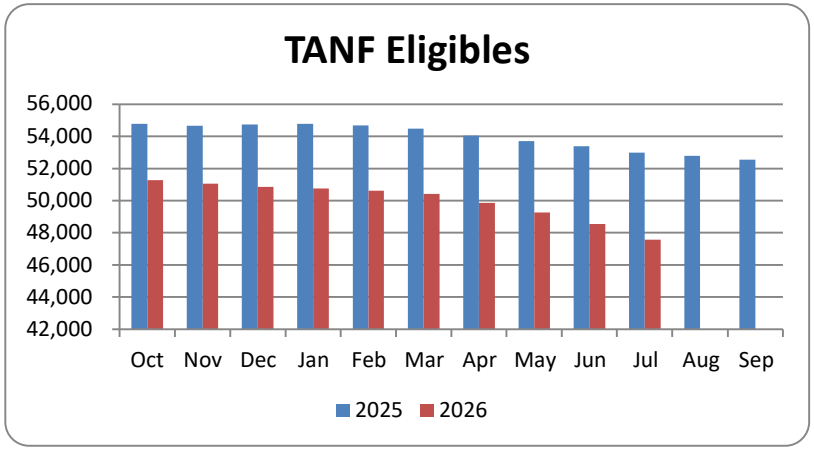
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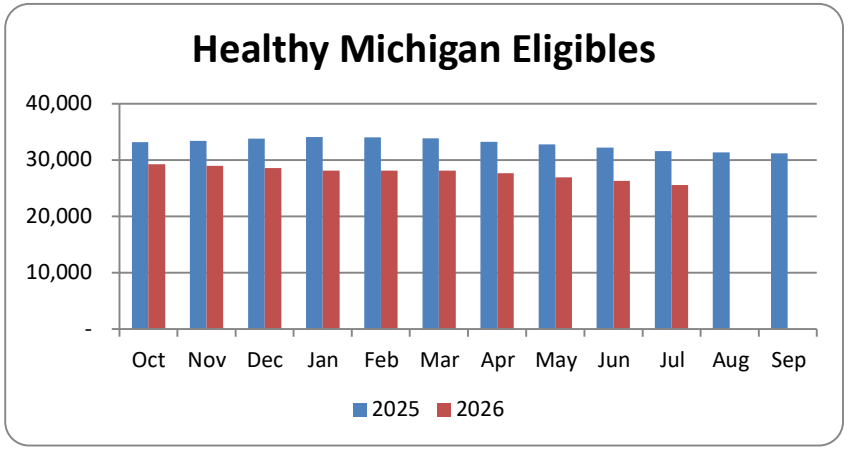
Narrative

October 1, 2025 through July 31, 2026

Regional Eligible Trending





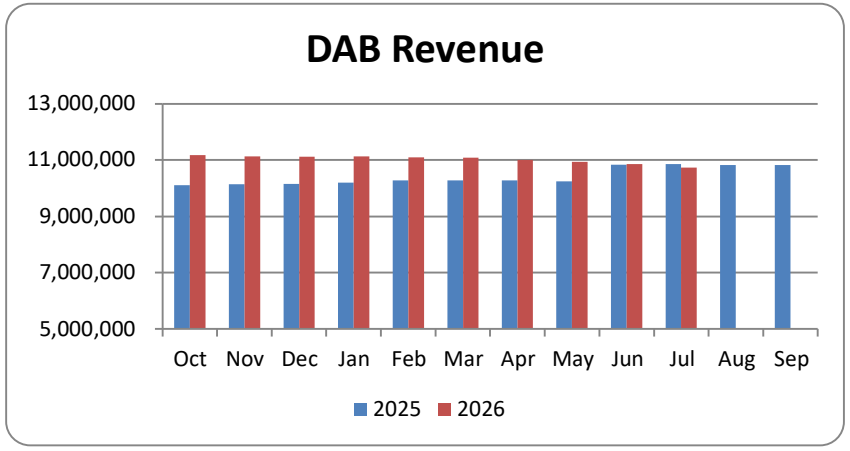


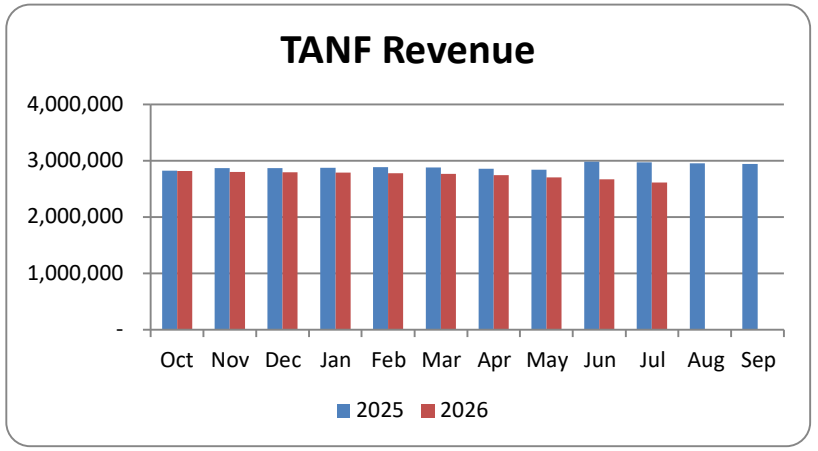
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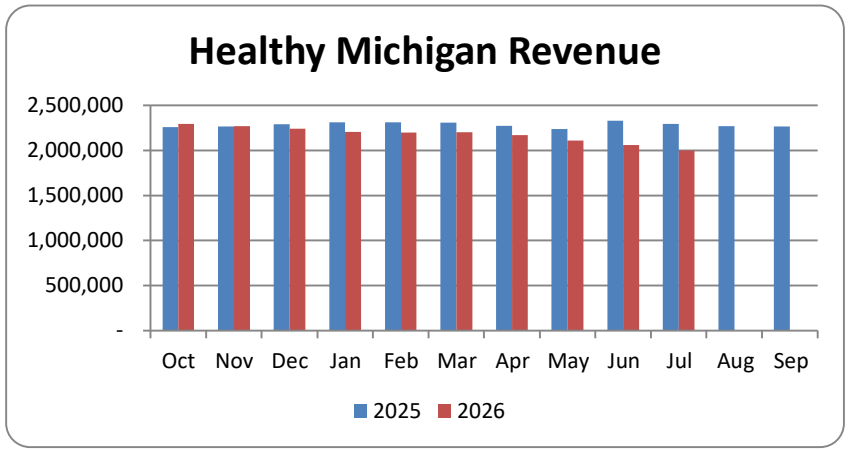
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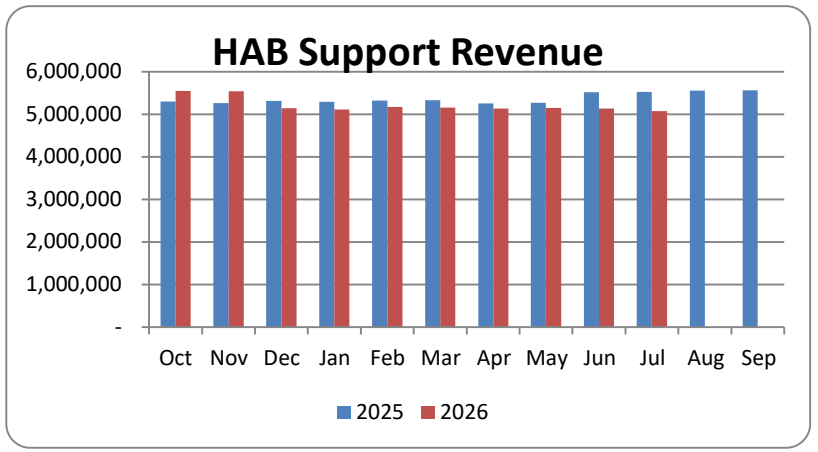
October 1, 2025 through July 31, 2026

Regional Revenue Trending









NORTHERN MICHIGAN REGIONAL ENTITY
OPERATIONS COMMITTEE MEETING
9:30AM – SEPTEMBER 15, 2026
GAYLORD CONFERENCE ROOM

ATTENDEES:	**Brian Babbitt, Chip Johnston, Eric Kurtz, Trish Otremba, Nena Sork, Deanna Yockey, Lynda Zeller, Carol Balousek**

REVIEW OF AGENDA AND ADDITIONS

Ms. Otremba informed Ms. Zeller that Wellvance will be sending $200,000 in general funds to Northern Lakes through a 236 transfer. Ms. Sork noted that Northeast Michigan may also send a small amount of general funds to Northern Lakes.

Mr. Johnston requested that the Bridge to Mental Health project be added to the meeting agenda.

Ms. Zeller requested that a discussion about employee health insurance increases be added to the meeting agenda.

APPROVAL OF PREVIOUS MINUTES

The minutes from August 18th were included in the meeting materials.

MOTION BY CHIP JOHNSTON TO APPROVE THE AUGUST 18, 2026 MINUTES OF THE NORTHERN MICHIGAN REGIONAL ENTITY OPERATIONS COMMITTEE; SUPPORT BY TRISH OTREMBA. MOTION CARRIED.

FINANCE COMMITTEE AND RELATED

July 2026 Financial Report

- Net Position showed a net surplus for Medicaid and HMP of $6,439,940. Carry forward was reported as $2,844,054. The total Medicaid and HMP current year surplus was reported as $9,283,994. The total Medicaid and HMP Internal Service Fund was reported as $20,590,089. The total Medicaid and HMP net surplus was reported as $29,874,083.
- Traditional Medicaid showed $195,827,580 in revenue, and $186,625,745 in expenses, resulting in a net surplus of $9,201,835. Medicaid ISF was reported as $13,519,285 based on the current FSR. Medicaid Savings was reported as $2,844,054.
- Healthy Michigan Plan showed $25,376,700 in revenue, and $28,138,595 in expenses, resulting in a net deficit of $2,761,895. HMP ISF was reported as $7,070,804 based on the current FSR. HMP savings was reported as $0.
- Health Home showed $3,183,868 in revenue, and $2,793,377 in expenses, resulting in a net surplus of $390,491.
- SUD showed all funding source revenue of $19,175,537 and $16,995,048 in expenses, resulting in a net surplus of $2,180,489. Total PA2 funds were reported as $ 5,061,057.

PA2/Liquor Tax was summarized as follows:

Projected FY26 Activity			
Beginning Balance	Projected Revenue	Approved Projects	Projected Ending Balance
$5,137,481	$1,847,106	$2,071,443	$4,913,143

Actual FY26 Activity			
Beginning Balance	Current Receipts	Current Expenditures	Current Ending Balance
$5,137,481	$1,147,646	$1,224,070	$5,061,057

	Centra Wellness	North Country	Northeast MI	Northern Lakes	Wellvance
Medicaid	$444,200	$2,277,403	$1,933,336	($1,140,570)	$3,662,544
HMP	($394,849)	($576,350)	($186,490)	($2,096,859)	($274,181)
Total	$49,351	$1,701,052	$1,746,846	($3,237,429)	$3,388,363

Ms. Zeller confirmed that Northern Lakes' year-end overspend is still projected to be $6M – $7M.

A lapse of SUD block grant funds is anticipated for FY26. PA2 approved grant expenses have been moved to BGF where possible (likely totaling $500K).

Year-end documents received from the Department indicate that a FY26 final rate amendment amount will be sent by October 1st; this will be applied to the FY26 carryforward.

The CMHSPs are anticipating a 10%-20% reduction in HMP eligibles resulting from the implementation of HR1 and HMP work requirements and 6-month redeterminations.

MOTION BY NENA SORK TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR JULY 2026; SUPPORT BY BRIAN BABBITT. MOTION APPROVED.

PM/PM Revenue Projections

The "NMRE Revenue and Enrollee Data Analysis" report through August 2026 was included in the meeting materials.

Since September 2025, the NMRE has observed an 8.9.% decrease in eligibles between DAB, TANF, and HMP.

	DAB	HMP	TANF
Drop in Enrollees since September 2025	-1.8%	-17.7%	-7.1%

Overall, August revenue (all funding sources) was $657,983 lower than September 2025.

DRAFT

FY27 Rates
The slides from a preliminary rate setting meeting with MDHHS and Milliman on September 3rd were included in the meeting materials. A slight rate increase is anticipated for FY27. i

Some CMHSPs may advise their Boards to extend the current budget for one additional month rather than adopt a fully revised FY27 budget before reliable information is available. Others will be presenting (or have presented) conservative FY27 budgets to their Boards this month.

The CMHSPs estimated a 2% - 4% rate increase and a reduction in HMP of 15% - 20% (due to HR1 implementation). The impact of the $15/hour minimum wage increase effective January 1, 2027 on HMP enrollment was also noted.

Final FY27 rates are expected by the end of September.

NMRE Draft Budget FY27
The NMRE draft budget for FY27 was distributed during the meeting.

Because no rates have been received and are not expected until the end of September, the NMRE calculated FY27 revenue by using YTD FY26 revenue with an assumption for September, and added $3M.

Significant assumptions and key points:
1. Medicaid and HMP revenue projections based on FY26 actual
   - ISF anticipated to be fully funded at close of FY26
2. Medicaid and HMP expenses: SUD costs based on projected current year utilization
3. Substance Abuse Prevention and Treatment Block Grant: Revenue based on current year actual MDHHS allocation
   - Block grant allocation is broken down into separate programs with distinct allowable uses (treatment and prevention)
   - All services expected to be provided through NMRE's provider network
4. Public Act 2 (liquor tax) funding: revenue anticipated to stay consistent with current year
   - PA2 funds must be used in the county from which they originated for prevention or treatment but may not be used on administration
5. Affiliate local match and local match drawdown: Based on actual historical amounts

Total Operating Revenue	Total Operating Expenses	Projected Surplus
$289,758,175	$282,852,764	$6,905,411

CMHSP Contracts were presented as:

Vendor	Contract Type	Medicaid	HMP	Total
Northeast Michigan	Service – MH	$35,794,606	$2,136,308	$37,930,914
North Country	Service – MH	$58,632,951	$4,666,822	$63,299,773
Northern Lakes	Service – MH	$71,921,970	$6,368,772	$78,290,742
Wellvance	Service – MH	$34,203,980	$2,365,001	$36,568,981

DRAFT

Centra Wellness	Service – MH	$19,394,421	$1,388,916	$20,783,337
Total		**$219,947,928**	**$16,925,819**	**$236,873,747**

Mr. Kurtz noted that a cost-of-living adjustment for NMRE staff of up to 3% was built into the budget but likely will not be implemented until January 2027 based on the actual revenue received.

MOTION BY TRISH OTREMBA TO MOVE THE NORTHERN MICHIGAN REGIONAL ENTITY'S PROPOSED FISCAL YEAR 2027 TO THE GOVERNING BOARD FOR APPROVAL ON SEPTEMBER 23, 2026; SECOND BY LYNDA ZELLER. MOTION CARRIED.

FY27 INPATIENT RATES

NMRE Provider Network Manager, Aaron Biery, reached out to all the hospitals under contract with the CMHSPs in the region to request their FY27 rates.

As previously instructed by the Operations Committee, hospitals requesting a rate increase of ≤ 3% will be approved.

For hospitals that requested an increase greater than 3%, the recommendation was to try to negotiate a 3% increase. If unable, the group agreed to the amounts requested.

It was noted that BCA Stonecrest (15% increase) and Harbor Oaks (18% increase) are outliers; however, they accept hard-to-place individuals. Single case agreements will be used with hospitals that are not frequently utilized.

MOTION BY CHIP JOHNSTON TO AUTHORIZE THE NORTHERN MICHIGAN REGIONAL ENTITY TO NEGOTIATE WITH HOSPITALS REQUESTING A FY27 RATE INCREASE GREATER THAN THREE PERCENT OVER THE FY26 RATE AND, IF UNABLE TO REDUCE THE REQUESTED RATES, TO APPROVE THEM AS PRESENTED AND REVIEWED ON THIS DATE; SUPPORT BY TRISH OTREMBA. MOTION CARRIED.

MEDIATION UPDATE

A mediation session in State of Michigan Court of Claims Case No. 24-000198-MZ (NorthCare Network, Northern Michigan Regional Entity, Region 10 PIHP, and Community Mental Health Partnership of Southeast Michigan vs. the State of Michigan, MDHHS, and Director Elizabeth Hertel) took place in Detroit on September 3rd.

Mr. Kurtz indicated that next steps would be compiling names for depositions.

GLRMA REVIEW

Mr. Kurtz, Mr. Johnston, Mr. Babbitt, Ms. Sork and Ms. Zeller attended the Great Lakes Rural Mental Health Association Conference on September 8th and 9th in Haris, MI. Key takeaways included:

- The value of rural collaboration

- Concerns about political influence from larger counties
- The need for continued presence and engagement at statewide meetings
- Ongoing tension with certain regional leaders resisting collaborative financial transparency

A broader group is scheduled to convene on November 3rd, prior to the CMHA Improving Outcomes conference.

PCE MEMO REGARDING DUPLICATE ENCOUNTERS

A memorandum from Jeff Chang to PCE PIHP Customer CEOs dated August 14, 2026 regarding "MDHHS Proposed '20902' Duplicate Encounter Edit" was included in the meeting materials. MDHHS is considering a "20902" Duplicate Encounter Edit that would deny same-day encounters with the same procedure code (i.e. CLS delivered more than once per day). PCE warns that this approach relies on outdated, imprecise industry rules and would dismantle Michigan CMH Payers' long-standing, highly effective service-time-based adjudication system.

For nearly 20 years, CMH Payers have used provider-reported service times (start/stop) to perform detailed overlap checks, validate units, prevent billing errors, and detect fraud and abuse. The proposed edit would force providers to "roll up" non-contiguous services into single claims, eliminating visibility into actual service times, inflating units, weakening fraud-prevention tools, and creating significant operational and technical burdens across PIHPs, CMHSPs, and providers.

PCE believes the January 1, 2027 implementation date is unrealistic and recommends June 1, 2027. As an alternative, PCE suggests limiting duplicate checks to per-diem codes and allowing CMH Payers to pass service-time data to MDHHS to enhance state oversight without disrupting current systems.

BRIDGE TO MENTAL HEALTH

Mr. Johnston reported that Alcona, Antrim, Benzie, and Manistee Counties are moving forward with the Bridge to Mental Health Project.

The Bridge to Mental Health program aims to utilize a variety of funding sources to train law enforcement personnel as Crisis Response Officers (CRO) who will act as points of first contact for individuals experiencing a behavioral health related emergency. The CRO responds as the primary unit, de-escalates and stabilizes the individual in the field, and completes a structured warm handoff to the CMHSP or SUD treatment provider, avoiding arrest, incarceration, or emergency department transport. The program is being evaluated by Ferris State University as an evidence-based practice.

Mr. Johnston will remain involved in the project even after his upcoming retirement.

HEALTH INSURANCE RATES

Ms. Zeller asked about increases to staff health insurance programs for FY27.

- Centra Wellness - .1% decrease
- North Country – 17% increase (negotiating)

- Northeast Michigan – 9.7% increase (self-insured)
- Wellvance – 14.9% increase
- Northern Lakes – anticipates a 9% - 11% increase

BEACON LETTER

A letter from Beacon Specialized Living Services regarding rate distribution concerns was discussed; the group expressed frustration.

CMH UPDATES

This topic was not discussed in the interest of time

NEXT MEETING

The next meeting was scheduled for October 20th at 9:30AM.

DRAFT

NORTHERN MICHIGAN REGIONAL ENTITY
SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEETING
10:00AM – SEPTEMBER 14, 2026
GAYLORD CONFERENCE ROOM & MICROSOFT TEAMS

Alcona	☐ Adam Brege	**Kalkaska**	☐ David Comai
Alpena	☒ Lucille Bray	**Leelanau**	☐ Vacant
Antrim	☒ Pam Singer	**Manistee**	☐ Vacant
Benzie	☒ Tim Markey	**Missaukee**	☒ Dean Smallegan
Charlevoix	☒ Annemarie Conway	**Montmorency**	☒ Michelle Hamlin
Cheboygan	☒ John Wallace	**Ogemaw**	☒ Ron Quackenbush
Crawford	☒ Matthew Moeller	**Oscoda**	☒ Chuck Varner
Emmet	☒ Terry Newton	**Otsego**	☒ Doug Johnson
Grand Traverse	☒ Dave Freedman	**Presque Isle**	☐ Dana Labar
Iosco	☐ Jay O'Farrell	**Roscommon**	☒ Darlene Sensor
		Wexford	☒ Gary Taylor

Staff:	☒ Bea Arsenov	Chief Clinical Officer
	☒ Carol Balousek	Executive Administrator
	☐ Brady Barnhill	IT Specialist
	☒ Lisa Hartley	Claims Assistant
	☒ Eric Kurtz	Chief Executive Officer
	☐ Heidi McClenaghan	Quality Manager
	☒ Pamela Polom	Finance Specialist
	☐ Brandon Rhue	Chief Information Officer/Operations Director
	☒ Denise Switzer	Grant and Treatment Manager
	☐ Chris VanWagoner	Contract and Provider Network Manager
	☒ Deanna Yockey	Chief Financial Officer

Public: Brian Babbitt, Yarrow Brown, Gatlyn Dunham, Sarah Garthe, Angie Gulkerson, Donna Hardies, Alyssa Harrold, Molly Harvey, Sarah Hegg, Chip Johnston, Larry LaCross, Sarah May, Susan Pulaski, Lauren Reed, Ellen Templeton, Sharon Vreeland, Rebecca Yuncker, Heidi Warrington, Marney Winfield

DRAFT

CALL TO ORDER
Let the record show that acting Chair, Chuck Varner, called the meeting to order at 10:00AM.

