County of Isabella

510 W. Pickard St., Mt. Pleasant, MI 48858

E-mail: admin@isabellacounty.org

Opioid Settlement Funds
Request for Funding Proposal

Overview

Isabella County invites business, organization, government or tribal entities addressing opioid prevention, harm reduction, treatment and recovery to apply for funding to support development, implementation, enhancement or expansion of programs. This includes programs addressing substance use disorders, polysubstance use and co-occurring mental health and substance use disorders. While the selection process will utilize a competitive Request for Proposals (RFP) process, the number of awards will be dependent on the amount of funds available for annual allocation. The amount of funds available will differ annually and proposals will be accepted annually beginning in June, 2026.

Background

Nationally, over $57 billion in nationwide settlements have been reached to resolve litigation brought by states and local political subdivisions against opioid-related distributors, marketers, manufacturers and pharmacies.

The total estimated funds to be received across Michigan are approximately $1.8 billion with an estimated state share of $1 billion and an estimated local government share of $800 million.

The national agreement also requires significant industry changes that will help prevent this type of crisis from ever happening again.

Isabella County is projected to receive estimated payments in the amount of $4.411 million by the end of the 18-year settlement payment period.

Due to funding amounts changing annually, funds available each year for opioid remediation activities may differ. It is the intention of the Isabella County Board of Commissioners to place settlement funding it receives in a restricted dedicated fund and to maintain the fund in perpetuity. Annual interest revenues the fund generates will be made available to finance grants for opioid remediation activities for Isabella County residents. As of April 30, 2026, Isabella County has received settlement payments in the amount of $1,358,718.70. Interest earned from those payments since October 2023 amounts to $120,503.67. It is this interest amount that is available for grant awards in 2027.

Goal

The goal of this opportunity is to serve Isabella County residents through development, implementation, enhancement or expansion of evidence-based strategies or promising practices to prevent and address the adverse impacts of the drug overdose epidemic.

Eligibility

For-profit businesses, non-profit organizations, local government and tribal agencies addressing opioid prevention, harm reduction, treatment and recovery are eligible for funding to support development, implementation, enhancement or expansion of programs. This includes programs addressing substance use disorders, polysubstance use and co-occurring mental health and substance use disorders.

Availability of Funds

The number of awards will be dependent on the amount of funds available for annual allocation. The amount of funds available will differ annually. Proposals will be accepted between June 1, 2026 and July 31, 2026.

The contract performance period will be from January 1, 2027 through December 31, 2027

Requirements

Proposal Priorities

- Utilize funds to serve residents of Isabella County
- Focus on individuals and communities most profoundly impacted by opioid use disorder (OUD) and co-occurring substance use disorder/mental health conditions (SUD/MH)

Organizations awarded funding are required to:

- Utilize funds within the 2027 calendar year
- Ensure funds are used in addition to, not instead of, existing funding
- Ensure all funds are used in alignment with Exhibit E and the definition of opioid remediation
- Ensure indirect costs do not exceed ten percent (10%)
- Provide data on program outputs, outcomes, impact and effectiveness, following agreed upon metrics with the Isabella County Opioid Advisory Committee
- Complete required quarterly and annual reports

Reporting Requirements

- Grant recipients shall provide quarterly reports by the final business day of April, July and October
- Annual report to be provided following project close by January 31, 2028. Include:
    - Metrics to gauge outputs, outcomes, impact and effectiveness as determined through scope of work and agreed upon with the Isabella County Opioid Advisory Committee
- Quarterly and annual reports shall utilize the provided *Opioid Settlement Funds Grantee Reporting Form*. All reports shall be submitted to Isabella County Administration by USPS mail, hand delivery or e-mail (contact information given on the top of page 1 of this document)

Allowable Uses of Funds & Funding Restrictions

Funds must be spent on Opioid Remediation, defined as:[1]

> Care, treatment, and other programs and expenditures designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic.