ROLL CALL
Let the record show that Adam Brege, David Comai, Dana Labar, and Jay O'Farrell did not attend the meeting on this date; all other SUD Oversight Committee Members were in attendance either in Gaylord or virtually.

PLEDGE OF ALLEGIANCE
Let the record show that the Pledge of Allegiance was recited as a group.

APPROVAL OF PAST MINUTES
The May minutes were included in the materials for the meeting on this date.

MOTION BY TERRY NEWTON TO APPROVE THE MINUTES OF THE MAY 4, 2026, NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEETING; SUPPORT BY JOHN WALLACE. MOTION CARRIED.

APPROVAL OF AGENDA
Let the record show that no additions or revisions to the meeting Agenda were proposed.

MOTION BY ANNEMARIE CONWAY TO APPROVE THE AGENDA FOR THE SEPTEMBER 14, 2026 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE; SUPPORT BY DOUG JOHNSON. MOTION CARRIED.

ANNOUNCEMENTS
Ms. Singer announced the good work being done by Antrim County's Scholar program to break the cycle and give an escape to youth whose parents have issues with substance use.

Ms. Conway announced that North Country Community Mental Health Authority, led by CEO Brian Babbit, has made phenomenal progress in its relationships with contracted day programs.

Mr. Kurtz announced that the NMRE has a fully executed contract with MDHHS for FY27.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST
Mr. Varner requested that any conflicts of interest related to the meeting agenda items be stated for the record. Mr. Freedman disclosed that he serves as Chair of the Grand Traverse Addiction & Recovery Council, which will be the recipient of a liquor tax request that will be presented later in the meeting. The group reached consensus that this affiliation did not constitute a conflict of interest.

INFORMATIONAL REPORTS
Regional Admissions Report
The admissions report through August 31, 2026, was included in the materials for the meeting on this date. Admissions were down 13.71% from the same period in FY25. It was noted that the number of covered lives in the region has also declined by 8.9%. The data showed that outpatient was the highest level of treatment admissions at 34%; residential withdrawal management was the second highest level of treatment at 31%. Alcohol was the most prevalent primary substance at 60%, methamphetamine was the second most prevalent primary substance at 17%, and all opiates (including heroin) was the third most prevalent primary substance at 16%. Bea clarified that the admissions report reflects all levels of care.

It was noted that HMP enrollees have dropped 23.5% from August 2024. This trend is likely to escalate with the implementation of HR1 and new work requirements for HMP beneficiaries.

County-specific reports were posted to the NMRE website at County Admission Reports | NMRE. The county-specific reports are intended to be shared with Boards of Commissioners and other community stakeholders.

Financial Report
The July SUD report showed all funding source revenue of $19,175,537 and $16,995,048 in expenses, resulting in a net surplus of $2,180,489. Total PA2 funds were reported as $5,061,057.

PA2/Liquor Tax was summarized as follows:

Projected FY26 Activity			
Beginning Balance	Projected Revenue	Approved Projects	Projected Ending Balance
$5,137,481	$1,847,106	$2,071,443	$4,913,143

Actual FY26 Activity			
Beginning Balance	Current Receipts	Current Expenditures	Current Ending Balance
$5,137,481	$1,147,646	$1,224,070	$5,061,057

It was noted that SUD Health Home enrollment is increasing.

A lapse of SUD block grant funds is anticipated for FY26. PA2 approved have been moved to BGF where possible (likely totaling $500K).

LIQUOR TAX PARAMETERS
The Liquor Tax funds parameters approved by the NMRE Board of Directors on April 24, 2024 were included in the meeting materials to inform the SUD Oversight Committee's decision whether to recommend approval of the liquor tax requests brought before the Committee on this date.

FY27 Liquor Tax Requests

1. 57th Circuit Court — Emmet County Recovery Program — Emmet — $209,083 — Continuation

   Meets PA2 Parameters? ☒ Yes ☐ No

   MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM THE FIFTY-SEVENTH (57TH) CIRCUIT COURT FOR EMMET COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF TWO HUNDRED NINE THOUSAND EIGHTY-THREE DOLLARS ($209,083.00) TO FUND THE EMMET COUNTY RECOVERY PROGRAM; SUPPORT BY ANNEMARIE CONWAY.

   Discussion: Mr. Freedman asked whether the amount requested was same amount requested for the current fiscal year. It was noted that the FY26 request was for $267,037.

   VOTING TOOK PLACE ON MR. NEWTON'S MOTION. MOTION CARRIED.

2. 217 Recovery — Recovery Stories Series — Grand Traverse — $15,840 — Continuation

   Meets PA2 Parameters? ☒ Yes ☐ No

   MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM 217 RECOVERY FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF FIFTEEN THOUSAND EIGHT HUNDRED FORTY DOLLARS ($15,840.00) TO FUND THE RECOVERY STORIES OUTREACH PROGRAM; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

DRAFT

3.	Catholic Human Services	Students Leading Students Program	Alcona	$9,550	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

NMRE staff explained that Alcona County does not have sufficient funds to approve the three requests brought forward for review on this date. The decision was made to look at the three requests together to prioritize funding.

Project	Requested Budget	Alcona County Balance
		$76,741.56
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$198.05	$76,543.51
Bridge to Mental Health Crisis Response Officer	$117,723	($41,179,49)
Alcona County Students Leading Students	$9.550	($50,729.49)

The MRS project is an Interagency Cash Transfer Agreement between that has been in place for many years. The Michigan Rehabilitation Services (MRS) provides employment supportive services to individuals receiving substance use disorder treatment services that are NMRE funded. It is a $10,000 agreement that is split through the region based on population and helps to support Vocational Rehabilitation Services for individuals in each county. The $198.05 portion for Alcona County cannot be altered.

Northeast Michigan Community Mental Health Authority has requested $117,723 in Alcona County liquor tax funds for the Bridge to Mental Health Project which would put a Crisis Response Officer (CRO) in place in the county. The CRO is a law enforcement officer who has received 40 hours of special Crisis Intervention Team (CIT) training to handle substance use disorder or mental health emergencies.

After discussion, the decision was made to fully fund the Alcona County Students Leading Students project and fund the Bridge to Mental Health project with the remaining funds available ($66,993.51). The hope is that after the first year, the CRO will be a Medicaid allowable expense.

MOTION BY RON QUACKENBUSH TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR ALCONA COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF NINE THOUSAND FIVE HUNDRED FIFTY DOLLARS ($9,550.00) TO FUND THE STUDENTS LEADING STUDENTS PREVENTION PROGRAM; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

4.	Northeast Michigan Community Mental Health Authority	Bridge to Mental Health – Crisis Response Officer	Alcona	~~$117,723~~ $66,993.51	New

Meets PA2 Parameters? ☒ Yes ☐ No

DRAFT

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY FOR ALCONA COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SIXTY-SIX THOUSAD NINE HUNDRED NINETY-THREE DOLLARS AND FIFTY-ONE CENTS ($66,993.51) TO FUND THE BRIDGE TO MENTAL HEALTH PROGRAM; SUPPORT BY ANNEMARIE CONWAY. MOTION CARRIED.

5.	Catholic Human Services	Students Leading Students Program	Alpena	$8,800	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY LUCILLE BRAY TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR ALPENA COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF EIGHT THOUSAND EIGHT HUNDRED DOLLARS ($8,800.00) TO FUND THE STUDENTS LEADING STUDENTS PREVENTION PROGRAM; SUPPORT BY GARY TAYLOR. MOTION CARRIED.

6.	Centra Wellness Network	Benzie Area Youth (BAY) Initiative	Benzie	$20,000	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY TIM MARKEY TO APPROVE THE REQUEST FROM CENTRA WELLNESS NETWORK FOR BENZIE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF TWENTY THOUSAND DOLLARS ($20,000.00) TO FUND THE BENZIE AREA YOUTH INITIATIVE; SUPPORT BY LUCILLE BRAY. MOTION CARRIED.

7.	Bay Area Substance Education Services (BASES)	Charlevoix County Jail Groups	Charlevoix	$22,000	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY ANNEMARIE CONWAY TO APPROVE THE REQUEST FROM BAY AREA SUBSTANCE EDUCATION SERVICES FOR CHARLEVOIX COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF TWENTY-TWO THOUSAND DOLLARS ($22,000.00) TO FUND COUNSELING SERVICES IN THE COUNTY JAIL; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

8.	Catholic Human Services	Prevent 2 Protect Drug-Free Coalition	Cheboygan	$81,918	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY JOHN WALLACE TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR CHEBOYGAN COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF

EIGHTY-ONE THOUSAND NINE HUNDRED EIGHTEEN DOLLARS ($81,918.00) TO FUND THE PREVENT 2 PROTECT DRUG FREE COALITION; SUPPORT BY RON QUACKENBUSH. MOTION CARRIED.

9.	Catholic Human Services	Generations Ahead	Grand Traverse	$80,377	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF EIGHTY THOUSAND THREE HUNDRED THIRTY-SEVEN DOLLARS ($80,337.00) TO FUND THE GENERATIONS AHEAD TEEN PARENT PROGRAM; SUPPORT BY LUCILLE BRAY. MOTION CARRIED.

10.	Catholic Human Services	Addiction & Recovery Council	Grand Traverse	$77,411	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SEVENTY-SEVEN THOUSAND FOUR HUNDRED ELEVEN DOLLARS ($77,411.00) TO FUND THE ADDICTION AND RECOVERY COUNCIL (FORMERLY GRAND TRAVERSE COUNTY DRUG FREE COALITION); SUPPORT BY DOUG JOHNSON. MOTION CARRIED.

11.	Catholic Human Services	Jail Based SUD Program	Grand Traverse	$62,898	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SIXTY-TWO THOUSAND EIGHT HUNDRED NINETY-EIGHT DOLLARS ($62,898.00) TO FUND THE JAIL BASED SUBSTANCE USE DISORDER PROGRAM; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

12.	Catholic Human Services	Medication for OUD and AUD	Grand Traverse	$301,116	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF THREE HUNDRED ONE THOUSAND ONE HUNDRED SIXTEEN DOLLARS ($301,116.00) TO PURCHASE MEDICATIONS USED IN THE TREATMENT OF OPIOID USE DISORDER AND ALCOHOL USE DISORDER; SUPPORT BY ANNEMARIE CONWAY. MOTION CARRIED.

DRAFT

13.	Catholic Human Services	Iosco Substance Free Coalition	Iosco	$37,950	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY LUCILLE BRAY TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR IOSCO COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF THIRTY-SEVEN THOUSAND NINE HUNDRED FIFTY DOLLARS ($37,950.00) TO FUND THE IOSCO SUBSTANCE FREE COALITION; SUPPORT BY RON QUACKENBUSH. MOTION CARRIED.

14.	Catholic Human Services	Leelanau Coordinated Youth SUD Prevention	Leelanau	$36,740	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LEELANAU COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF THIRTY-SIX THOUSAND SEVEN HUNDRED FORTY DOLLARS ($36,740.00) TO FUND THE LEELANAU COORDINATED YOUTH SUBSTANCE USE DISORDER PREVENTION PROGRAM; SUPPORT BY JOHN WALLACE. MOTION CARRIED.

15.	North Country Community Mental Health Authority	Bridge to Mental Health – Crisis Response Officer	Antrim	$99,834	New

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY PAM SINGER TO APPROVE THE REQUEST FROM NORTH COUNTRY COMMUNITY MENTAL HEALTH AUTHORITY FOR ANTRIM COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF NINETY-NINE THOUSAND EIGHT HUNDRED THIRTY-FOUR DOLLARS ($99,834.00) TO FUND THE BRIDGE TO MENTAL HEALTH PROGRAM; SUPPORT BY DOUG JOHNSON. MOTION CARRIED.

16.	Catholic Human Services	Ogemaw Drug Free Coalition	Ogemaw	$11,000	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY RON QUACKENBUSH TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR OGEMAW COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF ELEVEN THOUSAND DOLLARS ($11,000.00) TO FUND THE OGEMAW DRUG FREE COALITION; SUPPORT BY GARY TAYLOR. MOTION CARRIED.

17.	Health Department of Northwest Michigan	RISE Otsego Substance Free Coalition	Otsego	$83,881	Continuation

DRAFT

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DOUG JOHNSON TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR OTSEGO COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF EIGHTY-THREE THOUSAND EIGHT HUNDRED EIGHTY-ONE DOLLARS ($83,881.00) TO FUND THE RISE OTSEGO SUBSTANCE FREE COALITION; SUPPORT BY GARY TAYLOR. MOTION CARRIED.

18.	Catholic Human Services	Roscommon Drug Free Coalition	Roscommon	$14,300	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DARLENE SENSOR TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR ROSCOMMON COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF FOURTEEN THOUSAND THREE HUNDRED DOLLARS ($14,300.00) TO FUND THE ROSCOMMON DRUG FREE COALITION; SUPPORT BY ANNEMARIE CONWAY. MOTION CARRIED.

19.	Catholic Human Services	Roscommon Jail SUD Clinical Services	Roscommon	$45,470	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DARLENE SENSOR TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR ROSCOMMON COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF FORTY-FIVE THOUSAND FOUR HUNDRED SEVENTY DOLLARS ($45,470.00) TO FUND CLINICAL SERVICES IN THE COUNTY JAIL; SUPPORT BY DOUG JOHNSON. MOTION CARRIED.

20.	Catholic Human Services	Substance Free Coalition of Northwest Michigan Prevention and Medication Safety Campaign	Grand Traverse	$155,000	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED FIFTY-FIVE THOUSAND DOLLARS ($155,000.00) TO FUND THE SUBSTANCE FREE COALITION OF NORTHWEST MICHIGAN PREVENTION AND MEDICATION SAFETY CAMPAIGN; SUPPORT BY ANNEMARIE CONWAY. MOTION CARRIED.

21.	Catholic Human Services	Wexford Jail SUD Program – Medication for OUD and AUD	Wexford	$50,000	Continuation

DRAFT

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY GARY TAYLOR TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR WEXFORD COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF FIFTY THOUSAND DOLLARS ($50,00.00) TO FUND THE JAIL SUBSTANCE USE DISORDER PROGRAM INCLUDING MEDICATIONS FOR TREATING OPIOID USE DISORDER AND ALCOHOL USE DISORDER; SUPPORT BY DOUG JOHNSON. MOTION CARRIED.

22.	Catholic Human Services	Wexford Jail Based SUD Treatment	Wexford	$131,216	Continuation

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY GARY TAYLOR TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR WEXFORD COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED THIRTY-ONE THOUSAND TWO HUNDRED SIXTEEN DOLLARS ($131,216.00) TO FUND JAIL BASED SUBSTANCE USE DISORDER TREATMENT; SUPPORT BY JOHN WALLACE. MOTION CARRIED.

23.	District Health Department #10	Deterra Medication Disposal and Lockbox Project	Multi	$10,000	Continuation

Missaukee	$	$3,106.85
Wexford	$	$6,893.15
Total	**$**	**$10,000.00**

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY GARY TAYLOR TO APPROVE THE REQUEST FROM DISTRICT HEALTH DEPARTMENT NUMBER TEN (#10) FOR MISSAUKEE AND WEXFORD COUNTY LIQUOR TAX DOLLARS IN THE TOTAL AMOUNT OF TEN THOUSAND DOLLARS ($10,000.00) TO FUND THE DETERRA MEDICATION DISPOSAL AND LOCKBOX PROJECT; SUPPORT BY DEAN SMALLEGAN. MOTION CARRIED.

24.	Michigan Rehabilitation Services	Employment Support Services	Multi	$10,000	Continuation

As stated previously, these amounts represents each county's contribution to an Interagency Agreement with MRS for Employment Support Services for individuals receiving substance use disorder treatment. No voting was necessary.

Alcona	$	198.05
Alpena	$	563.10
Antrim	$	456.43
Benzie	$	350.05
Charlevoix	$	507.53

DRAFT

Cheboygan	$	498.27
Crawford	$	253.00
Emmet	$	664.49
Grand Traverse	$	1,855.20
Iosco	$	491.61
Kalkaska	$	349.45
Leelanau	$	434.42
Manistee	$	487.62
Missaukee	$	293.21
Montmorency	$	178.30
Ogemaw	$	404.59
Oscoda	$	160.10
Otsego	$	488.77
Presque Isle	$	252.89
Roscommon	$	456.98
Wexford	$	655.94
Total	**$**	**$10,000.00**

Meets PA2 Parameters? ☒ Yes ☐ No

25. Northern Michigan Children's Assessment Center — Prevention, Advocacy, and Educational Support — Multi — $66,106 — Continuation

Crawford	$	10,035.54
Ogemaw	$	15,140.27
Oscoda	$	5,980.05
Otsego	$	17,707.07
~~Roscommon~~	~~$~~	~~17,243.07~~
Total	**$**	**48,862.93**

Meets PA2 Parameters? ☒ Yes ☐ No

Discussion: NMRE staff noted that a request to add Iosco County to project will be brought forward during the November meeting. Ms. Sensor asked to remove Roscommon County from the request at this time pending further information.

MOTION BY RON QUACKENBUSH TO APPROVE THE REQUEST FROM NORTHERN MICHIGAN CHILDREN'S ASSESSMENT CENTER FOR CRAWFORD, OGEMAW, OSCODA, AND OTSEGO COUNTY LIQUOR TAX DOLLARS IN THE TOTAL AMOUNT OF FORTY-EIGHT THOUSAND EIGHT HUNDRED SIXTY-TWO DOLLARS AND NINETY-THREE CENTS ($48,862.93) TO FUND PREVENTION, ADVOCACY, AND EDUCATIONAL SUPPORT; SUPPORT BY DOUG JOHNSON. MOTION CARRIED.

26. Health Department of Northwest Michigan — SAFE in Northern Michigan Youth Coalition — Multi — $128,727 — Continuation

Antrim	$	36,288.60

DRAFT

Charlevoix	$	40,724.18
Emmet	$	51,714.22
Total	**$**	**128,727.00**

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY ANNEMARIE CONWAY TO APPROVE THE REQUEST FROM THE HEATH DEPARTMENT OF NORTHWEST MICHIGAN FOR ANTRIM, CHARLEVOIX, AND EMMET COUNTY LIQUOR TAX DOLLARS IN THE TOTAL AMOUNT OF ONE HUNDRED TWENTY-EIGHT THOUSAND SEVEN HUNDRED TWENTY-SEVEN DOLLARS ($128,727.00) TO FUND THE SAFE IN NORTHERN MICHIGAN YOUTH COALITION; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

27. Centra Wellness Network — SafeNet Prevention Program — Multi — $76,219 — Continuation

Benzie	$	32,011.98
Manistee	$	44,207.02
Total	**$**	**76,219.00**

Meets PA2 Parameters? ☒ Yes ☐ No

MOTION BY TIM MARKEY TO APPROVE THE REQUEST FROM CENTRA WELLNESS NETWORK FOR BENZIE AND MANISTEE COUNTY LIQUOR TAX DOLLARS IN THE TOTAL AMOUNT OF SEVENTY-SIX THOUSAND TWO HUNDRED NINETEEN DOLLARS ($76,219.00) TO FUND THE SAFENET PREVENTION PROGRAM; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

County Overviews

The impact of the liquor tax requests approved on this date on county fund balances was reported as:

	Projected FY27 Balance	Amount Approved September 14, 2026	Projected Remaining Balance
Alcona	$76,741.56	$76,741.56	$0.00
Alpena	$308,757.38	$9,363.10	$299,394.28
Antrim	$273,019.92	$136,579.03	$136,440.89
Benzie	$292,157.00	$52,362.03	$239,794.97
Charlevoix	$167,318.80	$63,231.71	$104,087.09
Cheboygan	$171,589.02	$82,416.27	$89,172.75
Crawford	$142,074.89	$10,288.54	$131,786.35
Emmet	$417,435.56	$261,461.71	$155,973.85
Grand Traverse	$781,075.43	$694,497.20	$86,578.23
Iosco	$233,655.89	$38,441.61	$194,114.28
Kalkaska	$92,296.84	$349.45	$91,947.45
Leelanau	$125,480.97	$37,174.42	$88,306.55
Manistee	$292,294.01	$44,694.64	$247,599.37
Missaukee	$64,920.99	$3,400.06	$61,520.93
Montmorency	$95,885.77	$178.30	$95,707.47

DRAFT

Ogemaw	$165,198.54	$26,544.86	$138,653.68
Oscoda	$72,119.36	$6,140.15	$65,979.21
Otsego	$128,079.79	$102,076.84	$26,002.95
Presque Isle	$112,00.62	$252.89	$111,747.73
Roscommon	$570,441.35	$60,226.98	$510,214.37
Wexford	$282,955.64	$189,881.09	$93,074.55
Total		**$1,896,302.44**	

The "Projected Remaining Balance" reflects funding available for projects while retaining a fund balance equivalent of one year's receivables.

FY27 Meeting Schedule
The NMRE SUD Oversight Committee meeting schedule for FY27 was included in the meeting materials.

MOTION BY DEAN SMALLEGAN TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEETING SCHEDULE FOR FISCAL YEAR 2027; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

PRESENTATION
NMRE Substance Use Disorder Three-Year Strategic Plan (FY27 – FY29)
NMRE Chief Clinical Officer, Bea Arsenov, explained that PIHPs are required to create three-year strategic plans for substance use disorder (SUD) services that follow guidelines from MDHHS under Section 274 of Public Act 500.

The NMRE contracts with the following prevention providers within the region:

Provider	Counties	Services	Grants
Catholic Human Services	16	Prevention Services Coalitions DYTUR	SABG, Liquor Tax, MIPAC, SOR
Health Department of Northwest Michigan	3	Prevention Services Coalitions	SABG, Liquor Tax
District Health Department #10	2	Prevention	SABG, Liquor Tax
District Health Department #2	4	DYTUR	SABG

The NMRE contracts with the following treatment providers within the region:

Treatment Provider	ASAM Level of Care	Service Type	# of Locations	Specialty Services
Addiction Treatment Services (ATS)	.5, 1.00, 2.1, 3.5, 3.1, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	4	SUDHH
Bay Area Substance Education Services (BASES)	1.0	Outpatient	1	
Bear River Health	.5, 1.0, 2.1, 3.1, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	6	SUDHH
Catholic Human Services	1.0	Outpatient	13	SUDHH

GRACE Center	1.0	Outpatient	1	
Harbor Hall	.5, 1.0, 2.1, 2.5, 3.1, 3.5, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	2	SUDHH
Michigan Therapeutic Consultants (MTC)	1.0	Outpatient	2	OTP
Munson	1.0	Outpatient	1	SUDHH
NMSAS	1.0	Outpatient	1	OTP
Sunrise Centre	.5, 1.0, 2.1, 3.1, 3.5, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	1	

Prevention Goals:

1. Reduce Underage Drinking
2. Reduce Marijuana Use in Youth and Young Adults
3. Reduce Prescription Drug Misuse, Including a Reduction in the Misuse of Opioids for Non-medical Purposes
4. Increase Prevention Services for Adults Aged 55 and Older
5. Reduce Youth Access to Tobacco

Treatment Goals:

1. Increase Access to Medication Assisted Treatment Services; Methadone Specific OTP Services
2. Expand Behavioral Health and Primary Care Services for Individuals Who are at Risk for, or Experiencing, Mental Health and Substance Use Disorder
3. Increase Access to Treatment and Harm Reduction for Individuals Living with an Opioid Use Disorder
4. Increase Access to Treatment and Care Coordination for Criminal Justice Involved Population Returning to Communities
5. Increase Access to Trauma Responsive Services
6. Reduce in the Percentage of Substance Exposed Birth/Infants
7. Increase Access to Treatment Services for Adults Aged 55 and Older

Recovery Support Goals:

1. Enhance Coordination of Prevention, Follow-up, and Continuing Care in the Recovery Process
2. Expand Treatment Services to Include Ongoing Support and Multiple Coordinated Strategies to Support Recovery
3. Increase in Access to Recovery Services that Promote Life Enhancing Recovery and Wellness for Individuals and Families

Coordination of Services:

Prevention	Treatment	Recovery Supports
Continue the Drug Free Northern Michigan Coalition Alliance Meetings. Continue to collaborate with other Prevention partners.	Increase coordination of care for individuals receiving Substance Use Disorder Treatment Services with Public and Private Service Delivery Systems.	Increase coordination of care for individuals receiving Recovery Support Services with Public and Private Service Delivery Systems.

DRAFT

Mr. Wallace acknowledged the value of the information contained in the plan. He suggested supplying the counties with abridged county-specific reports.

MOTION BY DAVE FREEDMAN TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY'S THREE-YEAR STRATEGIC PLAN FOR SUBSTANCE USE DISORDER SERVICES BEGINNING OCTOBER 1, 2026 AND CONTINUING THROUGH SEPTEMBER 30, 2029; SUPPORT BY DEAN SMALLEGAN. MOTION CARRIED.

Northern Michigan Children's Assessment Center (NMCAC)
Executive Director, Rebecca Yunker, and Family Advocate, Gatlyn Dunham, of the Northern Michigan Children's Assessment Center were in attendance to provide and update to the Committee.

The Northern Michigan Children's Assessment Center (NMCAC) is a non-profit organization that provides free evaluation, medical care, and support services to children and families affected by abuse and neglect in Crawford, Iosco, Ogemaw, Oscoda, Otsego, and Roscommon Counties.

Core Services:

- Forensic Interviews: Specially trained professionals talk to children in a safe, non-judgmental way to learn about suspected abuse.
- Medical Exams: Trauma-trained medical staff perform gentle, non-invasive physical and specialized exams.
- Mental Health Counseling: Licensed therapists offer free counseling sessions for children and non-offending family members.
- Victim Advocacy: Advocates help families understand the investigation process and connect them with community resources.
- Team Coordination: The center brings together police, child protective services, schools, and medical providers so families do not get lost in the system

In a survey conducted by NMCAC of 12-17 year olds:
- 75% of respondents indicated that they had ridden in a car driven by someone (including themselves) who was high or had been using alcohol or drugs
- 14.3 % of respondents indicated a serious problem with drug, alcohol, or nicotine use
- 70% of respondents indicated that there was someone in their immediate family who has experienced challenges related to drugs, alcohol, or other substances

NMCAC developed a normative education resource using MiPHY state survey data, showing the majority of local middle/high schoolers do not vape, drink, or use marijuana — reinforcing protective peer norms across all six counties. This information was provided to teens aged 13-17 that came through the center.

Otsego County	**Iosco County**	**Crawford, Ogemaw, Oscoda, Roscommon Counties**
82.2% of teens did not vape		89.3% of teens did not vape
90.6% of teens did not drink alcohol in the past 30 days	81.8% of teens did not drink alcohol in the past 30 days	94.4% of teens did not drink alcohol in the past 30 days

92.5% of teens did not binge drink in the past 30 days	88.1% of teens did not binge drink in the past 30 days	95.3% of teens did not binge drink in the past 30 days
93.7% of teens did not use marijuana in the past 30 days	85.7% of teens did not use marijuana in the past 30 days	93.8% of teens did not use marijuana in the past 30 days

NMCAC also developed a brochure detailing "The Connection Between Trauma & Substance Use," that is being distributed to Juvenile Courts, Prosecuting Attorney's Offices, DHHS, District Health Departments, School-Based Health Centers, Community Mental Health Facilities, and at all outreach events.

Ms. Yonker thanked the Committee for approving the FY27 request for liquor tax funds.

PUBLIC COMMENT

Mr. Freedman recognized the importance of having CIT-trained officers working in the region.

NEXT MEETING

The next meeting was scheduled for November 2, 2026 at 10:00AM.

ADJOURNMENT

MOTION BY DAVE FREEDMAN TO ADJOURN THE MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE FOR SEPTEMBER 14, 2026; SUPPORT BY RON QUACKENBUSH. MOTION CARRIED.

Let the record show that Mr. Varner adjourned the meeting at 11:45AM.

DRAFT

57TH CIRCUIT COURT – 57TH EMMET COUNTY RECOVERY PROGRAM (ECRP) - CONTINUING

Organization/Fiduciary:	**57th Circuit Court**
County:	**Emmet**
Project Total:	**$209,083**

DESCRIPTION:

The 57th Emmet County Recovery Program (ECRP) is a Michigan State Court Administrative Office (SCAO) certified Adult Treatment Court serving high-risk, high-need adults with substance use disorders and co-occurring mental health disorders who have been charged with or convicted of felony offenses in Emmet County. The program combines intensive judicial supervision, evidence-based treatment, frequent monitoring, case management, and recovery support services to reduce recidivism, improve public safety, and promote long-term recovery.

The program follows the All-Rise Adult Treatment Court Best Practice Standards, the Michigan Adult Treatment Court Standards, and the Risk-Need-Responsivity (RNR) Model to ensure participants receive individualized interventions based on validated risk and needs assessments. Through a collaborative multidisciplinary team including the Circuit Court, Prosecutor's Office, Defense Counsel, Probation, treatment providers, law enforcement, peer recovery services, and community partners, the program addresses the underlying causes of criminal behavior while holding participants accountable through structured supervision and treatment.

Participants engage in evidence-based substance use and mental health treatment, cognitive behavioral interventions, frequent drug and alcohol testing, medication-assisted treatment when appropriate, peer recovery support, recovery meetings, employment and educational services, life skills development, and wellness activities. Progress is reinforced through a graduated system of incentives and accountability measures designed to strengthen recovery, increase treatment engagement, and promote positive behavioral change.

The requested funding will support the continued operation and expansion of the 57th ECRP to serve 25–30 participants annually by providing direct client services, evidence-based treatment, peer recovery support, participant incentives, program materials, drug testing, and program administration. Funding will also support performance measurement, data collection, and quality assurance activities to ensure fidelity to evidence-based treatment court practices and compliance with SCAO certification requirements.

The goals of the 57th Emmet County Recovery Program are to increase access to treatment for eligible participants, reduce substance use and criminal behavior, improve participant health and stability, strengthen family and community connections, increase successful program graduation rates, and reduce recidivism. Through coordinated treatment, supervision, and recovery support, the program provides participants with the tools necessary to achieve lasting recovery while improving public safety and reducing the long-term costs associated with incarceration and repeated criminal justice involvement

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Emmet	57th Emmet County Recovery Program (ECRP)	$209,083

217 RECOVERY – RECOVERY STORIES SERIES - CONTINUING

Organization/Fiduciary:	**217 Recovery**
County:	**Grand Traverse**
Project Total:	**$15,840**

DESCRIPTION:

Recovery Stories: Message of Hope is 217 Recovery's signature community storytelling initiative, bringing together individuals in recovery, family members, professionals, and community members to celebrate recovery and reduce the stigma surrounding substance use disorder. During FY2027, 217 Recovery will host three free community events at the Grand Traverse Event Center in October 2026, February 2027, and June 2027.

Each event features individuals sharing authentic recovery journeys, opportunities to connect with local recovery resources, peer support organizations, and community partners, and an environment that promotes hope, education, and understanding. By making these events free and accessible, 217 Recovery removes barriers to participation while fostering meaningful conversations about recovery and demonstrating that long-term recovery is possible.

PA2 funding will support venue rental, meals, event supplies, and other direct program costs necessary to continue offering these community events at no cost to participants.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Grand Traverse	Recovery Stories Series	$15,840

CHS – ALCONA COUNTY (STUDENTS LEADING STUDENTS) - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Alcona**
Project Total:	**$9,550**

DESCRIPTION:

Students Leading Students (SLS) has become one of the signature youth prevention initiatives in Alcona County. Building upon the success of previous PA2 funding, Catholic Human Services/Up North Prevention successfully secured full-time funding through the Michigan State Police Overdose to Action for Youth (OAYI) initiative, allowing a dedicated Prevention Specialist to provide year-round youth leadership and prevention programming within Alcona County.

Under the leadership of Prevention Specialist Les Thomas, the Alcona SLS chapter has experienced remarkable growth, expanding from a small peer leadership group into an active organization of approximately 25 student members. The chapter has become recognized throughout the region for its youth-led prevention efforts, hosting numerous school and community events focused on substance use prevention, mental wellness, positive youth development, and community service. Students have emerged as respected leaders within their school and community, demonstrating the effectiveness of peer-to-peer prevention strategies.

While OAYI funding provides the staffing necessary to coordinate the program, it does not provide sufficient resources for youth programming and engagement activities. PA2 funding is requested to provide the supplies, educational materials, event resources, promotional items, youth leadership materials, and outreach tools necessary to fully implement the SLS work plan and maintain meaningful youth engagement throughout the year.

This investment will allow the Alcona SLS chapter to continue expanding leadership opportunities, increase youth participation, strengthen community partnerships, and build a sustainable culture of prevention led by young people. By equipping youth with the knowledge, skills, and resources to become prevention leaders, the project will continue to strengthen protective factors, reduce substance use risk, and improve the overall health and well-being of Alcona County.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Alcona	Alcona County (Students Leading Students)	$9,550

NEMCMH – BRIDGE TO MENTAL HEALTH – CRISIS RESPONSE OFFICER - NEW

Organization/Fiduciary:	**Northeast Michigan Community Mental Health Authority**
County:	**Alcona**
Project Total:	~~$117,723~~ $66,993.51

DESCRIPTION:

This request funds the full salary and fringe benefits ($117,723) of one full-time (1.0 FTE) Crisis Response Officer (CRO) - a sworn deputy of the Alcona County Sheriff's Office dedicated to behavioral health and substance use crisis response — through a subcontract from the applicant to the Sheriff's Office. No overtime is requested; overtime is not an allowable PA2 expense and any overtime incurred will be absorbed by the Alcona County Sheriff's Office or charged to another source. When an Alcona County resident experiences a substance use crisis (overdose, intoxication-related 911 call, co-occurring MH/SUD emergency), the CRO responds as the primary or co-responding unit, de-escalates and stabilizes the individual in the field, and completes a structured warm handoff to Northeast Michigan Community Mental Health Authority crisis and SUD treatment services in place of avoidable arrest, incarceration, or emergency department transport. The position operates under the Sheriff's command within the regional protocols of the Bridge to Mental Health consortium, coordinated by Centra Wellness Network, and replicates the co-response model operational in Benzie County since December 2023 and independently evaluated by Ferris State University (October 2025).

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Alcona	Bridge to Mental Health – Crisis Response Officer	~~$117,723~~ $66,993.51

CHS – ALPENA PREVENTION (STUDENTS LEADING STUDENTS) - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Alpena**
Project Total:	**$8,800**

DESCRIPTION:

The Alpena Students Leading Students (SLS) chapter continues to be a highly successful, youth-led prevention initiative at Alpena High School. Now entering another year of growth, the chapter has expanded to 21 active student leaders who are committed to promoting healthy lifestyles, preventing youth substance use, and creating a positive school culture through peer leadership. SLS members work throughout the school year to educate their peers about the risks associated with alcohol, nicotine and vaping, marijuana, opioids, and other substances while encouraging positive decision-making and reducing the stigma surrounding behavioral health and recovery.

Over the past year, SLS has successfully organized school-wide awareness campaigns, prevention events, wellness activities, and student engagement opportunities that have reached thousands of Alpena students. Through collaboration with Alpena Public Schools, local law enforcement, healthcare providers, and community partners, SLS has become a recognized voice for youth prevention and leadership. The continued enthusiasm of the student members has created strong momentum to further expand prevention activities and increase youth involvement throughout the school community.

This funding request is not for staffing, but for the supplies and resources necessary to support continued program growth. Funding will provide leadership training opportunities, educational materials, coalition and event supplies, prevention campaign resources, promotional materials, and student engagement tools that enable SLS members to plan and implement peer-led prevention activities. These resources will strengthen youth leadership skills, expand prevention outreach, increase student participation, and ensure Alpena Students Leading Students continues to serve as a model for youth-driven substance use prevention and community engagement.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Alpena	Alpena Prevention (Students Leading Students)	$8,800

CWN – BENZIE AREA YOUTH (BAY) INITIATIVE - CONTINUING

Organization/Fiduciary:	**Centra Wellness Network**
County:	**Benzie**
Project Total:	**$20,000**

DESCRIPTION:

The Benzie Area Youth Initiative (BAY) focuses on preventing youth substance use and promoting mental well-being by engaging educators, students, parents, law enforcement, health providers, and community members in a collaborative process. Utilizing the Strategic Prevention Framework, this community coalition is uniquely positioned to develop and implement prevention efforts. To set local priorities, BAY analyzes key data from the Michigan Profile for Healthy Youth (MiPHY) alongside reports from School Counselors and School Resource Officers (SROs). Recent findings highlight critical challenges among local seventh graders, including a 10% vaping rate, alongside concerning reports of bullying (62%) and self-harm (32.5%). Counselors also noted an increase in suicide attempts among middle school students this year, underscoring an urgent need to equip youth with healthy stress-coping mechanisms. Furthermore, substance access remains a significant risk factor; 43% of high school students report easy access to cannabis, and the SRO noted a rising underage drinking culture throughout the county. In response, BAY actively engages parents through targeted communication channels, educating them on the importance of locking up substances and having conversations about these issues with their children. Through these vital community partnerships, BAY is successfully reshaping social norms and paving the way for a healthier, substance-free future for Benzie youth.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Benzie	Benzie Area Youth (BAY) Initiative	$20,000

BASES – CHARLEVOIX COUNTY JAIL GROUPS - CONTINUING

Organization/Fiduciary:	**BASES**
County:	**Charlevoix**
Project Total:	**$22,000**

DESCRIPTION:

BASES will provide 100 groups at the Charlevoix County Jail for men and women separately that will focus on DBT skills education to address mental health and substance abuse concerns, planning and coordinating resources upon release and relapse prevention services. This will be done for $200 per group totaling $20,000 and purchase materials for use within the program of $2,000 for a grand total of $22,000.

We will be educating participants on healthy coping skills to address substance abuse and co-occurring mental health issues as well as coordinate their aftercare services upon release from the jail with hopes that we can see 33% or more engage in services upon release. (2022/23=40% to treatment / 2023/24=60% into treatment / 58% over the first two quarters of 2024/25)

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Charlevoix	Charlevoix County Jail Groups	$22,000

CHS – PREVENT 2 PROTECT - CHEBOYGAN COUNTY DRUG-FREE COALITION - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Cheboygan**
Project Total:	**$81,918**

DESCRIPTION:

The Cheboygan County Drug Free Coalition, formerly known as Pulling Together, recently changed its name to Prevent2Protect (P2P) to create a unified identity with our successful youth coalition, Prevent2Protect Youth. This change reflects the strong connection between our adult and youth coalitions and provides consistent community recognition while continuing the same mission of preventing youth substance use through collaboration, education, and evidence based prevention strategies.

Prevent2Protect brings together representatives from all 12 community sectors to address youth substance use using the Strategic Prevention Framework. Over the past several years, the coalition has continued to grow, strengthening partnerships, increasing community engagement, and expanding opportunities for youth leadership. This request represents the continuation of a well established, successful coalition that has built a strong foundation for long term community change.

The coalition continues to demonstrate positive outcomes. Results from the 2025 Michigan Profile for Healthy Youth indicate that students' perception of harm related to nicotine and marijuana use has increased, an encouraging protective factor associated with lower rates of youth substance use. While concerns remain regarding youth vaping and access to alcohol, these findings suggest that community education, youth engagement, and consistent prevention messaging are making a meaningful difference.