Activities must meet the definition of opioid remediation, be evidence-based strategies[2,3] or promising practices and align with allowable uses outlined by Exhibit E.[4] These strategies include:

1.) Core Strategies

- Naloxone or other FDA-approved drug to reverse opioid overdoses
- Medication-assisted Treatment (MAT) distribution and other opioid-related treatment
- Address the needs of pregnant and postpartum women
- Expanding treatment for Neonatal Abstinence Syndrome (NAS)
- Expansion of warm hand-off programs and recovery services
- Treatment for incarcerated population
- Prevention programs
- Expanding syringe service programs
- Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

2.) Approved Uses - Prevention

- Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
- Prevent misuse of opioids
- Prevent overdose deaths and other harms (harm reduction)

3.) Approved Uses - Treatment

- Treat Opioid Use Disorder (OUD)
- Support people in treatment and recovery
- Connect people who need help to the help they need (connections to care)
- Address the needs of criminal justice-involved persons

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[1] https://nationalopioidsettlement.com/
[2] https://www.lac.org/assets/files/TheOpioidEbatement-v3.pdf
[3] https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf
[4] https://www.attorneygeneral.gov/wp-content/uploads/2021/12/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf

- Address the needs of pregnant or parenting women and their families, including babies with NAS

4.) Approved Uses – Other Strategies

- Supporting first responders
- Leadership, planning and coordination
- Training
- Research

Indirect costs may not exceed ten percent (10%) of funds.

Selection and Award Process

All proposals submitted should include the completed Request for Proposals document below, resume or biography of the project director, any optional documents and the provided budget template. Proposals will be reviewed and scored by the Isabella County Opioid Advisory Committee.

Proposals are due to Isabella County Administration, 510 W. Pickard Street, Mt. Pleasant, MI 48858, by USPS mail, personal delivery or e-mail at admin@isabellacounty.org by July 31, 2026. Late proposals will not be considered. Notice of award is expected to occur by October 2026. Following the notice of award, recipient organizations will meet with the Isabella County Opioid Advisory Committee to discuss the contract process and specific metrics for the project identified. The period of funding will be January 1, 2027 through December 31, 2027.

With questions related to this funding opportunity, please contact Jerry Jaloszynski at jjaloszynski@isabellacounty.org or by phone at (989) 330-4890

Request for Proposals

Isabella County Opioid Settlement Funds – FY 2026

RFP Posted	May 2026
Proposals Due	July 31, 2026
Anticipated Notice of Award	October 2026
Anticipated Performance Period	January 1 - December 31, 2027
Questions to: Jerry Jaloszynski	jjaloszynski @isabellacounty.org

To Be Completed by Entity Submitting Proposal:

(Note: Boxes will expand vertically to accommodate responses.
If necessary, supplemental pages may be attached to this application form)

1. Organization Information	
Organization Name	Michigan Therapeutic Consultants, P.C. d/b/a BHG Mount Pleasant Treatment Center
Street Address	4273 Corporate Way, Mount Pleasant, MI 48858-5321
Email Address	Stephanie.kerth@bhgrecovery.com
Phone Number	214.259.1566
Name of Project Director	Jennifer Chase
Title of Project Director	Program Director
Name of Authorized Representative	Anthony Kilgore
Title of Authorized Representative	Chief Executive Officer
Signature of Authorized Representative	
Date	07/30/2026
2. Organization Description Behavioral Health Group (BHG), founded in 2006, is a national provider of evidence-based treatment for opioid use disorder (OUD) and other substance use disorders (SUD). BHG is the largest network of	

Joint Commission-accredited outpatient opioid treatment centers in the United States. The organization has extensive experience providing medication-assisted treatment (MAT), including methadone, buprenorphine, and naltrexone, alongside individual and group counseling, intensive outpatient services, recovery support, care coordination, and referrals to community resources.

BHG's treatment model is designed to reduce barriers to care and help patients achieve stability and sustained recovery. Treatment is individualized based on each patient's clinical needs and may include medication management, withdrawal assessment, recovery planning, counseling, and connections to supportive services. BHG uses established clinical tools, including the Brief Addiction Monitor (BAM) and Clinical Opiate Withdrawal Scale (COWS), to assess patient needs and progress, inform medication-management decisions, and monitor treatment retention, dose stabilization, withdrawal symptoms, and recovery stability.