Continued Liquor Tax funding will allow Prevent2Protect to sustain the progress already achieved, strengthen prevention efforts across Cheboygan County, and continue building a community where young people are supported, connected, and equipped to make healthy choices. The coalition has demonstrated its ability to translate funding into measurable outcomes, and this investment will ensure that these successful efforts continue to grow and benefit Cheboygan County for years to come.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Cheboygan	Cheboygan County Drug-Free Coalition	$81,918

CHS – GENERATIONS AHEAD - SUBSTANCE USE PREVENTION WITH TEEN PARENTS-CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Grand Traverse**
Project Total:	**$80,377**

DESCRIPTION:

Generations Ahead (GA) is a nonprofit providing multiple programs to pregnant and parenting teens (up to age 22). This population is at very high risk for substance use. Teen parents often have parents with high rates of substance use, they experience significant life stressors, many have a history of legal problems, including domestic violence and petty crime, and they are often disconnected and isolated from their peers and positive social supports (i.e. school, clubs, etc...). In 2025, GA served 81 young parents and 70 children. GA is requesting funding to continue and expand our work to prevent and reduce substance use in young parents. GA offers many programs that clients can opt into-- each program is designed to meet specific needs. Our Case Management team participates in several community collaboratives advocating for, and educating about, our clients' unique needs as teen parents. In 2027 FY, GA will continue to participate in the GT Drug Free Coalition and will coordinate with Addiction Services to attend our monthly community nights. We will continue to provide life skills and parenting education using the evidence-based Botvin Lifeskills Transition program, as well as experts in the community who can teach our young parents. Each year we have more and more clients attend these programs and will expand upon them in FY 2027. We also have trained volunteer mentors to provide support, promote healthy alternative activities, and serve as positive role models for our clients. We also have a Career Support program that exposes teen parents to different careers, healthy adult role models, and encourages them to set education and career goals. We provide positive alternative activities for our families a minimum of 2 times each month, allowing families opportunities to develop meaningful support systems with peers who are in a similar life situation. Our team at GA also provides SUD education for staff, volunteer mentors, and clients utilizing presentations, speakers, and online resources.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Grand Traverse	Generations Ahead - Substance Use Prevention with Teen Parents	$80,377

CHS – GRAND TRAVERSE ADDICTION & RECOVERY COUNCIL - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Grand Traverse**
Project Total:	**$77,411**

DESCRIPTION:

The Grand Traverse Addiction & Recovery Council (GTARC), formerly the Grand Traverse County Drug Free Coalition, was founded in early 2015 in response to the escalating opioid crisis. Initiated by then-Prosecuting Attorney Bob Cooney, the council brought together key community leaders to collaboratively address substance misuse in Grand Traverse County. Over time, GTARC has evolved into a comprehensive substance use prevention coalition, now addressing the full spectrum of substance-related challenges including alcohol, marijuana, nicotine, vaping, and other drugs.

A cornerstone of GTARC's strategy is youth empowerment. The coalition supports Students Together Against Negative Decisions (STAND) clubs in three local high schools. These student-led clubs, facilitated by GTARC's coordinator and youth engagement liaisons, provide leadership development opportunities while promoting awareness around the dangers of underage substance use and fostering peer-led prevention.

GTARC's momentum and growth have been fueled by past liquor tax funding, which enabled the coalition to scale its efforts and deepen its community impact. To sustain and expand this critical work, we are requesting renewed funding to support:

- Continued coordination and staffing of coalition activities;
- Expansion of youth engagement programs and leadership development;
- Ongoing community education and outreach initiatives;
- Implementation and growth of the Raising the Bar campaign.

With continued investment, GTARC will maintain its leadership role in substance use prevention in Northern Michigan and serve as a model for regional collaboration, innovation, and youth empowerment.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Grand Traverse	Grand Traverse Addiction & Recovery Council	$77,411

CHS – GRAND TRAVERSE SUD PROGRAM – JAIL BASED - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Grand Traverse**
Project Total:	**$62,898**

DESCRIPTION:

This initiative is a collaboration between Grand Traverse County and Catholic Human Services (CHS). Funding will support a dedicated Substance Use Disorder (SUD) Treatment Counselor who will provide services at the Grand Traverse County Jail three days per week.

The counselor will deliver substance use disorder treatment and education to both pretrial detainees and post-conviction individuals. Services will include weekly SUD assessments, individual counseling, group counseling, and case management. Treatment will be provided across levels of care, including:

- Brief treatment (up to 30 days)
- Short-term treatment (1 to 3 months)
- Long-term treatment (3 months or longer

In addition, the counselor will provide ongoing consultation, training, and education to jail administrators and staff regarding substance use disorders and evidence-based treatment approaches. The counselor will work to establish and strengthen a continuum of care within both the jail and the community for individuals with substance use disorders.

A key component of this role includes fostering and enhancing partnerships between the jail and community-based providers to support the development and expansion of in-jail treatment programming and to improve coordination of transitions into community diversion, aftercare, and reentry services.

The counselor will also collaborate closely with jail medical staff, Northern Lakes Community Mental Health (NLCMH), and jail diversion programs to coordinate services for individuals with co-occurring or complex behavioral health and medical needs. In addition, the counselor will work in partnership with the jail, probation, and court systems to support communication regarding client attendance, treatment progress, prognosis, and referrals for ongoing SUD services following release from incarceration.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Grand Traverse	Grand Traverse SUD Program – Jail Based	$62,898

CHS – GRAND TRAVERSE SUD PROGRAM – MEDICATION FOR OUD AND AUD - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Grand Traverse**
Project Total:	**$301,116**

DESCRIPTION:

This initiative represents a continued collaboration between the Grand Traverse County Sheriff's Office and Catholic Human Services (CHS). Funding will support the purchase of medications used in Medication-Assisted Treatment (MAT) for individuals diagnosed with Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) who are incarcerated at the Grand Traverse County Jail.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Grand Traverse	Grand Traverse SUD Program – Medication for OUD and AUD	$301,116

CHS – IOSCO SUBSTANCE FREE COALITION (STUDENTS LEADING STUDENTS) - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Iosco**
Project Total:	**$37,950**

DESCRIPTION:

The Iosco Substance Free Coalition enters its sixth year as one of Northern Michigan's most successful community prevention coalitions. Through the dedication of its diverse membership and the support of Northeast Michigan Regional Entity (NMRE), Catholic Human Services, Up North Prevention, local schools, healthcare providers, law enforcement, recovery organizations, and community partners, the coalition has grown into a recognized leader in substance use prevention, recovery support, and community collaboration.

Over the past six years, the coalition has demonstrated measurable success by aligning law enforcement agencies across Iosco County around prevention and harm reduction initiatives, significantly expanding access to naloxone and overdose education, improving coordination and reentry planning for individuals leaving incarceration with substance use disorders, and leveraging multiple funding sources to sustain prevention programming beyond traditional grant cycles. The coalition has become a trusted voice in community planning and has established meaningful partnerships that continue to strengthen local systems of care.

One of the coalition's greatest accomplishments has been its investment in youth leadership. Through PA2 funding, the Students Leading Students (SLS) initiative has flourished, becoming an award-winning youth-led prevention program recognized at the state level for its leadership development, peer engagement, and innovative prevention activities. The success of the program has resulted in expansion of SLS into an additional county schools, creating even more opportunities for youth to become prevention leaders within their communities.

The purpose of this funding request is to help meet the coalition's required non-federal match under the DFC grant while providing resources that are not available through existing block grant funding. Staffing for coalition coordination has been secured through other funding sources; however, the coalition has an ongoing need for educational materials, outreach supplies, prevention campaign resources, recovery event materials, youth engagement tools, and other program supports necessary to fully implement community-based prevention activities.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Iosco	Iosco Substance Free Coalition (Students Leading Students)	$37,950

CHS – LEELANAU COUNTY COORDINATED YOUTH SUD PREVENTION - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Leelanau**
Project Total:	**$36,740**

DESCRIPTION:

Continuation of joint youth prevention programming by five partners: Leelanau County Family Court, LIFT (Leelanau Investing for Teens), Suttons Bay Public Schools, Glen Lake Public Schools, and Leland Public Schools. This program has been in place successfully for over a decade and includes both delivery of evidence-based substance use prevention and SEL programs and mentored experiential groups.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Leelanau	Leelanau County Coordinated Youth SUD Prevention	$36,740

NCCMH – BRIDGE TO MENTAL HEALTH – CRISIS RESPONSE OFFICER - NEW

Organization/Fiduciary:	**North Country Community Mental Health**
County:	**Antrim**
Project Total:	**$99,834**

DESCRIPTION:

This request funds the full salary and fringe benefits ($109,834) of one full-time (1.0 FTE) Crisis Response Officer (CRO), a sworn deputy of the Antrim County Sheriff's Office dedicated to behavioral health and substance use crisis response, through a subcontract from the applicant to the Sheriff's Office. When an Antrim County resident experiences a substance use crisis (overdose, intoxication-related 911 call, co-occurring MH/SUD emergency), the CRO responds as the primary or co-responding unit, de-escalates and stabilizes the individual in the field, and completes a structured warm handoff to North Country Community Mental Health crisis and SUD treatment services in place of avoidable arrest, incarceration, or emergency department transport. The position operates under the Sheriff's command within the regional protocols of the Bridge to Mental Health consortium (Antrim, Benzie, Grand Traverse, and Manistee Counties), coordinated by Centra Wellness Network, and replicates the co-response model operational in Benzie County since December 2023 and independently evaluated by Ferris State University (October 2025).

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Antrim	Bridge to Mental Health – Crisis Response Officer	$99,834

CHS – OGEMAW COUNTY DRUG FREE COALITION - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Ogemaw**
Project Total:	**$11,000**

DESCRIPTION:

The Drug Free Coalition of Ogemaw County (DFCOC) is entering its fourth year as a collaborative, data-driven coalition dedicated to reducing substance misuse and strengthening prevention, recovery, and community wellness. Guided by the SAMHSA Strategic Prevention Framework (SPF) and CADCA best practices, the coalition brings together schools, healthcare providers, law enforcement, behavioral health agencies, recovery organizations, local government, youth, and community members to implement evidence-based strategies that address alcohol, tobacco, nicotine, marijuana, opioid, and other substance use issues.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Ogemaw	Ogemaw County Drug Free Coalition	$11,000

HDNWM – RISE OTSEGO SUBSTANCE FREE COALITION - CONTINUING

Organization/Fiduciary:	**Health Dept of Northwest Michigan**
County:	**Otsego**
Project Total:	**$83,881**

DESCRIPTION:

RISE: Otsego Substance Free Coalition (RISE) is a community-based prevention coalition serving Otsego County, Michigan. Its mission is to prevent and reduce youth substance use through education, community engagement, and the promotion of positive community norms. Founded in January 2018 and supported by the Health Department of Northwest Michigan (HDNW) as its fiduciary, RISE was created to address local concerns about youth substance use through coordinated, data-informed prevention strategies.

The requested Otsego County liquor tax funds will help sustain RISE's youth-led, adult-guided prevention initiatives, which are grounded in public health principles and responsive to local needs. These funds will support continued coalition efforts to reduce risk factors, strengthen protective factors, and create healthier community conditions for youth in Otsego County.

RISE implements the evidence-based Strategic Prevention Framework (SPF), developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), along with CADCA's 7 Strategies for Community Change to guide coalition planning, implementation, and evaluation. The SPF's five phases—assessment, capacity building, planning, implementation, and evaluation—provide a structured process that helps ensure RISE's work remains data-driven, community-informed, adaptable, and results-oriented.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Otsego	RISE Otsego Substance Free Coalition	$83,881

CHS – ROSCOMMON COUNTY DRUG FREE COALITION - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Roscommon**
Project Total:	**$14,300**

DESCRIPTION:

The Roscommon County Drug Free Coalition (Three Lakes Communities That Care) is a community-driven coalition dedicated to reducing substance misuse and strengthening prevention, recovery, and community wellness throughout Roscommon County. Guided by the SAMHSA Strategic Prevention Framework (SPF) and CADCA best practices, the coalition brings together schools, healthcare providers, behavioral health agencies, law enforcement, local government, youth, recovery organizations, and community members to address alcohol, nicotine and vaping, marijuana, opioid misuse, and other substance use issues through evidence-based prevention strategies.

Since last year's application, the coalition has successfully secured additional funding through the Michigan State Police Overdose to Action for Youth (OAYI) initiative, providing dedicated staffing to coordinate prevention activities and youth engagement. As a result, this request is not for personnel, but for the educational materials, coalition supplies, outreach resources, and program materials necessary to fully implement the coalition's strategic work plan.

Funding will support youth leadership programming, Students Leading Students (SLS) activities, community education campaigns, prevention materials, Recovery Month events, medication safety and take-back initiatives, coalition outreach, educational presentations, and media campaigns that increase awareness of substance use prevention, reduce stigma surrounding substance use disorders, and promote recovery as a vital part of community wellness.

These resources will enhance the coalition's ability to engage youth and families, strengthen community partnerships, expand prevention messaging, and increase participation in evidence-based prevention initiatives throughout Roscommon County. By investing in outreach and program materials, this funding will build upon the coalition's existing infrastructure, increase community awareness, and support sustainable, collaborative efforts that improve the health and resilience of Roscommon County.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Roscommon	Roscommon County Drug Free Coalition	$14,300

CHS – ROSCOMMON COUNTY JAIL SUD CLINICAL - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Roscommon**
Project Total:	**$45,470**

DESCRIPTION:

This initiative is a collaboration between Roscommon County and Catholic Human Services (CHS). Funding will support a dedicated Substance Use Disorder (SUD) Treatment Counselor who will provide services at the Roscommon County Jail two days per week.

The counselor will deliver substance use disorder treatment and education to both pretrial detainees and post-conviction individuals. Services will include weekly SUD assessments, individual counseling, group counseling, and case management. Treatment will be provided across levels of care, including brief treatment (up to 30 days), short-term treatment (1 to 3 months), and long-term treatment (3 months or longer).

In addition, the counselor will provide ongoing consultation, training, and education to jail administrators and staff regarding substance use disorders and evidence-based treatment approaches. The counselor will work to establish and strengthen a continuum of care within both the jail and the community for individuals with substance use disorders.

A key component of this role includes fostering and enhancing partnerships between the jail and community-based providers to support the development and expansion of in-jail treatment programming and improve coordination of transitions into community diversion, aftercare, and reentry services.

The counselor will also collaborate closely with jail medical staff, Community Mental Health (CMH), and jail diversion programs to support individuals with co-occurring or complex behavioral health needs. In addition, the counselor will coordinate with the jail, probation, and court systems to ensure effective communication regarding client attendance, treatment progress, prognosis, and referrals for ongoing SUD services following release from incarceration.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Roscommon	Roscommon County Jail SUD Clinical	$45,470

CHS – SFCNM OPIOID USE PREVENTION AND MEDICATION SAFETY CAMPAIGN-CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Grand Traverse**
Project Total:	**$155,000**

DESCRIPTION:

Continuation of successful multi-media (website, cable TV Ads, streaming ads, internet ads, brochures, billboards) “Know Dangers" opioid use prevention campaign funded with liquor tax dollars FY 2019-2026. Continuation of Phase 5 will expand audience focus from primarily youth and their parents to adults aged 55+ using modified media tactics to continue messaging around: managing pain safely, medication dangers and hazards, overdose reversal, safe handling and disposal of medications, and seeking help for treatment and recovery. This builds on the prior 4 phases of the campaign which were: Phase 1: Personal stories and general education about the opioid epidemic (10/19 - 5/20); Phase 2A: Risks of addiction to prescription opioids (6/20 - 1/21); Phase 2B: Risks of addiction to prescription opioids with messaging from local people in recovery (1/21 - 9/21); Phase 3: Alternatives to prescription opioids for pain management (10/21 - present), and Phase 4: Medication Safety and Fentanyl Awareness (11/22 - Present). Phase 5 will also be used to assess expanding the campaign to other harmful substances, eg, Kratom and 7-OH, using the successful model and phases of the opioid prevention initiative. 2. Funding contract with SFCNM Coordinator for up to 240 hours during the grant period to manage all coalition alliance activities.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Grand Traverse	SFCNM Opioid Use Prevention and Medication Safety Campaign	$155,000

CHS – WEXFORD JAIL SUD PROGRAM – MEDICATION FOR OUD AND AUD - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Wexford**
Project Total:	**$50,000**

DESCRIPTION:

This initiative represents a continued collaboration between the Wexford County Sheriff's Office and Catholic Human Services (CHS). Funding will support the ongoing purchase of FDA-approved medications for Medication-Assisted Treatment (MAT) for individuals diagnosed with Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) who are incarcerated at the Wexford County Jail.

CHS and the Wexford County Jail have successfully implemented and sustained a coordinated MAT program in collaboration with jail medical staff and community-based healthcare providers. This partnership ensures continuity of care for individuals receiving treatment during incarceration and upon reentry into the community. The requested funding will support the long-term sustainability of medication procurement, which is a foundational element of the jail-based SUD treatment model.

In 2026, the Wexford County Jail has also onboarded the use of injectable buprenorphine as part of its approved medication options for OUD treatment. This expansion significantly enhances treatment accessibility, adherence, and stabilization for eligible individuals. Projected utilization indicates a continued increase in access to this injectable buprenorphine program as eligibility and clinical uptake expand.

The Wexford County Jail is currently equipped to provide two FDA-approved medications for Opioid Use Disorder and one FDA-approved medication for Alcohol Use Disorder. These medications are evidence-based and have been shown to reduce withdrawal symptoms, decrease cravings, and improve treatment retention and recovery outcomes.

This funding request is essential to maintaining and expanding a sustainable, evidence-based continuum of care that reduces overdose risk, supports recovery, and improves public safety outcomes in Wexford County.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Wexford	Wexford Jail SUD Program – Medication for OUD and AUD	$50,000

CHS – WEXFORD SUBSTANCE USE DISORDER TREATMENT – JAIL BASED - CONTINUING

Organization/Fiduciary:	**Catholic Human Services**
County:	**Wexford**
Project Total:	**$131,216**

DESCRIPTION:

This initiative is a collaborative partnership between Wexford County and Catholic Human Services. Funding will support a dedicated Substance Use Disorder (SUD) Treatment Counselor who will provide services at the Wexford County Jail five days per week.

The counselor will deliver substance use disorder treatment, education, and recovery support services to both pretrial and post-conviction inmates. Services will include comprehensive substance use disorder assessments, individual counseling, group counseling, case management, and treatment planning. Treatment services will be provided across varying levels of care, including:

- Brief treatment: up to 30 days
- Short-term treatment: 1 to 3 months
- Long-term treatment: 3 months or longer

In addition to direct clinical services, the counselor will provide ongoing consultation, training, and education to jail administrators and staff regarding substance use disorders and evidence-based treatment approaches. The counselor will work to establish and strengthen a continuum of care between the jail and the community to ensure individuals with substance use disorders have access to appropriate treatment and recovery supports during incarceration and upon release.

The counselor will also facilitate partnerships between the jail and community-based organizations to enhance in-jail treatment programming and improve coordination of offender transitions into diversion programs, community treatment services, and aftercare/reentry supports.

Furthermore, the counselor will continue to collaborate with jail medical staff, Northern Lakes Community Mental Health, and jail diversion programs to coordinate care for individuals with co-occurring mental health disorders and other complex health-related needs. The counselor will serve as a liaison among the jail, probation, and court systems by providing communication regarding participant attendance, treatment engagement, prognosis, and referrals for ongoing substance use disorder treatment and recovery services following release from incarceration.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Wexford	Wexford Substance Use Disorder Treatment – Jail Based	$131,216

DHD10 – DETERRA DISPOSAL AND MEDICATION LOCKBOX PROJECT - CONTINUING

Organization/Fiduciary:	**District Health Department #10**
County:	**Multi**
Project Total:	**$10,000**

DESCRIPTION:

Deterra ™ Disposal Project: District Health Department #10 (DHD#10) will purchase Deterra Drug Deactivation Systems (pouches) to provide a safe, convenient, and permanent way to dispose of unuse, expired, and unwanted medications at home. These pouches will be distributed to homebound individuals and those lacking transportation through a partnership with Meals on Wheels. Pouches will also be distributed to general community members at community events, food banks, farmer's market days, etc. to promote proper disposal of medications. A brief educational session will also be provided on why it's important to properly dispose of unused and/or expired medications. Medication Lockboxes: DHD#10 will purchase medication lockboxes to promote securing medications in the home. This project will serve as an adjunct to promoting proper disposal of unused and/or expired medications through Deterra Disposal pouches and promotion of permanent disposal sites. A monitor-secure-dispose educational handout will accompany each lockbox, along with a listing of the permanent disposal sites. This project will encompass monitor secure dispose related the prescription drug use prevention.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Missaukee	Deterra Disposal and Medication Lockbox Project	$3,106.85
Wexford	Deterra Disposal and Medication Lockbox Project	$6,893.15

MRS – MICHIGAN REHABILITATION SERVICES – CONTINUING

Organization/Fiduciary:	**Michigan Rehabilitation Services**
County:	**Multi**
Project Total:	**$10,000**

DESCRIPTION:

Interagency Cash Transfer Agreement to enhance and improve the provision of vocational rehabilitation services to individuals with that county and meeting MRS eligibility criteria.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Alcona	Michigan Rehabilitation Services	$198.05
Alpena	Michigan Rehabilitation Services	$563.10
Antrim	Michigan Rehabilitation Services	$456.43
Benzie	Michigan Rehabilitation Services	$350.05
Charlevoix	Michigan Rehabilitation Services	$507.53
Cheboygan	Michigan Rehabilitation Services	$498.27
Crawford	Michigan Rehabilitation Services	$253.00
Emmet	Michigan Rehabilitation Services	$664.49
Grand Traverse	Michigan Rehabilitation Services	$1,855.20
Iosco	Michigan Rehabilitation Services	$491.61
Kalkaska	Michigan Rehabilitation Services	$349.45
Leelanau	Michigan Rehabilitation Services	$434.42
Manistee	Michigan Rehabilitation Services	$487.62
Missaukee	Michigan Rehabilitation Services	$293.21
Montmorency	Michigan Rehabilitation Services	$178.30
Ogemaw	Michigan Rehabilitation Services	$404.59
Oscoda	Michigan Rehabilitation Services	$160.10
Otsego	Michigan Rehabilitation Services	$488.77
Presque Isle	Michigan Rehabilitation Services	$252.89
Roscommon	Michigan Rehabilitation Services	$456.98
Wexford	Michigan Rehabilitation Services	$655.94

NMCAC – PREVENTION, ADVOCACY, AND EDUCATIONAL SUPPORT - CONTINUING

Organization/Fiduciary:	**Northern Michigan Children's Assessment Center**
County:	**Multi**
Project Total:	**$48,862.93**

DESCRIPTION:

The prevention, advocacy, and educational support project will provide educational materials, provide outreach, and community presentations to address prevention. The NMCAC Outreach Coordinator will work closely with community partners and NMCAC therapist to identify juveniles in need of services and assist in ensuring referrals to mental health services, while supporting barriers to access services.

This project will identify the unmet needs for prevention, advocacy and educational interventions for children influenced or affected by substance abuse. Through this project early interventions and advocacy services will be identified and services implemented. Needs will be addressed by referring for appropriate services.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Crawford	Prevention, Advocacy, and Educational Support	$10,035.54
Ogemaw	Prevention, Advocacy, and Educational Support	$15,140.27
Oscoda	Prevention, Advocacy, and Educational Support	$5,980.05
Otsego	Prevention, Advocacy, and Educational Support	$17,707.07

HDNWM – SAFE IN NORTHERN MICHIGAN - CONTINUING

Organization/Fiduciary:	**Health Dept of Northwest Michigan**
County:	**Multi**
Project Total:	**$128,727**

DESCRIPTION:

Background and Mission: The Health Department of Northwest Michigan (HDNW) serves as the fiduciary for SAFE in Northern Michigan (SAFE in NM). SAFE in NM was established in 2007 following a Petoskey-Harbor Springs Area Community Foundation Community Convening that revealed high levels of youth substance use. SAFE initially served Emmet County. Charlevoix County joined in 2008, and Antrim County officially became part of the collaborative effort in 2015.

The mission of SAFE in NM is to prevent youth substance use, increase community awareness, and create lasting change through collaboration, education, and implementation of both individual- and environmental-level strategies. SAFE uses evidence-based models, including the Strategic Prevention Framework and CADCA's Seven Strategies for Community Change. These models guide planning, implementation, and evaluation and are supported by qualitative and quantitative data, including local focus groups, key informant interviews, and school-based survey data such as the Michigan Profile for Healthy Youth (MiPHY), which is administered every other year.

Proposed Activities: With this funding, SAFE will implement a comprehensive approach to prevention strategies. SAFE youth coalition members will continue to lead youth prevention messaging, participate in school prevention workshops/assemblies, and take part in ongoing data interpretation and dissemination, all of which is based youth substance use local conditions in their communities.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Antrim	SAFE in Northern Michigan	$36,288.60
Charlevoix	SAFE in Northern Michigan	$40,724.18
Emmet	SAFE in Northern Michigan	$51,714.22

CWN – SAFENET PREVENTION PROGRAM - CONTINUING

Organization/Fiduciary:	**Centra Wellness Network**
County:	**Multi**
Project Total:	**$76,219**

DESCRIPTION:

Funding is being requested to continue to provide SafeNet prevention services in Benzie and Manistee Counties. The SafeNet prevention program provides education to elementary age youth, grades K-5, to assist with coping skill acquisition, problem-solving skills, and relationship building. Services also assist students by providing psychoeducation for such topics as: identifying and validating emotions, conquering negative thoughts, maintaining friendships, building social skills, and more. These skills are taught to assist with increasing protective factors, thus reducing risk factors associated with school, the family, and at the individual level. The increase in protective factors can lead to a decrease in substance use/misuse, truancy, family conflict, and others. This school year, SafeNet Prevention Specialist will receive training in the Botvin Lifeskills curriculum and all students enrolled in the SafeNet program will receive instruction using this substance use/abuse prevention evidence based practice.

Meets Parameters for PA2 Funding:	Yes

County	Project	Requested Budget
Benzie	SafeNet Prevention Program	$32,011.98
Manistee	SafeNet Prevention Program	$44,207.02

ALCONA COUNTY OVERVIEW

Projected FY27 Balance	$76,741.56

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$198.05	$76,543.51
Bridge to Mental Health - Crisis Response Officer	$66,993.51	$9,550.00
Alcona County (Students Leading Students)	$9,550	$0

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Alcona	**$21,186.40**	**$76,741.56**	**$76,741.56**	**$0**

ALPENA COUNTY OVERVIEW

Projected FY27 Balance	**$308,757.38**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$563.10	$308,194.28
Alpena Prevention (Students Leading Students)	$8,800	$299,394.28

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Alpena	**$84,044.40**	**$308,757.38**	**$9,363.10**	**$299,394.28**

ANTRIM COUNTY OVERVIEW

Projected FY27 Balance	**$273,019.92**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$456.43	$272,563.49
SAFE in Northern Michigan	$36,288.60	$236,274.89
Bridge to Mental Health - Crisis Response Officer	$99,834	$136,440.89

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Antrim	**$72,025.20**	**$273,019.92**	**$136,579.03**	**$136,440.89**

BENZIE COUNTY OVERVIEW

Projected FY27 Balance	**$292,157**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$350.05	$291,806.95
Benzie Area Youth (BAY) Initiative	$20,000	$271,806.95
SafeNet Prevention Program	$32,011.98	$239,794.97

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Benzie	**$63,338**	**$292,157**	**$52,362.03**	**$239,794.97**

CHARLEVOIX COUNTY OVERVIEW

Projected FY27 Balance	**$167,318.80**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$507.53	$166,811.27
SAFE in Northern Michigan	$40,724.18	$126,087.09
Charlevoix County Jail Groups	$22,000	$104,087.09

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Charlevoix	**$103,374**	**$167,318.80**	**$63,231.71**	**$104,087.09**

CHEBOYGAN COUNTY OVERVIEW

Projected FY27 Balance	**$171,589.02**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$498.27	$171,090.75
Cheboygan County Drug-Free Coalition	$81,918	$89,172.75

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Cheboygan	**$86,068.80**	**$171,589.02**	**$82,416.27**	**$89,172.75**

CRAWFORD COUNTY OVERVIEW

Projected FY27 Balance	**$142,074.89**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$253	$141,821.89
NMCAC Prevention, Advocacy and Education Support	$10,035.54	$131,786.35

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Crawford	**$43,119.20**	**$142,074.89**	**$10,288.54**	**$131,786.35**

EMMET COUNTY OVERVIEW

Projected FY27 Balance	**$417,435.56**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$664.49	$416,771.07
57th Emmet County Recovery Program (ECRP)	$209,083	$207,688.07
SAFE in Northern Michigan	$51,714.22	$155,973.85

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Emmet	**$176,865.60**	**$417,435.56**	**$261,461.71**	**$155,973.85**

GRAND TRAVERSE COUNTY OVERVIEW

Projected FY27 Balance	$781,075.43

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$1,855.20	$779,220.23
Grand Traverse SUD Program - Jail Based	$62,898	$716,322.23
Grand Traverse SUD Program - Medication for OUD and AUD	$301,116	$415,206.23
Generations Ahead - Substance Use Prevention with Teen Parents	$80,377	$334,829.23
SFCNM Opioid Use Prevention and Medication Safety Campaign	$155,000	$179,829.23
Grand Traverse Addiction & Recovery Council	$77,411	$102,418.23
217 Recovery - Recovery Stories Series	$15,840	$86,578.23

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Grand Traverse	**$456,717.20**	**$781,075.43**	**$694,497.20**	**$86,578.23**

IOSCO COUNTY OVERVIEW

Projected FY27 Balance	$233,655.89

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$491.61	$233,164.28
Iosco Substance Free Coalition (Students Leading Students)	$39,050	$194,114.28

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Iosco	**$84,497.20**	**$233,655.89**	**$39,541.61**	**$194,114.28**

KALKASKA COUNTY OVERVIEW

Projected FY27 Balance	**$92,296.84**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$349.45	$91,947.39

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Kalkaska	**$41,645.20**	**$92,296.84**	**$349.45**	**$91,947.39**

LEELANAU COUNTY OVERVIEW

Projected FY27 Balance	**$125,480.97**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$434.42	$125,046.55
Leelanau County Coordinated Youth SUD Prevention	$36,740	$88,306.55

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Leelanau	**$59,045.60**	**$125,480.97**	**$37,174.42**	**$88,306.55**

MANISTEE COUNTY OVERVIEW

Projected FY27 Balance	**$292,294.01**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$487.62	$291,806.39
SafeNet Prevention Program	$44,207.02	$247,599.37

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Manistee	**$81,907.60**	**$292,294.01**	**$44,694.64**	**$247,599.37**

MISSAUKEE COUNTY OVERVIEW

Projected FY27 Balance	**$64,920.99**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$293.21	$64,627.78
Deterra Disposal and Medication Lockbox	$3,106.85	$61,520.93

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Missaukee	**$22,966**	**$64,920.99**	**$3,400.06**	**$61,520.93**

MONTMORENCY COUNTY OVERVIEW

Projected FY27 Balance	**$95,885.77**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$178.30	$95,707.47

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Montmorency	**$25,198.80**	**$95,885.77**	**$178.30**	**$95,707.47**

OGEMAW COUNTY OVERVIEW

Projected FY27 Balance	**$165,198.54**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$404.59	$164,793.95
NMCAC Prevention, Advocacy and Education Support	$15,140.27	$149,653.68
Ogemaw County Drug Free Coalition	$11,000	$138,653.68

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Ogemaw	**$69,912.40**	**$165,198.54**	**$26,544.86**	**$138,653.68**

OSCODA COUNTY OVERVIEW

Projected FY27 Balance	**$72,119.36**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$160.10	$71,959.26
NMCAC Prevention, Advocacy and Education Support	$5,980.05	$65,979.21

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Oscoda	**$24,753.60**	**$72,119.36**	**$6,140.15**	**$65,979.21**

OTSEGO COUNTY OVERVIEW

Projected FY27 Balance	**$120,034.73**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$488.77	$127,591.02
RISE Otsego Substance Free Coalition	$83,881	$43,710.02
NMCAC Prevention, Advocacy and Education Support	$17,707.07	$26,002.95

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Otsego	**$106,396.40**	**$128,079.79**	**$102,076.84**	**$26,002.95**

PRESQUE ISLE COUNTY OVERVIEW

Projected FY27 Balance	**$112,000.62**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$252.89	$111,747.73

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Presque Isle	**$26,515.60**	**$112,000.62**	**$252.89**	**$111,747.73**

ROSCOMMON COUNTY OVERVIEW

Projected FY27 Balance	**$570,441.35**

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$456.98	$569,984.37
Roscommon County Jail SUD Clinical	$45,470	$524,514.37
Roscommon County Drug Free Coalition	$14,300	$510,214.37

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Roscommon	**$85,811.60**	**$570,441.35**	**$60,226.98**	**$510,214.37**

WEXFORD COUNTY OVERVIEW

Projected FY27 Balance	$282,955.64

Project	Requested Budget	Remaining County Running Balance
Michigan Rehabilitation Services – Interagency Cash Transfer Agreement	$655.94	$282,299.70
Wexford SUD Treatment - Jail Based	$131,216	$151,083.70
Wexford County Jail SUD Medication	$51,116	$99,967.70
Deterra Disposal and Medication Lockbox	$6,893.15	$93,074.55

County	One Year Fund Balance (withheld)	Projected FY27 Available Balance	Sum of Requested Project Amounts	Projected Remaining Balance
Wexford	**$98,622**	**$282,955.64**	**$189,881.09**	**$93,074.55**

Notice of Public Meeting

The Northern Michigan Regional Entity (NMRE) will hold meetings of its Board of Directors in accordance with the schedule supplied herein. Anyone who has special needs should contact the NMRE at 231.487.9144 or email adminsupport@nmre.org. Reasonable accommodations will be provided upon notification or request. Auxiliary aids and services are available upon request to individuals with disabilities.

This meeting is open to all members of the public under Michigan's Open Meeting Act.

NORTHERN MICHIGAN REGIONAL ENTITY
MEETINGS OF THE BOARD OF DIRECTORS

All meeting times are 10:00am.
Meetings are held on the 4th Wednesday of every month.
unless otherwise noted, at the NMRE main office located at
1999 Walden Drive in Gaylord, unless
otherwise noted.

October 28, 2026

November 25, 2026*

December 23, 2026*

January 27, 2027

February 24, 2027

March 24, 2027

April 28, 2027

May 26, 2027

June 23, 2027

July 28, 2027

August 25, 2027

September 22, 2027

* The November meeting would fall on the day before Thanksgiving, and the December meeting would fall two days before Christmas. The decision is often made to combine these two meetings into one meeting held between the two dates, possibly December 9th or 16th.

Region 2

Northern Michigan Regional Entity

Three Year Strategic Plan for Substance Use Disorder

Prevention, Treatment & Recovery Services

Fiscal Years 2027-2029

Identify and Prioritize Problems

ASSESSMENT

Population of Focus

The Northern Michigan Regional Entity (NMRE) consists of twenty-one (21) counties in rural Northern Michigan. The NMRE population of focus tends to be Caucasian (91% of admissions in FY2025), followed by Black or African American (1.89% of admissions for FY2025), between the ages of 26-39 (Admission data shows 43.75% of the admissions in FY2025 are for individuals ages 26-39), male (64% of admissions in FY2025), unemployed (75.25% of admissions in FY2025 being for individuals who are unemployed) and at or below poverty levels (11.9% poverty rate according US Census ACS 2020-2024 5-Year). For FY2025 admissions there were only .10% that reported being pregnant at the time of admission, but pregnant and parenting women (and parenting men) continues to be an area of focus for the NMRE due to the high risk for the children as well as the risk of the continuation of substance use disorders in the family. An additional area of focus that data does not support, but will be focused on, is medications for opioid use disorder (10.29% of the FY2025 admissions included medications for opioid use disorder [MOUD] services). Conversations with providers have continued to indicate that co-occurring rates are higher than what is being reported on claims data, and as the change to ASAM Criteria 4th Edition continues, it is indicated that all levels should be co-occurring which will require ongoing regional training and oversight.

Overall Population

As stated above, the NMRE region consists of twenty-one (21) counties in rural Northern Michigan. This area consists of 11,159.4 square miles, which is 19.71% of the full square mileage in Michigan (56,608.22 square miles total per the 2020 Census) and is mostly rural with a lack of public transportation. Based on the Federal Office of Rural Health Policy (FORHP) data used for the Rural Health Transformation (RHT) Program, 19 counties (90.48%) in the NMRE region qualify as Fully Rural. Counties are considered Fully Rural when they meet at least one of the following criteria: non-core counties (neither metro nor micro using the OMB delineation); they are micropolitan counties; they are outlying metro counties with no population from an urban area of 50,000 or more people; or all census tracts in the country are FORHP rural. There are only 2 counties (9.52%) in the NMRE region that do not qualify as Fully Rural. As with the NMRE population of focus, individuals in the region tend to be Caucasian (91.7% based on the US Census ACS 2020-2024 5-Year for the counties in the NMRE region), followed by Hispanic/Latino (2.6%), 65 - 74 years of age (US Census ACS 2020-2024 5-Year – 16.22% of residents residing in the NMRE region are 65 -74, 11.23% 45 – 54, 11.06% 35-44, 10.31% 25-34. 8.89% 60-64, 7.94% 75-84; only 24.56% are 24 and under), employed (52.1% of residents of the NMRE region according to the US Census ACS 2020-2024 5-Year), 11.9% poverty rate (according to the US Census ACS 2020-2024 5-Year). In the NMRE region, 30.3% of individuals have a high school diploma, 22.7% of the population has had some college and 18.2% have received a bachelor's degree (according to the US Census ACS 2020-2024 5-Year).

Current System

Prevention

For prevention providers to be contracted with the Northern Michigan Regional Entity they must have proper licensure if applicable. Currently NMRE providers collaborate with local schools, law enforcement, local media outlets, colleges, Health Departments, Michigan Works, Community Mental Health Services Programs, NMRE Treatment Providers, MDHHS, NMORC, HRMI, Commissioners, NMRE Health Homes, parents, and many other local contacts. Prevention Services are utilized with Evidence-based Programming (EBP) approved by MDHHS/SUGE. Prevention Staff have Michigan Certification Board for Addiction Professionals certification (MCBAP) certified for their specialty in EBP.

Currently, the NMRE contracts with four prevention providers to provide prevention and DYTUR services. A Prevention and DYTUR that provided service services in two counties in the region was recently lost. Those counties have been absorbed by other contracted prevention providers.

Prevention Providers	County(ies)	Services	Grant(s)
Catholic Human Services	16	Prevention Services Coalitions DYTUR	SABG, Liquor Tax, MIPAC, SOR
Health Department of NW Michigan	3	Prevention Services Coalitions	SABG, Liquor Tax
District Health Department #10	2	Prevention	SABG, Liquor Tax
District Health Department #2	4	DYTUR	SABG

Treatment

For treatment Providers to be contracted with the Northern Michigan Regional Entity they must be SUD licensed, accredited by an approved accrediting body, and have secured ASAM LOC designation from MDHHS for the services for which they will be contracted. For the NMRE region, individuals are served by 10 in regionproviders and seven out of region providers. Nine of these providers have more than one location. Services that the NMRE contracts for include Outpatient, Intensive Outpatient, Partial Hospitalization, Residential, Withdrawal Management and OTP. There are also 12 Substance Use Disorder Health Home partners in the Region.

The NMRE contracts with three providers approved for ASAM Level 0.5, eleven (nine in region) providers approved for ASAM Level 1.0, five providers approved for ASAM Level 2.1 (all in region), four providers approved for ASAM Level 2.5 (in region), seven providers approved for ASAM Level 3.1 (four in region), and eight providers approved for ASAM Level 3.5 (four in region), and one provider in region that is ASAM Designated for ASAM Level 3.7 with which

single case agreements may be used as needed (but is not contracted for that level of care), six providers approved for ASAM Level 3.2WM (four in region), five providers approved for ASAM Level 3.7WM (four in region) and three providers (2 in region) approved for ASAM Level OTP. The shift from ASAM Criteria 3rd edition levels of care to ASAM Criteria 4th edition levels of care will change the continuum, but the NMRE will continue to have availability of all levels of care either through contracting or single case agreements, within region as well as options out of region to best fit individual needs.

Treatment Provider	ASAM LOC	Service Type	Number of Locations	Specialty Services	In Region
Addiction Treatment Services (ATS)	.5, 1.0, 2.1, 3.5, 3.1, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	4	SUDHH Provider	Yes
Bay Area Substance Education Services Inc (BASES)	1.0	Outpatient	1		Yes
Bear River Health	.5, 1.0, 2.1, 3.1, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	6	SUDHH Provider	Yes
Catholic Human Services	1.0	Outpatient	13	SUDHH Provider	Yes
GRACE Center	1.0	Outpatient	1		Yes
Harbor Hall	.5, 1.0, 2.1, 2.5, 3.1, 3.5, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	2	SUDHH Provider	Yes
Michigan Therapeutic Consultants (MTC)	1.0	Outpatient	2	OTP	Yes
Munson	1.0	Outpatient	1	SUDHH Provider	Yes
NMSAS	1.0	Outpatient	1	OTP SUDHH Provider	Yes
Sunrise	.5, 1.0, 2.1, 3.1, 3.5, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	1		Yes

Recovery Supports

The NMRE will focus on increasing recovery support providers within the region. Currently, the NMRE does not contract directly with any provider that only provides recovery supports. The NMRE region does maintain a strong framework for Recovery Coaches and more treatment providers are utilizing these services within their programs and as community outreach. The NMRE also contracts with providers that are affiliated with Recovery Houses in the Region to have the ability to reimburse these services. Through grants in the region, the NMRE has helped to support the creation of new Recovery Houses and help to sustain them. Also, through grants, the NMRE has funded the creation and helped to sustain two Recovery Communities that have opened their doors to offer recovery support services, recovery events, and trainings.

Gaps and Barriers

Through various meetings with providers collectively and individually, there has been much discussion on areas of concern and gaps and barriers that are inherent in the region due to the rural nature and the lack of available workforce.