BHG has the clinical and administrative infrastructure needed to implement the proposed project. Revenue Cycle Management (RCM) manages grant-related billing and financial tracking and verifies insurance coverage and other available payer sources before grant funds are applied. BHG's established clinical, billing, and financial systems will support documentation of grant-supported patients, treatment services, expenditures, and required project reporting.

Michigan Therapeutic Consultants, P.C., doing business as BHG Mount Pleasant Treatment Center, provides treatment for OUD and other SUD, including MAT, intensive outpatient programming, and outpatient services, at 4273 Corporate Way in Mount Pleasant. BHG acquired its Michigan treatment centers approximately four years ago, while the Mount Pleasant program has longstanding local experience and continuity. The center's current office manager has served in that role for 13 years, providing institutional knowledge, operational stability, and familiarity with the needs of patients and the surrounding community.

BHG Mount Pleasant currently serves 464 patients. Fifty-nine patients are self-pay, and approximately ten percent of patients carry outstanding balances. The center serves a diverse population from Mount Pleasant and surrounding communities, including a substantial college-aged population associated with Central Michigan University. Its experienced staff, established treatment program, longstanding local leadership, and existing systems for billing, patient documentation, and outcome monitoring position BHG Mount Pleasant to provide treatment subsidies to uninsured and underinsured Isabella County residents and meet the County's reporting requirements.

3. Project Description Including Project Objectives

The proposed project will provide $59,280 in treatment subsidies for uninsured and underinsured Isabella County residents with OUD. The subsidy will cover otherwise unreimbursed treatment costs for residents whose ability to enroll in or remain engaged in care is affected by an inability to pay. Eligible participants may include individuals who have no insurance, whose available coverage does not fully cover the needed treatment, or whose income exceeds Medicaid eligibility limits but remains insufficient to afford the weekly cost of care.

When a patient has insurance coverage that BHG Mount Pleasant cannot use for the needed service, staff will first determine whether the patient can be referred to another qualified provider that

accepts the patient's insurance. Grant funds will not be used when an accessible provider is available to provide the same service through the patient's existing coverage. A treatment subsidy will be considered only when the patient lacks an available payer or accessible covered treatment option and otherwise meets the project's eligibility requirements.

Treatment currently costs $95 per patient per week. Grant funding is expected to support an average of 12 patients per month during the January 1 through December 31, 2027, project period. The number of patients receiving a subsidy may fluctuate based on individual need, available funding, changes in insurance coverage, and length of participation. If fewer than 12 patients receive a subsidy in one month, available funds may be used to support additional eligible patients in a later month, provided total expenditures remain within the annual award.

Grant-funded treatment subsidies will be limited to verified Isabella County residents. Patients will be evaluated using BHG's Eligibility Prioritization Criteria (EPC) tool, which assesses overall need for subsidized treatment. Factors include financial need, insurance status and coverage limitations, ability to pay the weekly treatment cost, existing balances, urgency of access, and the likelihood that treatment will be delayed or interrupted without a subsidy. When demand exceeds available funding, the EPC will provide a consistent process for prioritizing and placing eligible patients into the grant-funded treatment subsidy program based on documented need. A blank copy of the EPC tool will be included as a supporting document.

BHG's existing Revenue Cycle Management process will be used to verify insurance coverage, benefits, and other available payer sources before a patient is placed into the grant-funded program. This is an established organizational process and is not being created solely for this grant. RCM will review each participating patient's coverage monthly throughout the subsidy period. This process prevents duplicate billing and prevents grant funds from being used when Medicaid, Medicare, commercial insurance, tribal coverage, another grant, another third-party payer, or an accessible provider that accepts the patient's insurance is available to cover the same service.