Overall, the NMRE has identified a significant need for co-occurring capable providers, as only 7% of FY2025 claims included the HH modifier for co-occurring services—a slight increase from 6% in FY2019—as implementation of the ASAM Criteria 4th Edition levels of care moves forward. In addition, the region continues to face multiple system-level gaps, including limited support for individuals after they leave treatment (only five agencies offer recovery housing paired with outpatient services, few peer recovery coaches bill under a fee-for-service model, and only two recovery community organizations operate in the region); insufficient adolescent treatment capacity (only one provider in Michigan currently offers Adolescent Residential services); a shortage of MAT options (just two methadone providers in the NMRE region and one in the Upper Peninsula); a lack of key ASAM-level services (specifically Levels 2.1, 2.5, and OTP); and persistent barriers to accessing care due to the rural nature of the NMRE region, where travel to treatment services can be difficult.

With the transition from the ASAM Criteria 3rd Edition to the 4th Edition, staffing concerns have emerged, as several higher levels of care require additional personnel, more licensed staff, and the expectation that all levels of care be co-occurring capable. The NMRE region already has a workforce issue, with providers having a hard time finding and retaining licensed clinical and medical staff, who are required for these services. This concern has been raised at many provider meetings.

Communicable Disease

The NMRE will continue to require contracted providers to comply with Prevention Policy #2, and it will review screening and referral practices for client testing on an annual basis.

Narrative – Based on Priorities

The Northern Michigan Regional Entity (NMRE) has identified various needs for the region based on a review of data and stakeholder input. Needs, Goals and Objectives are noted below.

These may also be found in the Prevention, Treatment and Recovery Supports Logic Models, included with this plan.

Goals and Objectives – Prevention

Goal: Reduce Underage Drinking
Alcohol continues to be the highest primary substance of all admissions in the NMRE region according to BH TEDS (60.29% of all FY2025 Admissions). In the NMRE region the MIPHY report indicates that 12.28% of high school students have used alcohol in the past 30 days and 51.72% of high school students report having easy access to alcohol (MiPHY FY24).
Evaluation: Decrease the percentage of high school students who report drinking alcohol in the past 30 days from 12.28% to 11.25%.
Evaluation: Decrease % of high school students who report they have easy access to alcohol to 50%.

Objective: Provide evidence-based education/programs for schools, vendors, parent programs, speaking engagements & media campaign to increase knowledge of youth addiction. Evidence-based processes will be provided to students of universal and selective audiences.

Objective: Support Coalitions and Youth Coalitions
The NMRE region will support coalitions and the creation of youth coalitions to give communities the tools needed to address adolescent health and behavior problems with training opportunities and other technical assistance as needed.

Support Prosocial Activities
The NMRE will support prosocial opportunities for youth that encourage substance-free engagement and help them build the skills needed to identify and participate in healthy community options.

Goal: Reduce Marijuana Use in Youth and Young Adults
Marijuana is the fifth most utilized primary substance of all admissions according to BH TEDS (2.49% of all FY2025 Admissions) but it is often seen as a Secondary or Tertiary substance.
In the NMRE region 37.07% of high school students report having easy access to marijuana, and 41.61% of high school students report smoking marijuana once or twice a week to be of moderate or great risk (MiPHY FY24).
Evaluation: Decrease the percentage of high schoolers that report smoking marijuana once or twice a week to be of moderate or great risk to 38% (MIPHY).
Evaluation: Reduce the percentage of high school students who state they have easy access to marijuana to 35% (MiPHY).

Objective: Provide evidence-based education and programming for schools, vendors, parent groups, speaking engagements, and media campaigns to increase awareness of youth addiction. Strategies will be delivered to students in collective and selective settings.

Objective: Support Coalitions and Youth Coalitions
The NMRE region will support coalitions and the creation of youth coalitions to give communities the tools needed to address adolescent health and behavior problems with training opportunities and other technical assistance as needed.

Goal: Reduce Prescription Drug Misuse, Including a Reduction in the Misuse of Opioids for Non-Medical Purposes
In FY 2022, 416,372 opioids were dispensed in the NMRE region. The NMRE region has an estimated population of 524,531 for 2026 (US Census State Population Estimates) which would mean that there were .794 opioids dispensed per resident. Also, 3.27% of high school students report taking painkillers such as OxyContin, Codeine, Vicodin, or Percocet without a doctor's prescription during the past 30 days.
Evaluation: Decrease the number of opioids dispensed per resident in the NMRE region.
Evaluation: Decrease the percentage of high school students who report taking painkillers without a doctor's prescriptions to 3%.

Objective: Provide Education and Information Dissemination
Provide evidence-based education and programming for schools, vendors, parent groups, speaking engagements, and media campaigns to increase awareness of youth addiction. Provide education on the risks of opioid-like substances such as kratom. Distribute lock boxes and emphasize their importance and deliver messaging on proper medication disposal.

Objective: Social Norms and Community-Based Processes
Train community on naloxone and proved access to individuals. Increase knowledge of Alternative Pain Management (APM) therapies that currently exist. Attend statewide meetings on trends within the state and region and build coalition participation to support prevention efforts in the region.

Goal: Increase Prevention Services for Adults Aged 55 And Older
Prevention services for individuals aged 55 and older remain a need in the NMRE region and the state. SUD treatment admissions for adults aged 50 and older have increased throughout the past two years (18.37% in FY 2024 and 20.45% in FY 2025). In the NMRE region, there is limited awareness of the impact marijuana has on changing metabolisms affected by age. Many older adults have little understanding related to their changing metabolism. Clinicians have received minimal specific training on how an individual's metabolism is affected by marijuana use.
Evaluation: Reduce the number of adults 55 and older admitted to SUD treatment services by 2%.
Evaluation: Increase education on marijuana and the changing metabolism of adults 55 and older through increased training and information dissemination.

Objective: Community-Based Processes
Coalitions will work with agencies serving individuals aged 55 and older on the safe disposal of medication.

Objective: Education
Educating individuals ages 55 and older on marijuana interactions, ingredients, and safety resources.

Objective: Alternative
Establishing prosocial activities within the communities to include individuals ages 55 and older to educate on marijuana and to gather in way that doesn't include substances.

Goal: Reduce Youth Access to Tobacco
Youth access to tobacco is another issue for the NMRE region. The state tobacco retailer violation rate was 13% in the 2025 Synar report and 35.12 % of high school students in the NMRE region reported ease of access to get cigarettes and 12.44% high school students used electronic vape.
Evaluation: Reduce the percentage of high school students who state they have easy access to cigarettes to 33%.
Evaluation: Reduce the percentage of high school students who report using an electronic vape to 11%.
Evaluation: Decrease the state tobacco retailer violation rate to 11%.

Objective: Environmental Change
Conduct Synar Inspections within the 21-county region and share data with local coalitions to decrease the rate of sales to underage youth in Michigan.

Objective: Education
Provide evidence-based processes to students to increase the perception of harm.

Objective: Vendor Education
Vendor education will be provided to all tobacco retailers in the region to ensure they understand applicable laws and regulations.

Goals and Objectives – Treatment

Goal: Increase Access to Medication Assisted Treatment Services and Methadone-specific OTP Services
The NMRE region is a large geographic and rural area with a lack of public transportation options for individuals. This causes barriers for individuals who are seeking MAT services that require daily dosing or frequent visits. Currently, the only OTPs within the NMRE region are located within Gaylord; contracting with out of region providers is needed to help to cover gaps in service coverage. This lack of availability of OTP Providers in the NMRE region also leads to longer wait times for individuals that are requesting methadone services.
Evaluation: Increase access to MAT and Methadone-specific services within the NMRE region.

Objective: Expand the Substance Use Disorder Health Home Panel
The NMRE will expand the Substance Use Disorder Health Home to include more providers within the region. This will lead to an increase in participation within the health home structure and will lead to more coordination of care for those individuals.
Evaluation: Increase in the number of Substance Use Disorder Health Home providers in the region.

Objective: Increase the Number of OTP Providers within the NMRE Region
The NMRE will look to contract with other appropriate OTP providers within its region. The NMRE will also look to work with current providers on the possibility of expanding services to include new locations for existing OTP Providers.
Evaluation: Increase locations for OTP services within the NMRE region.

Goal: Expand Behavioral Health and Primary Care Services for Individuals Who are at Risk for, or Experiencing, Mental Health and Substance Use Disorders
In the NMRE region, for individuals outside of the Substance Use Disorder Health Home, the Behavioral Health system and Primary Care system are disconnected and operate separately from each other, even when individuals are involved in both. This leads to individuals with a substance use disorder having little or no routine primary care or care coordination while in services. The NMRE will work to expand the care coordination approaches that have proven successful in the Substance Use Disorder Health Home model to treatment services.
Evaluation: Increase the coordination between behavioral health and primary care services.

Objective: Increase Access to Primary Care Services for Persons at Risk for, or Experiencing, Mental Health and Substance Use Disorders and with Mental Health and Substance Use Disorders
The NMRE will increase the number of Substance Use Disorder Health Home Providers to better coordinate the care of those with substance use disorders.
Evaluation: Increase the number of contracted Substance Use Disorder Health Home providers.

Objective: Increase Care Coordination between SUD Providers and Individuals' Primary Care Providers
The NMRE will provide regional training to all provider staff on care coordination and issues specific to Primary Care Physicians (PCP). This training will lead to better understanding of the relationship between treatment services and primary care and increase the regional understanding of the importance of that relationship.
Evaluation: Increase the percentage of individuals receiving substance use disorder services who also receive care coordination with their primary care providers, as reflected in annual provider monitoring audits.

Objective: Increase Coordination of PCP Referrals for Individuals Who Request It with SUD Providers

The NMRE will provide regional training (as previously mentioned) to all provider staff on Care Coordination and issues specific to Primary Care Physicians. This training will also highlight the importance of referrals and follow-up monitoring of individuals who have been referred.
Evaluation: Increase the percentage of individuals who were referred to a PCP and followed up on those referrals at the annual provider monitoring audits.

Goal: Increase Access to Treatment and Harm Reduction for Individuals Living with an Opioid Use Disorder

In the NMRE region, harm reduction services are limited, largely due to a lack of understanding about these approaches. Although many coalitions and organizations work to educate the community about harm reduction programs and services, the NMRE aims to expand these efforts across the entire region. The NMRE region also has a large tribal population that we do not currently see accessing available services, and the NMRE would like to increase the availability of services for this population through the Substance Use Disorder Health Home as treatment successes have been observed with other populations within this structure.
Evaluation: Increase the availability of harm reduction services and projects and expand access to treatment (including admissions) for individuals with opioid use disorder (OUD).

Objective: Educate the Population on Harm Reduction Services

The NMRE will have regional members with knowledge on Harm Reduction conduct outreach in the region as needed. There will also be trainings held on Harm Reduction services and programs as requested and/or needed.
Evaluation: Increase the number of Harm Reduction trainings in the region.

Objective: Increase the Accessibility of Substance Use Disorder Health Home Services for the Tribal Population

The NMRE will approach tribal organizations and office-based opioid treatment providers (OBOT) to gauge their interest in becoming Substance Use Disorder Health Homes. The NMRE's Health Home Coordinators will work on creating relationships that will bridge the gap between the tribal population and NMRE services.
Evaluation: Increase the penetration rate of tribal individuals receiving Substance Use Disorder Health Home Services.
Evaluation: Increase the Substance Use Disorder Health Home Panel of Providers to include tribal OBOTs.

Goal: Increase Access to Treatment for the Criminal Justice Involved Population Returning to Communities

In the NMRE region work is being done to bridge the gap between the jail population and treatment services. The NMRE currently has providers working within 11 of its county jails offering a range of services from MOUD and treatment services to case management and peer support services. The NMRE wants to strengthen its relationships with county jails so that individuals reentering communities get access to necessary and appropriate treatment services.

Evaluation: Increase the number of individuals who access treatment services that have criminal justice involvement.

Objective: Increase Contacts with Individuals Who are Being Released From County Jails

The NMRE will require providers in the region to coordinate with local county jails so staff can assist incarcerated individuals with their next steps upon release. Services will include care coordination, case management, and peer support services for any individuals who are interested. The NMRE;s Priority Populations Care Coordinator will work with these individuals and the criminal justice system to assist them with next steps and care coordination as appropriate.

Evaluation: Increase the percentage of recovery support services (care coordination, case management, peer support) for individuals who have criminal justice involvement.

Objective: Increase Care Coordination Around Individuals Who Have MOUD Involvement within the Criminal Justice System

The NMRE's Priority Populations Care Coordinator will work to increase coordination for individuals that have MOUD involvement within the criminal justice system prior to their release. This care coordination will assist individuals with accessing the next appropriate step in care when returning to their communities.

Evaluation: Increase the percentage of individuals who are referred to MOUD that have criminal justice involvement on admission.

Goal: Increase Access to Trauma Responsive Services

The NMRE will work to increase access to trauma responsive services for all individuals within the rural twenty-one county region. The NMRE region has seen a lot of staff turnover in the last couple of years, so focus will be placed on training and educating current staff on Trauma Responsive Services.

Evaluation: Increase access to trauma responsive services within the region.

Objective: Increase Knowledge of Trauma informed Care

The NMRE will facilitate or help to fund regional trainings for provider staff on how to better address trauma in clients. The NMRE will also facilitate or help to fund trainings for providers on how to better address trauma in policies and procedures.

Evaluation: Increase the number of training(s) or training opportunities for provider staff on how to better address trauma.

Objective: Increase Trauma Informed Services

The NMRE will complete a regional measurement to identify the level of trauma informed care currently in place. The NMRE will work to increase the number of policies and procedures that are trauma informed to better treat individuals. Adverse childhood experiences (ACEs) assessments will be recommended for all new admissions as a best practice.

Evaluation: Provide technical assistance to providers to increase the number of policies and procedures that are trauma informed.
Evaluation: During annual monitoring audits, the NMRE will look to see whether there has been an increase in trauma screenings conducted for admitted clients.

Goal: Reduce the Percentage of Substance Exposed Births/Infants

The NMRE's Women's Specialty Service Policy has been updated to allow only designated or enhanced providers to deliver Women's Specialty Services. Within the region, there is a limited availability of Women's Specialty Services providers who are designated or enhanced by the State. The NMRE would like to expand its current provider panel's capacity for treating individuals with Women's Specialty Service needs. The current lack of care coordination can be seen as a supporting factor in the data point of infants who are born with Neonatal Abstinence Syndrome (NAS) within our region (Prosperity Regions 2 and 3) at a rate of 9.3 per 1,000 live births compared to the state rate of 4.6 per 1,000 live births (2024 rates from the Neonatal Abstinence Syndrome by Year Michigan, Healthdata.gov).
Evaluation: The number of substance exposed births will be monitored and the rate per 1,000 will be decreased by .5.

Objective: Increase Women's Specialty Services Residential Providers Who Allow Children to Come with Their Primary Care Givers to Treatment

The NMRE will work with current providers to expand services to allow Women's Specialty Services Residential providers to allow children to accompany their primary care gives to treatment when possible. This will allow primary givers to access residential services more easily since they will not have to worry about childcare.
Evaluation: Increase Admissions for Women's Specialty Services Individuals in the Residential Level of Care.

Objective: Increase the Number of Providers That Are Women's Specialty Services Designated in the Region

The NMRE will assist providers that would like to obtain the Women's Specialty Services Designation with needs including training requests, technical assistance, etc.
Evaluation: Increase the number of WSS designated providers on the NMRE's provider panel.

Objective: Increase the Number of Staff Trained in Women's Specialty Services

The NMRE will work to increase the availability of WSS specific trainings to in region providers to enhance the current workforce.
Evaluation: During annual monitoring audits, the NMER will look to see whether the number of staff within the region trained in WSS has increased.

Objective: The NMRE's Priority Populations Care Coordinator Will Assist WSS Eligible Individuals with Care Coordination from the Time of First Contact

The NMRE will work to increase the care coordination that individuals who are Women's Specialty Services eligible receive. This will include care coordination of treatment services, primary care, pre-natal care, and any other needs that arise.
Evaluation: The NMRE will monitor to see whether a continued decrease in the infants born with Neonatal Abstinence Syndrome per 1,000 live births in the region has occurred.

Goal: Increase Access to Treatment Services for Adults Aged 55 and Older
The NMRE has seen a continued low penetration rate of adults aged 55 and older in substance use disorder treatment services (20% of all admissions for FY2025 were for individuals aged 50 and older). The NMRE will continue to increase access to appropriate treatment services for this population, noting that this population has some unique barriers to accessing treatment.
Evaluation: Increase the percentage of admissions to treatment services for older adults.

Objective: Increase Access to SUD Treatment Services
The NMRE will provider training to providers that focuses on the provision of services to older adults and will increase the use of case management services to better address the additional needs that may arise in treatment for older individuals.
Evaluation: Increase the penetration rate of adults aged 55 and older receiving substance use disorder treatment, as evidenced by admission data.

Objective: **Increase Access to Recovery Community Organization Services for Older Adults**
The NMRE region has recently established a Recovery Workgroup for recovery organizations within the region to meet and coordinate efforts, particularly around areas that are seen as barriers or gaps for the older population, which include recovery meetings and transportation.
Evaluation: Increase the number of contacts to Recovery Organizations by the older adult population.

Goals and Objectives – Recovery Supports

Goal: Enhance Coordination of Prevention, Follow-up, and Continuing Care in the Recovery Process
n the NMRE region, parts of the recovery community operate in silos, which can limit coordination across the full recovery process. The NMRE region has recently established a Recovery Workgroup which consists of multiple recovery organizations within the region that come together to assist with coordinating recovery efforts, particularly around areas that are seen as barriers or gaps.
Evaluation: Increase membership in the Recovery Workgroup/

Objective: Increase the Number of Recovery Communities within the Region
The NMRE will work with community leaders on areas of need within the region with the goal of increasing the number of Recovery Community Organizations (RCO), or the number of locations for existing RCOs available. This would require outreach, education, and technical assistance for any interested community.
Evaluation: Increase the number of RCOs or the number of locations for existing RCOs within the NMRE region.

Goal: Expand Services Across the Continuum of Care to Include Ongoing Support and Multiple Coordinated Strategies to Support Recovery
The NMRE has been building its recovery support capacity throughout the years. The NMRE has been slowly adding recovery support services providers (recovery housing, peer recovery coaching, transportation, case management, non-routine recovery services etc.) to its provider panel as able. The NMRE would like to increase the penetration rate for recovery specific services.
Evaluation: Expand the Recovery Support Services Capacity on the NMRE's provider panel.

Objective: Increase the Number of Recovery Houses
The NMRE has seen an increase in the availability of recovery housing within its region that is not affiliated with SUD treatment providers. To be able to utilize these houses the NMRE would like to increase the number of appropriately credentialed (MARR) recovery houses in the region as well as offer technical assistance for any treatment provider or recovery house that is interested.
Evaluation: Increase the number of recovery housing providers on the NMRE provider panel.

Objective: Increase the Number of Providers Utilizing Recovery Coaching Services while Clients are in Treatment
The NMRE will work with providers in the region on the training and reimbursement of Peer Recovery Coaching services. Training will cover the appropriate documentation required for these services. Many providers are currently providing Peer Recovery Coaching services but are not documenting them or billing them to the NMRE.
Evaluation: Monitor claims data to see whether there has been an increase in the number of Peer Recovery Coaching services delivered within the region.

Objective: Increase the Number of Providers Utilizing Case Management Services While Clients are in Treatment
The NMRE will work with providers in the region on the training and reimbursement of for Case Management services. Training will cover the appropriate documentation required for these services. Many providers are currently providing case management services but are not documenting them or billing them to the NMRE.

Monitor claims data to see whether there has been an increase in the number of case management services delivered within the region.

Goal: Increase Access to Recovery Services that Promote Life Enhancing Recovery and Wellness for Individuals and Families

The NMRE region has a high rate of recidivism that is seen at both the Residential and Withdrawal Management levels of care. This high recidivism could be from a lack of appropriate discharge planning and not identifying key recovery factors, such as Peer Recovery Coaching and community recovery options, for individuals. The NMRE will increase access to these recovery supports to allow better transition and support for individuals.

Evaluation: Increase access to Recovery Supports for individuals and families.

Objective: Increase Peer Recovery Coach Services within the Region to Connect with Individuals Discharging from Any Level of Care

The NMRE will work with all providers in the Region to increase Peer Recovery Coach Staff by offering training and supporting staff development. The NMRE will also continue to support and grow the Recovery Community Organizations that soffer Peer Recovery Coaching within the community setting.

Evaluation: Increase Peer Recovery Coaching Services that occur after a discharge from any level of care.

Objective: Increase Recovery Meetings within the Region to Connect with Individuals Discharging from Any Level of Care

The NMRE will continue to support and grow the Recovery Community Organizations that offer recovery meetings, as well as act as a resource for finding recovery meetings in individuals' communities.