BHG staff will also help patients identify and access coverage for which they may be eligible or may become eligible during the project period, including assistance with applying for, enrolling in, or reinstating Medicaid or other insurance. When another payer source becomes available for the same service, the treatment subsidy will be adjusted or discontinued. This ensures that County funds are used in addition to, not instead of, existing funding.

BHG Mount Pleasant will track participation, subsidy use, insurance status, treatment engagement, and clinical progress throughout the project. Clinical progress will be assessed through BAM scores and COWS assessments administered twice per week, as clinically appropriate. Treatment retention and dose stabilization will be monitored as key outcomes.

Project objectives are to:

1. Provide treatment subsidies to an average of 12 uninsured or underinsured Isabella County residents per month during 2027.
2. Ensure that all grant-supported patients have verified Isabella County residency, documented need for subsidized treatment, and confirmed lack of an available payer or accessible covered treatment option.

3. Review insurance and payer status monthly and help patients obtain available coverage whenever possible.
4. Reduce treatment enrollment delays and interruptions caused by an inability to pay.
5. Support treatment retention, dose stabilization, improved BAM scores, reduced withdrawal symptoms, and continued engagement in care.
6. Track and report project outputs, outcomes, expenditures, successes, and barriers in accordance with County requirements.

4. Populations Served/Target Population and Geographic Area Served

The target population is uninsured and underinsured Isabella County residents who need OUD treatment but cannot afford the full $95 weekly cost. This includes individuals who have no insurance, whose coverage does not fully cover needed treatment, and those whose income exceeds Medicaid eligibility limits but remains insufficient to afford care.

Treatment subsidies may support eligible individuals seeking to enroll in treatment as well as current patients at risk of an interruption in care because of financial need.

The geographic area served by the project will be Isabella County. Although BHG Mount Pleasant serves patients from a broader regional area, opioid settlement funds will be used only for verified Isabella County residents. Mount Pleasant ZIP codes include 48858, 48859, and 48804; however, eligibility will be based on a verified residential address within Isabella County rather than ZIP code alone.

5. Data to Support Need for Project

Isabella County continues to experience the effects of the opioid and broader drug-overdose epidemic. In 2023, Isabella County EMS recorded 78 responses to probable opioid overdoses. These incidents represented 131 responses per 10,000 total EMS responses, approximately 27 percent higher than Michigan's statewide rate of 103.2. In the same year, the most recent year for which complete emergency healthcare data are available, County residents experienced 190 overdose-related emergency healthcare visits, a rate of 294.6 visits per 100,000 residents. This rate was 4.6 percent higher than Michigan's statewide rate of 281.6 visits per 100,000 residents. Although these indicators have improved from their recent peaks, they demonstrate a continuing need for timely access to OUD treatment. (Michigan Department of Health and Human Services [MDHHS], *Overdose Public Use Dataset*, accessed July 2026.)

Local economic and insurance data further demonstrate why treatment costs can remain a barrier. U.S. Census Bureau estimates show that 19 percent of Isabella County residents live below the federal poverty level, compared with 13.4 percent statewide and 10.6 percent nationally. Among residents under age 65, 6.4 percent of Isabella County residents are uninsured, compared with 6.2 percent statewide. Although the County's uninsured rate is close to the statewide rate, it does not account for residents who have insurance but remain unable to obtain or afford the treatment they need. Residents may be underinsured, have coverage that does not pay for the needed service, experience a lapse in coverage, or earn too much to qualify for Medicaid while still being unable to afford

ongoing treatment. (U.S. Census Bureau, *QuickFacts: Isabella County, Michigan; Michigan; and United States*, 2020–2024.)

BHG Mount Pleasant's current patient data show that these barriers are already present among people receiving treatment. The center currently serves 464 patients, including 59 self-pay patients, representing approximately 12.7 percent of its current census. Approximately ten percent of patients, or about 46 people based on the current census, also carry outstanding balances. These figures show that the center already serves patients who lack third-party coverage or have difficulty meeting their ongoing treatment costs.