Evaluation: Increase the availability of recovery meetings in the region for individuals to access after a discharge from any level of care.

Objective: Increase Follow-up from the PIHP on Individuals who are Identified as High Priority

The NMRE;s Priority Populations Care Coordinator will follow up with individuals who are identified as a priority population after a discharge from any level of care on the next level of care or support services.

Evaluation: Increase care coordination for high priority individuals through care coordination notes by the NMRE's Priority Populations Care Coordinator,

Coordination of Services

Prevention

Goal: Continue Drug Free Northern Michigan 21-County Coalition Alliance Meetings

Objective: Increase Participation, Speakers, and Workgroups within the Drug Free Northern Michigan 21-County Coalition Alliance
The Drug Free Northern Michigan 21-County Coalition Alliance meets quarterly. Coalition members, partners, legislators, and providers are encouraged to discuss trends, current events, network, and share ideas.
Monitoring: NMRE staff attends and take minutes during the quarterly Drug Free Northern Michigan 21-County Coalition Alliance meetings. Staff also assists with coordinating speakers and participated in all workgroups to ensure the meetings take place.
Evaluation: Meeting minutes are taken to track participation and discussion topics.

Goal: Continue to Collaborate with Prevention Partners

Objective: Increase NMRE's Knowledge and Awareness of Other Prevention Programs
NMRE Staff will attend meetings with other prevention partners including: MDHHS/SUGE, MPHI, MiThrive, HRMI, NMORC, MYCEA, MIHEN, MYCN, MODA, and any other prevention coalitions in the region to collaborate and share information.
Monitoring: NMRE staff will continue to attend or have a designated provider attend prevention meetings.
Evaluation: NMRE staff will keep minutes and calendar invitations of attended meetings.

Treatment

Goal: Increase Coordination of Care for Individuals Receiving Substance Use Disorder Treatment Services within Public and Private Service Delivery Systems

Objective: Enhance the Current Health Home Structure in the NMRE Region
As demonstrated during the Substance Use Disorder Health Home implementation, effective coordination of services is a critical component of treatment. By identifying an individual's specific needs—such as housing, employment, medical care, behavioral health, or parenting—collaboration with private and public agencies leads to improved outcomes. The NMRE will work on enhancing the current Health Home structure and expanding to it to additional providers. This will allow more individuals to receive this highly effective care.

Monitoring: The continued expansionsof the SUD Health Home will be monitored annually.
Evaluation: Expand the provider panel for SUD Health Home services.

Objective: Increase Coordination of Care and Services for Pregnant and Postpartum Individuals

The NMRE took part in the Pregnant and Postpartum Women (PPW) grant pilot and cultivated relationships with OB-GYN offices within the region. This led to one of the OB-GYN offices becoming a SUDHH Provider which has helped many of the pregnant women in that part of the region with needed care coordination and support. The NMRE will continue this model and create relationships with other OB-GYN and medical providers that treat pregnant and postpartum women across our region to expand the availability of services and referrals.
Monitoring: The addition of OB-BYN and other medical providers to the Health Home Panels will be monitored annually.
Evaluation: The NMRE will monitor to see whether the number of medical providers on the NMRE's provider panel that see pregnant and postpartum individuals has increased.

Objective: Increase Collaboration Between the Northern Michigan Regional Entity and the Mehigan Department of Corrections (MDOC)

The position of Priority Population Care Coordinator allows for a more collaborative relationship between the NMRE and the MDOC. This collaborative relationship allows for a smoother transition of care, and more supportive care, for those individuals involved with MDOC and allows providers to have a more open referral process.
Monitoring: Care coordination collaboration between the NMRE and MDOC will be monitored annually.
Evaluation: The NMRE will monitor to determine whether the percentage of MDOC clients that are seen within the region has increased.

Recovery Support

Goal: Increase Coordination of Care for Individuals Receiving Recovery Support Services within Public and Private Service Delivery Systems

Objective: Increase the Number of Recovery Support Services that are Available to Individuals in The NMRE Region

The NMRE will collaborate with all public and private recovery support services entities delivering recovery support services in its region for the good of individuals served. This will allow individuals to receive seamless care and support throughout their recovery journeys.
Monitoring: The NMRE will evaluate collaboration efforts with all public and private recovery support services entities annually.

Evaluation: The NMRE will monitor to determine whether the number of partnerships within the region that focus on recovery support services has increased.

Decision Making Process by the NMRE's SUD Policy Oversight Committee

The Northern Michigan Regional Entity (NMRE) Substance Use Disorder Policy Oversight Committee is comprised of one representative from each of the twenty-one counties in the NMRE region. Each county representative is selected by that county's Board of Commissioners. The NMRE Substance Use Disorder Policy Oversight Committee meets every other month for the purpose of reviewing and recommending the portions of the NMRE budget that contain Public Act 2 (i.e., Liquor Tax) funds. However, the NMRE board has the final approval of all spending by the NMRE. The NMRE Board meets monthly.

Logic Model

Please see Attachment A for the Northern Michigan Regional Entity's logic model. Activities, for the majority, take place in all the NMRE's twenty-one counties.

Allocation Plan

NMRE allocates a minimum of twenty percent (20%) of the total community grant allocation for primary prevention services. In FY2025, the NMRE spent about 30% of community grant funding on prevention services. The NMRE continues to emphasize increasing efforts targeting environmental change, integration of prevention and health promotion, collaboration with primary care, collaboration with Michigan tribal entities, and workforce development related to prevention initiatives.

Each year, the NMRE requires all prevention services to follow an evidence-based process. The NMRE has encouraged providers to utilize evidence-based care for treatment and recovery supports and will work to require that all services be provided utilizing evidence-based care.

The NMRE plans on continuing to utilize current providers that meet all contractual and compliance expectations. The NMRE will issue Requests for Information to ensure a full array of services is available based on the full continuum of care and network adequacy standards. The NMRE will ensure that these documents are submitted to regional Tribal entities for inclusion at their discretion.

Per the NMRE's contract with providers, priority populations are required to be served first and foremost with SABG funding. Providers track and monitor any waiting list they may have, making referrals as necessary. The NMRE tracks the time between initial contact and first offered dates for each individual entering treatment services. This allows the monitoring of utilization and identifies whether there is a need for additional services.

The NMRE has included trauma informed care as a priority area in the Three-Year Strategic Plan. Please see previous narrative for additional, and more specific, information. The NMRE anticipates all provided services to be trauma informed by the end of FY2029.

Implementation Plan

The timeline for each activity listed in the Three-Year Strategic Plan is indicated on the Logic Model (Attachment A). In general, the plan is to work on implementation plans for FY2027. In FY2028, the NMRE will work on facilitating or funding the provider and community trainings referenced within the Logic Model, as well as any RFIs/RFPs needed. FY2029 will be used to complete final implementation and ensure tasks are complete. The NMRE will have quarterly reviews with staff to monitor progress or any barriers that occur.

Cultural Competency

The Northern Michigan Regional Entity reviews policies on cultural competency on a biannual basis. The NMRE also reviews that staff are being appropriately trained during annual monitoring audits of its providers. NMRE training covers how staff are to conduct business in a culturally competent manner.

Evaluation Plan

The NMRE will implement services as indicated in the Logic Model (Attachment A). The Logic Model will serve as the guide for the Three-Year Strategic Plan. The Logic Model provides specific activities as well as the outcome and goal. The NMRE will monitor and evaluate as noted in the plan under the "Goals and Objective" portion of the Three-Year Strategi Plan. For each measurement (noted in the evaluation section of the "Goals and Objective" portion), the NMRE will gather data and monitor as indicated. If there are issues that arise, the NMRE will evaluate and make changes to the plan as needed.

For prevention services, the Michigan Prevention Data System (MPDS) will be monitored on a routine basis (annually at a minimum). In addition, NMRE will monitor compliance with administering the MPDS outcomes survey. The NMRE will continue to monitor Synar activities with the goal of 100% compliance.

For treatment services, the NMRE will monitor the following health indicators:

- Domain: Health and Safety
  - Sentinel Events – the NMRE will monitor Sentinel Events as well as Critical Incidents monthly.
- Domain: Administration: Use of Public Funds
  - On-time reporting – the NMRE will monitor on-time reporting monthly.
  - Withdrawal management subsequent services – the NMRE will work to develop a process to monitor subsequent services after a withdrawal management stay. The NMRE has a designated Care Coordinator who is responsible for this task.
  - Outpatient continuation – the NMRE will work to develop a process to monitor subsequent services after an outpatient stay. The NMRE has a designated Care Coordinator who is responsible for this task.

- Qualitative and Quantitative outcomes (employment, housing, education, recidivism) – the NMRE Substance Use Disorder Department has been working to identify outcomes. A process will be developed and monitored on a routine basis (annually at a minimum).
- Funds spent on services – the NMRE monitors funding on services monthly.
- Funds spent on integrated programs – the NMRE will work to develop a process for monitoring funding spent on integrated programs.
- Funds spent on recovery supports – the NMRE will work to develop a process for monitoring funding spent on recovery supports.

➢ Treatment Penetration Rates for Selected Populations – Measures: Youth (12-17 years-of-age) and Young Adults; Women of Childbearing Age; African American; Hispanic; Native American; and Persons with Opioid Disorder

- Penetration Rates for Youth (12-17 years-of-age) and Young Adults:
    - NMRE is working on developing a process for monitoring penetration rates for Youth (12-17 years-of-age) and Young Adults.
- Penetration Rates for Women of Childbearing Age:
    - The NMRE will monitor the use of the HD modifier on service codes as well as the WSS question on the admission form. With the implementation of regional trainings and the expansion of providers who are WSS designated, this should increase.
- Penetration Rates for African American:
    - NMRE Admission data will be reviewed on a quarterly basis for admissions that indicate the race as African American.
- Penetration Rates for Hispanic:
    - NMRE Admission data will be reviewed on a quarterly basis for admissions that indicate the race as Hispanic.
- Penetration Rates for Native American:
    - NMRE Admission data will be reviewed on a quarterly basis for admissions that indicate the race as Native American.
- Penetration Rate for Persons with an Opioid Use Disorder:
    - NMRE Admission data will be reviewed on a quarterly basis for admissions that indicate an Opioid Use Disorder.

Trauma Responsive Services

The Northern Michigan Regional Entity included the implementation of trauma responsive services throughout the region in the attached Logic Model (attachment A) through increasing trainings and technical assistance on the current provider's policies and procedures. Providers will also be required to complete trauma screenings for all new clients to have better trauma informed care regionally. The ACES tool will be listed as a Best Practice.

Women's Specialty Services:

- The NMRE's Women's Specialty Service Policy has recently been updated to only allow designated or enhanced providers to render Women's Specialty Services. The NMRE

monitors appropriate staff training through its annual provider monitoring audits. The region has a known deficit in providers that are WSS designated and/or enhanced. One NMR provider recently receive its Women's Specialty Service Designation by the state, but more are needed in the large rural region to so that services can be provided to more individuals. One of the obstacles is the lack of training available in this region. To address this, the NMRE will facilitate and/or fund WSS training to in region providers. Providers currently report having staff trained in the following evidence-based practices: Living in Balance, Life Skills, Dialectical Behavior Therapy (DBT), Seeking Safety, Healing Trauma, Mom Power, and Fraternity of Fathers.

Persons with Opioid Use Disorder:

- The NMRE region has had a very successful Health Home program as it was the pilot region for the state for the Opioid Health Home, with the first enrollments starting in 2018. The NMRE currently has 12 providers on its SUDHH provider panel and is continually reaching out to other entities to gauge interest in participating. In FY2025 the NMRE had 1,068 admissions for a SUDHH within the region. Based on FY25 admission data for treatment services, 15.89% of admissions had a primary substance that was an opioid. The Health Home model has led to an increase in the region's availability of medications for opioid use disorder outside of the SUD treatment arena. The NMRE has many resources for individuals looking for MOUD but acknowledges a deficit in Methadone providers within the region. The MMRE is looking to supplement that with new providers or new locations of current providers as possible.

  The NMRE is looking to increase access to treatment services for persons with an opioid use disorder by maintaining and growing its current Substance Use Disorder Health Home Provider Panel, increasing Methadone-specific providers and adding additional locations for existing Methadone-specific providers in the region and by increasing the Harm Reduction services and programs that are available.

ATTACHMENT A

Prevention Logic Model

Overall Goal	Consequence (Primary Problem)	Intervening Variables	Objective	Activity/Immediate Outcome	Long-Term Outcome	Timeline	Counties Where Activities Will Occur
Reduce underage drinking.	Past 30-day alcohol use for: high school students 12.28% average percent MIPHY-2024	Low perceived risk of harm	**Information Dissemination** Provide evidence-based education/programs for schools, vendors, parent programs, speaking engagements & media campaign to increase knowledge of youth addiction	Increase perception of harm	Decrease Past 30-day alcohol use for: high school students to 11.25% average percent MIPHY	Begin FY2027	All 21 Counties
			Community-Based Processes Give communities/ coalitions the tools to address adolescent health and behavior problems through identified risk and protective factors through surveys				

			Problem Identification/ referral Work with local partners for high-risk youth to provide evidence-based practices.				
		Favorable attitudes towards underage drinking	**Information Dissemination** Provide evidence-based education/programs to schools, vendors, parent programs, speaking engagements & media campaign to increase knowledge of youth addiction	Decrease favorable attitudes towards underage drinking			
			Alternative Support providers with prosocial activities				
			Education Provide evidence-based programs to students who have used substances				

	Ease of alcohol access for: high school students 51.72% average percent MIPHY 2024	Ease of access	**Environmental Change** Provide evidence-based alcohol compliance checks, and work with community on policy change and regulations.	Decrease ease of access	Decrease Ease of alcohol access for: high school students to 50% average percent MIPHY		
Reduce marijuana use in youth & young adults	41.61% of high school students reported smoking marijuana once or twice a week to be of moderate or great risk. MIPHY 2024	Low perceived risk of harm	**Information Dissemination** Provide evidence-based education/programs for schools, vendors, parent programs, speaking engagements & media campaign to increase knowledge of youth addiction **Community-Based Processes** Give communities the tools to address adolescent health and behavior problems through identified risk and protective factors	Increase perception of harm	Increase the percentage of high sch students that report smoking marijuana once or twice a week to be of moderate or great risk to 38%, MIPHY	Begin FY2027	All 21 Counties

	37.07% High school students have easy access to marijuana, MIPHY 2024	Ease of Access	**Environmental Change** Educate parents on social hosting regulations and provide community Talk Sooner messaging. **Education** Provide evidence-based programs to students who have used substances and parent education of the elements of "today's" marijuana.	Decrease ease of Access	Reduce % of high school students who state they have easy access to marijuana to 35%, MIPHY		
Reduce prescription drug misuse, including a reduction in the misuse of opioids for non-medical purposes.	416,372 opioids were dispensed in the NMRE region (FY22). The NMRE region has an estimated population of 524,531 for 2026 (US Census State Population	Low perceived risk of harm	**Information Dissemination** Provide evidence-based education/programs for schools, vendors, parent programs, speaking engagements, and media campaigns to increase knowledge of youth addiction. Educate the public on opioid-like	Increase perception of harm	Reduce the number of opioids dispensed per resident.	Begin FY2027	All 21 Counties

	Estimates) which would mean that there were .794 opioids dispensed per resident.		substance risks (kratom)				
		Availability of opioids	**Education** Distribution of lock boxes and their importance. Messaging and education on proper medication disposal.	Decrease availability of opioids			
	3.27% of high school students report taking painkillers such as OxyContin, Codeine, Vicodin, or Percocet without a doctor's prescription during the past 30 days	Low perceived risk.	**Social Norms** Train community on naloxone and provide access to naloxone to individuals. Increasing the knowledge of Alternative Pain Management (APM) therapies that currently exist	Increase perception of harm.	Decrease the % of high school students who report taking painkillers without a doctor's prescription to 3%.		
			Community-Based Processes Attend statewide meetings on trends. Build coalition participation				

Increase SUD prevention services for adults aged l5 & older	SUD Treatment admissions have increased throughout the past two years (18.37% in FY 2024 and 20.45% in FY 2025).	Little access to safe disposal sites for older adults	**Community-Based Processes** Coalitions will work with the community, focusing on agencies serving individuals 55 and older, for safe disposal of opioids.	Increase access for opioid disposal sites	Reduce the number of adults aged 55 and older admitted to SUD treatment services by 2%	Begin FY2027	All 21 Counties
	Legalization of Marijuana, Marijuana establishments, ingredients, forms	Ease of access to marijuana, lack of education	**Education** Attend statewide meetings to understand changes in metabolism, interaction with other medications, ingredients. Discuss with PCP, safety, and other resources.	Decrease ease of access and increase education on laws, ingredients, forms etc.	Create more knowledge on ingredients, types of strains, and interaction with other substances		
			Alternative Support providers with prosocial activities				

Reduce underage youth tobacco access and tobacco use including electronic nicotine devices and vape products	35.12% of high school students in the NMRE region's 21 counties reported ease of access to get cigarettes and 12.44% of high school students used electronic vape (MiPHY, 2024)	High rate of underage youth sales within the state of Michigan- (Synar- Youth Tobacco Act)	**Environmental Change** Conduct Synar inspections within the 21-county region and share the data with the local coalitions.	Decrease the rate of sales to underage youth in Michigan. - (Synar) (Youth Tobacco Act)	Reduce the percentage of high school students who state they have easy access to cigarettes to 33%	Begin FY2027	All 21 Counties
		Low or perceived risk of harm	**Education** Provide evidence-based processes to students	Increase perception of harm	Reduce the percentage of high school students who report using an electronic vape to 11%		
	State Tobacco retailer violation rate 13% (Synar report 2025)	Lack of knowledge around laws pertaining to youth tobacco sales	**Vendor Education** Continue to provide education to 100% of tobacco vendor in the region	Increase knowledge around laws pertaining to youth tobacco sales	Decrease state tobacco retailer violation rate to 11% (per Synar report)		

Treatment Logic Model

Overall Goal	Consequence (Primary Problem)	Intervening Variables	Objective	Activity/Immediate Outcome	Long Term Outcome	Timeline	Counties Where Activities Will Occur
Increase access to Medication Assisted Treatment (MAT) services and Methadone-specific OTP services	Individuals seeking MAT services must drive long distances	Increase the availability of providers to assist individuals seeking MAT services	Expand the Substance Use Disorder Health Home Panel	Increase access for individuals seeking services within the Substance Use Disorder Health Home	Increase the participation rate of individuals that are involved in treatment services and have had Health Home services as well	Begin FY2027	All 21 Counties
	Long wait times for Individuals requesting Methadone-specific services	Lack of Availability of OTP providers in the NMRE's region	Increase the number of OTP Providers within the NMRE's region	Reduce wait times for OTP services by increasing availability	Increase the availability of OTP level of care by conducting an RFI to secure new providers	Begin FY2028	

Expand behavioral health and primary care services for persons at-risk of developing or with mental health and substance use disorders	Disconnected or separate service systems for behavioral health and primary care services	Individuals with a substance use disorder have little to no routine primary care	Increase access to primary care services for persons at risk for and with MH and SUD	Increase the number of Substance Use Disorder Health Home Providers	Increase in the coordination of services for individuals at risk for and with MH and SUD	Begin 2027	All 21 Counties
		Individuals with substance use disorders have little to no care coordination between SUD services and primary care	Increase care coordination between SUD providers and individuals' primary care providers	Train provider staff on care coordination and PCP-specific issues	Increase in the percentage of individuals who had care coordination with PCPs as evidenced during annual audits	Begin 2027	
			Increase coordination of PCP referrals with SUD providers for individuals who request it		Increase the percentage of individuals referred to PCP and followed up with PCP as evidenced during annual audits		

Increase access to treatment and harm reduction for individuals living with an opioid use disorder	Lack of harm reduction education in the region	Lack of understanding of harm reduction services	Educate the SUD population on harm reduction services	Have members with knowledge of harm reduction do outreach in the region as needed	Increase in harm reduction services, and trainings within the region	Begin FY2027	All 21 Counties
				Have trainings on harm reduction services as requested and/or needed		Begin FY2027	
	Substance Use Disorder Health Home services are currently missing the tribal population within the NMRE region	Within the NMRE region, tribal populations operate with separate funding streams and provider networks that are distinct from the NMRE	Increase the accessibility of SUDHH services for the tribal population within the NMRE region	Approach tribal organizations, office-based opioid treatment providers (OBOT) to gauge interest in becoming Substance Use Disorder Health Home providers	Increase the penetration rate of tribal individuals receiving Substance Use Disorder Health Home services	Begin FY2027	Emmet, Grand Traverse, Cheboygan and Charlevoix