The financial burden is substantial for residents without adequate coverage. Treatment costs $95 per week, or $4,940 per year. Even a temporary period without coverage can create a balance that threatens treatment continuity. BHG Mount Pleasant does not currently have State Opioid Response funding or another grant-funded treatment-subsidy program available to cover these costs for uninsured and underinsured patients. Without a dedicated subsidy, eligible residents must pay the cost themselves or risk delaying enrollment or interrupting treatment.

The requested $59,280 is based directly on the documented treatment cost and a reasonable portion of the identified need: 12 patients receiving subsidies of up to $95 per week for 52 weeks. Supporting an average of 12 patients per month represents approximately one-fifth of the center's current self-pay population and is therefore a conservative response to the existing need. The requested level is also manageable within the center's current operations while allowing the project to respond to both existing patients experiencing financial hardship and eligible residents seeking to enter or return to treatment. Patients may enter or leave the subsidy program as their circumstances change, allowing available funds to support additional eligible Isabella County residents during the year. The request includes only direct treatment subsidies and does not include administrative, staffing, or indirect costs.

6. Project Timeline Overview

The project will operate from January 1 through December 31, 2027.

January 2027: BHG Mount Pleasant will confirm staff responsibilities, activate the grant cost center, and apply its existing eligibility, residency-verification, payer-review, financial-tracking, documentation, and reporting processes to the project. Staff will begin identifying and enrolling eligible Isabella County residents and providing treatment subsidies.

February–March 2027: The center will continue enrolling eligible residents and providing treatment subsidies of up to $95 per patient per week. Staff will monitor participation, insurance status, available funding, treatment retention, dose stabilization, BAM scores, and COWS results. RCM will complete monthly payer reviews and track grant-supported treatment costs.

April 2027: BHG will submit the first quarterly report by the final business day of April. The report will summarize patients supported, treatment subsidies provided, expenditures, project outputs, early outcomes, successes, and barriers.

May–June 2027: Treatment subsidies, monthly payer reviews, coverage assistance, clinical monitoring, and expenditure tracking will continue. Patients may enter or leave the subsidy program as their eligibility or coverage circumstances change.

July 2027: BHG will submit the second quarterly report by the final business day of July and review year-to-date participation, expenditures, remaining funds, and progress toward project objectives.

August–September 2027: The center will continue providing subsidies and monitoring patient eligibility, treatment engagement, clinical progress, and available funding.

October 2027: BHG will submit the third quarterly report by the final business day of October and review remaining funds and anticipated patient needs for the final two months of the project.

November–December 2027: Treatment subsidies and monthly eligibility and payer reviews will continue through December 31, 2027. BHG will complete final expenditure reconciliation and compile year-end output and outcome data.

January 2028: BHG will submit the annual project report by January 31, 2028.

7. Scope of Work

Activity	Outputs	Outcomes	Timeline
Apply BHG's existing eligibility, residency-verification, payer-review, documentation, financial-tracking, and reporting processes to the project.	Staff responsibilities confirmed; grant cost center activated; existing EPC and tracking processes applied to the project.	Consistent eligibility determination, documentation, expenditure tracking, and reporting throughout the project.	January 2027
Identify and enroll eligible uninsured and underinsured Isabella County residents.	Eligibility, residency, financial need, and available payer sources verified and documented; EPC completed for each participant; average of 12 patients supported per month.	Eligible residents can enter or remain in OUD treatment despite an inability to pay the full weekly cost.	January–December 2027
Provide treatment subsidies of up to $95 per patient per week.	Up to $59,280 in direct treatment subsidies provided; grant-supported patients, unduplicated residents, patient-weeks of treatment, and expenditures tracked	Reduced delays in treatment enrollment and interruptions in treatment caused by financial hardship.	January–December 2027
Review insurance coverage and other payer sources before enrollment and monthly thereafter,	Monthly payer reviews completed; coverage assistance documented; subsidies adjusted or	Duplicate billing is prevented, and grant funds are used in addition to, not	January–December 2027