Increase access to treatment for the criminal justice involved population returning to their communities	In FY25 30.18% of individuals seeking treatment services reported as being on probation, on parole, or on a tether at on their admission into services (BH-TEDS data, Admissions FY25)	Some county jails provide assistance with referrals and linkage for individuals upon release, but this support is not available across all jails	Increase contacts with individuals who are being released from county jails to assist with next steps	Providers within the NMR region will coordinate case management type services with the local county jails for individuals who are interested, to assist with next steps upon release	Increase the coordination at the jail release level to increase access to treatment services upon release	Begin FY2027	All 21 Counties
				The NMRE's Priority Populations Care Coordinator will works with all incarcerated and criminal justice involved individuals to help assist with needs		Begin FY2027	
		Individuals who have been incarcerated may have not been allowed to continue their MOUD services while in custody	Increase care coordination for criminal justice involved individuals and have them identified prior to release	The NMRE's Priority Populations Care Coordinator will assist with individuals meeting priority population designation on coordination of care and next steps	Increase care coordination for individuals who require MOUD referrals upon release	Begin FY2027	

Increase access to trauma responsive services	Lack of a fully functioning trauma informed system in the NMRE region has been identified	There is limited access to trauma responsive services within the NMRE region	Increase knowledge of trauma informed care	Facilitate or help fund regional trainings on how to better address trauma in clients	increase the number of trauma responsive services and trauma response trained staff within the NMRE region	Begin FY2027	All 21 Counties
				Facilitate or help fund regional trainings on how to better address trauma in policies and procedures		Begin FY2027	
			Increase the availability of trauma informed services	Complete a regional measurement to identify the level of trauma informed services		FY2027	
				Increase the number of policies and procedures that adequately include trauma informed care (change the culture of the program to be supportive of trauma)		By FY2029	
				Require trauma screenings be conducted on all clients admitted to services, with		FY2028	

				ACES being recommended as a best practice			
				Require that any trauma indicators identified within the trauma screenings be addressed, or referred, as appropriate		FY2028	
Reduce the Percentage of substance exposed birth/infants	Infants are born with Neonatal Abstinence Syndrome at a rate of 9.3 per 1,000 live births in the NMRE Region (2024 NAS rates for Prosperity Regions 2 and 3 from the Neonatal Abstinence Syndrome by Year Michigan, Healthdata.gov)	There is limited availability of providers who offer Women‘s Specialty Services in the NMRE region	Increase WSS residential providers who allow children to accompany the primary care giver for treatment	Work with current providers to expand their services to include WSS where possible	Increase admissions for WSS individuals in the residential level of care	Begin FY2027	All 21 Counties
			Increase the number of providers who are Women’s Specialty Services designated in the NMRE region	Work with providers in the NMRE region to allow them to become WSS designated if possible	Increase the number of WSS designated providers on the NMRE provider panel	Begin FY2027	
			Increase the number of staff trained in Women’s	Work to increase the availability of WSS specific	Increase the number of staff within the NMRE	Begin FY2027	

			Specialty Services	trainings to in region providers	region who are WSS trained as evidenced during annual audits		
		A lack of coordination of care for WSS involved individuals has been observed regionally	The NMRE's Priority Populations Care Coordinator will assist in the care coordination that WSS involved individuals receive from the time of first contact	Increase care coordination for WSS involved individuals at all levels of care	Continue to observe a decrease in the number of infants born with Neonatal Abstinence Syndrome per 1,000 live births in the MMRE region	Begin FY2027	
Increase access to treatment services for adults aged 55 and older	A comparatively low penetration rate (20% of all treatment admissions) of adults aged 55 and older in substance use disorder	Older adults have limited access to substance use disorder treatment services due to additional barriers	Increase access to SUD treatment services for adults aged 55 and older	Provider training on the provision of services to older adults (drug interactions, etc.) Increase the use of case management services for older adults to address additional needs	Increase the penetration rate for adults aged 55 and older receiving substance use disorder treatment services	Begin FY2028	All 21 Counties

	treatment service has been observed.		Increase access to Recovery Community Organization services	Collaborate with the Regional Recovery Workgroup to identify gaps and barriers affecting the older adult population.	Increase contacts for Recovery Organizations within the older adult population	By FY2029	

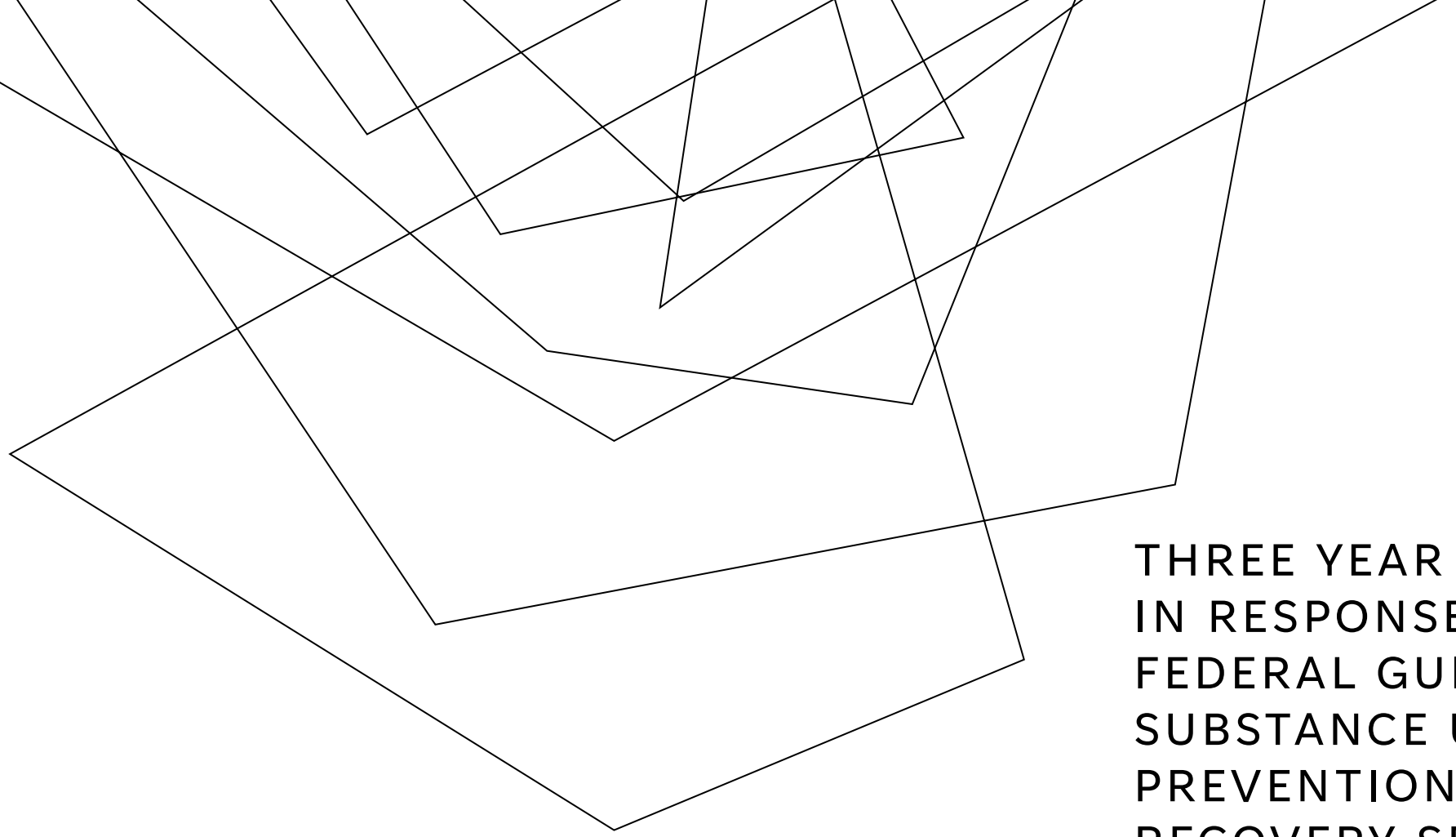
Recovery Supports Logic Model

Overall Goal	**Consequence (Primary Problem)**	**Intervening Variables**	**Objective**	**Activity/Immediate Outcome**	**Long Term Outcome**	**Timeline**	**Counties Where Activities Will Occur**
Enhance the coordination of prevention, follow-up, and continuing care in the recovery process	Some parts of the recovery community within the NMRE region are siloed	Limited Coordination of all areas of the recovery process has been observed	Increase membership within the Recovery Workgroup	Work with community leaders on areas of need within the NMRE region	Partner with community leaders and organizations to develop recovery-focused communities or services that engage individuals in recovery and support coordination across all service areas	Begin FY2027	All 21 Counties

Expand treatment services to include ongoing support and multiple coordinated strategies to support recovery	A low penetration rate for recovery specific services (recovery housing, peer recovery coaching, transportation, case management etc.) has been observed	There is limited availability of recovery support services within the NMRE region	Increase the number of recovery houses	Increase the number of providers on the NMRE provider panel that offer recovery housing	Increase the number of providers on the NMRE provider panel that offer recovery housing to allow for an increase in recovery support services	Begin FY2027	All 21 Counties
			Increase the number of providers on the NMRE provider panel that utilize recovery coaching services while clients are receiving treatment	Train providers on peer recovery coaching services and their reimbursement structure	Increase the number of peer recovery coaching services to individuals in SUD treatment	Begin FY2027	
			Increase the number of providers on the NMRE provider panel that utilize case management while clients	Train providers on case management services and their reimbursement structure	Increase the number of case management services to individuals in SUD treatment	Begin FY2027	

			are receiving treatment				
Increase access to recovery services that promote life enhancing recovery and wellness for individuals and families	High recidivism rates at both residential and withdrawal management levels of care have been observed	SUD treatment providers have little or no continued contact with individuals once they are discharged	Increase peer recovery coach services within the region to connect with individuals discharging from any level of care	Work with providers to increase the number peer recovery coaches	Increase the number of peer recovery coaching services that occur with when individuals discharge from any level of care	Begin FY2027	All 21 Counties
			Increase recovery meetings within the region to connect with individuals discharging from any level of care	Support Recovery Community Organizations that offer recovery meetings within the NMRE region	Increase the availability of recovery meetings in the region for individuals discharging from any level of care		
			Increase follow up from the NMRE on Individuals who are	The NMRE's Priority Populations Care Coordinator will follow up with individuals identified as	Increase care coordination for high priority individuals	Begin FY2027	

			identified as high priority	belonging to a priority population on the next level of care or support services			



THREE YEAR STRATEGIC PLAN IN RESPONSE TO STATE AND FEDERAL GUIDELINES FOR SUBSTANCE USE DISORDER PREVENTION, TREATMENT & RECOVERY SERVICES

FISCAL YEARS 2027-2029

NMRE

THE NORTHERN MICHIGAN REGIONAL ENTITY (NMRE) CONSISTS OF TWENTY-ONE (21) COUNTIES IN RURAL NORTHERN MICHIGAN.

Caucasian: 91%

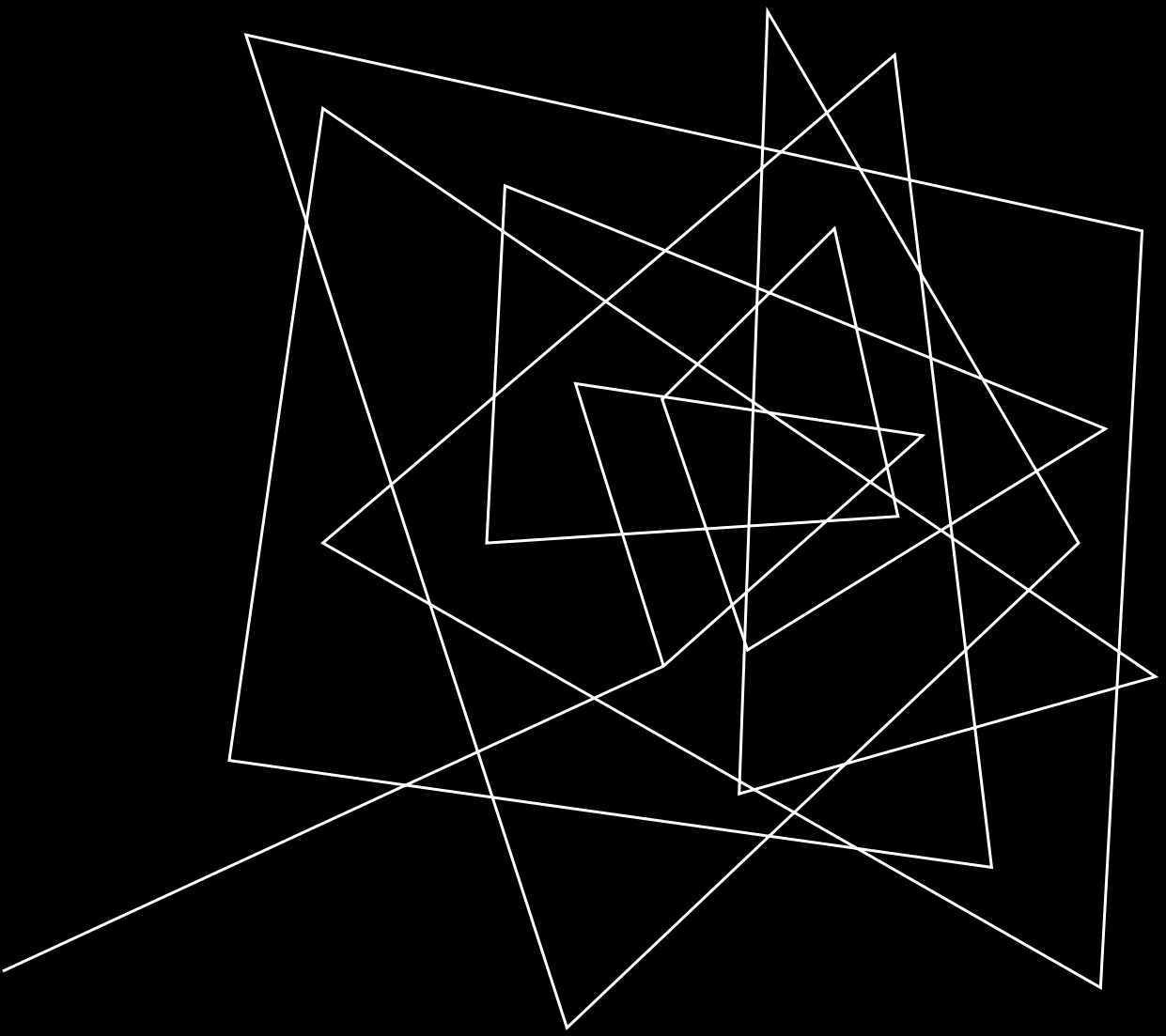
Black or African American: 1.89%

Male: 64%

Unemployed: 75.25% (compared to 63% in FY22)

Pregnant: 0.10% (compared to 2.88% in FY22)

MAT (opioid specific): 10.29% (19.38% in FY22)



OVERALL POPULATION

Based on the Federal Office of Rural Health Policy (FORHP) data used for the Rural Health Transformation (RHT) Program, 19 counties (90.48%) in the NMRE region qualify as Fully Rural.

As with the NMRE population of focus, individuals in the region tend to be Caucasian (91.7% based on the US Census ACS 2020-2024 5-Year for the counties in the NMRE region), followed by Hispanic/Latino (2.6%).

65 - 74 years of age (US Census ACS 2020-2024 5-Year – 16.22% of residents residing in the NMRE region are 65 -74, 11.23% 45 – 54, 11.06% 35-44, 10.31% 25-34. 8.89% 60-64, 7.94% 75-84; **only 24.56% are 24 and under**).

PREVENTION

Prevention Providers contracted with the Northern Michigan Regional Entity:

Prevention Providers	County(ies)	Services	Grant(s)
Catholic Human Services	16	Prevention Services Coalitions DYTUR	SABG, Liquor Tax, MIPAC, SOR
Health Department of NW Michigan	3	Prevention Services Coalitions	SABG, Liquor Tax
District Health Department #10	2	Prevention	SABG, Liquor Tax
District Health Department #2	4	DYTUR	SABG

TREATMENT

Treatment Providers contracted with the Northern Michigan Regional Entity must be SUD licensed, accredited by an approved accrediting body, and have secured ASAM LOC designation from MDHHS for the services contracted for.

Treatment Provider	ASAM LOC	Service Type	Number of Locations	Specialty Services	In Region
Addiction Treatment Services (ATS)	.5, 1.0, 2.1, 3.5, 3.1, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	4	SUDHH Provider	Yes
Bay Area Substance Education Services Inc (BASES)	1.0	Outpatient	1		Yes
Bear River Health	.5, 1.0, 2.1, 3.1, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	6	SUDHH Provider	Yes
Catholic Human Services	1.0	Outpatient	13	SUDHH Provider	Yes
GRACE Center	1.0	Outpatient	1		Yes
Harbor Hall	.5, 1.0, 2.1, 2.5, 3.1, 3.5, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	2	SUDHH Provider	Yes
Michigan Therapeutic Consultants (MTC)	1.0	Outpatient	2	OTP	Yes
Munson	1.0	Outpatient	1	SUDHH Provider	Yes
NMSAS	1.0	Outpatient	1	OTP SUDHH Provider	Yes
Sunrise	.5, 1.0, 2.1, 3.1, 3.5, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	1		Yes

RECOVERY SUPPORTS

The NMRE continues to focus on increasing recovery support providers within the region. Currently, the NMRE does not contract directly with any provider that only provides recovery supports.

The NMRE region does maintain a strong framework for Recovery Coaches and more treatment providers are utilizing these services within their programs and as community outreach.

The NMRE also contracts with providers that are affiliated with Recovery Houses in the Region to have the ability to reimburse these services. Through grants in the region, the NMRE has helped to support the creation of new Recovery Houses and help to sustain them.

Also, through grants, the NMRE has funded the creation and helped to sustain two Recovery Communities that have opened their doors to offer recovery support services, recovery events, and trainings.

PREVENTION GOALS:

1. Goal: Reduce Underage Drinking
Alcohol continues to be the highest primary substance of all admissions in the NMRE region according to BH TEDS (60.29% of all FY2025 Admissions). In the NMRE region the MIPHY report indicates that 12.28% of high school students have used alcohol in the past 30 days and 51.72% of high school students report having easy access to alcohol (MiPHY FY24).

2. **Goal: Reduce Marijuana Use In Youth and Young Adults**
In the NMRE region 37.07% of high school students report having easy access to marijuana, and 41.61% of high school students report smoking marijuana once or twice a week to be of moderate or great risk (MiPHY FY24).

3. **Goal: Reduce prescription drug misuse, including a reduction in the misuse of opioids for non-medical purposes**
Although decreasing, opioid use remains an issue for the NMRE region. 3.27% of high school students report taking painkillers such as OxyContin, Codeine, Vicodin, or Percocet without a doctor's prescription

4. **Goal: Increase prevention services for adults ages 55 and older**
Prevention services for individuals ages 55 and older remain a need in our region and the state, SUD treatment admissions for adults aged 50 and older have increased throughout the past two years (18.37% in FY 2024 and 20.45% in FY 2025).

5. **Goal: Reduce Youth Access to Tobacco**
Youth access to tobacco is another issue for the NMRE region as 35.12 % of high school students in the NMRE region reported ease of access to get cigarettes and 12.44% high school students used electronic vape.

TREATMENT GOALS

1. **Goal: Increase access to Medication Assisted Treatment services; Methadone specific OTP services**

2. **Goal: Expand Behavioral Health and Primary Care Services for Persons at-risk for and with Mental Health and Substance Use Disorder**

3. **Goal: Increase access to treatment and harm reduction for individuals living with an Opioid Use Disorder**

4. **Goal: Increase Access to treatment and care coordiantion for Criminal Justice involved population returning to communities**

5. **Goal: Increase in Access to Trauma Responsive Services**

6. **Goal: Reduce in percentage of Substance exposed birth/infants**

7. **Goal: Increase Access to Treatment Services for Older Adults 55 and Older**

Continued

RECOVERY SUPPORTS GOALS

1. **Goal: Enhance Coordination of Prevention, Follow-up, and Continuing Care in the Recovery Process**

2. **Goal: Expand Treatment Services to Include Ongoing Support and Multiple Coordinated Strategies to Support Recovery**

3. **Goal: Increase in Access to Recovery Services that Promote Life Enhancing Recovery and Wellness for individuals and families**

COORDINATION OF SERVICES

Prevention

Continue the Drug Free Northern Michigan Coalition Alliance Meetings.

Continue to collaborate with other Prevention partners.

Treatment

Increase coordination of care for individuals receiving Substance Use Disorder Treatment Services with Public and Private Service Delivery Systems.

Recovery Supports

Increase coordination of care for individuals receiving Recovery Support Services with Public and Private Service Delivery Systems.

QUESTIONS

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Thank you!