and help patients obtain available coverage when appropriate.	discontinued when another payer becomes available.	instead of, other available funding.	
Monitor treatment participation and clinical progress.	Treatment retention, dose stabilization, BAM scores, and COWS results documented and reviewed for grant-supported patients.	Participants remain engaged in treatment, progress toward dose stabilization, experience reduced withdrawal symptoms, and demonstrate improved recovery stability.	January–December 2027
Track project performance and submit required reports to Isabella County.	Quarterly reports submitted by the final business day of April, July, and October 2027; expenditures reconciled; annual report submitted by January 31, 2028	Isabella County receives timely information on patients served, use of funds, project outcomes, successes, barriers, and effectiveness.	April, July, and October 2027; January 2028

8. Success – How will success be measured?

Success will be measured through service-delivery, financial, and clinical indicators tracked for grant-supported patients throughout the project period.

The project will measure the number of patients supported each month, the number of unduplicated Isabella County residents served, patient-weeks of subsidized treatment, and total grant expenditures. The primary service target is to support an average of 12 eligible patients per month at up to $95 per patient per week. BHG will also track whether treatment subsidies allow patients to enter treatment without delay or remain in treatment despite an inability to pay.

For every grant-supported patient, BHG will document Isabella County residency, treatment need, financial need, EPC results, and the absence of an available payer or accessible covered treatment option. Insurance and other payer sources will be reviewed before enrollment and monthly thereafter. Success will include completion of these reviews for all participants, assistance connecting patients to available coverage, and adjustment or discontinuation of subsidies when another payer becomes available.

Clinical success will be measured through treatment retention, continued engagement in care, dose stabilization, BAM scores, and COWS results administered twice per week as clinically appropriate. BHG will report the number and percentage of grant-supported patients who remain engaged in treatment during their subsidy period, progress toward a stable medication dose, demonstrate improvement in BAM scores, or experience reduced withdrawal symptoms.

BHG will review project data regularly to assess participation, expenditures, outcomes, successes, and barriers. Quarterly reports will be submitted by the final business day of April, July, and October 2027, followed by an annual report by January 31, 2028. The project will be considered successful if funds are used appropriately, eligible Isabella County residents receive timely treatment support, treatment interruptions related to inability to pay are reduced, and participants demonstrate continued engagement and clinical stability.

9. Sustainability – How will the project be sustained after funding cycle?

BHG Mount Pleasant's clinical services, staffing, billing systems, payer-verification processes, and outcome-monitoring systems are existing organizational resources and will continue after the grant period. The County award will support direct treatment subsidies rather than new positions, equipment, or infrastructure that would require ongoing grant support.

Throughout the project, staff will help participants apply for, enroll in, or reinstate Medicaid, commercial insurance, or other available coverage. Subsidies will be adjusted or discontinued when another payer becomes available. This approach is intended to move patients from temporary grant support to a sustainable payment source whenever possible while maintaining continuity of treatment.

BHG Mount Pleasant will also use project data, including the number of residents served, treatment retention, payer transitions, expenditures, unmet demand, and remaining barriers, to identify the level of continuing need and pursue future opioid settlement funds or other public and private funding opportunities. The center will maintain the EPC, residency-verification, payer-review, and financial-tracking processes used for grant administration so they can be used for future subsidy funding.

BHG will continue providing treatment and helping patients identify available coverage after the award ends. However, continuation of treatment subsidies at the same level will depend on replacement funding or another available payer source. Before the grant period closes, staff will review each participant's coverage and financial circumstances and assist with transitions to insurance, other assistance, an accessible covered provider, or an appropriate payment arrangement to reduce the risk of an abrupt interruption in care.

10. Budget – Total grant amount requested	**$**59,280

11. Budget Narrative – How will funds be used to meet project goals?

The requested $59,280 will be used entirely for direct treatment subsidies for uninsured and underinsured Isabella County residents receiving OUD treatment at BHG Mount Pleasant. The request is based on an average of 12 patients receiving subsidies of up to $95 per week for 52 weeks: 12 patients × $95 × 52 weeks = $59,280.

Grant funds will cover otherwise unreimbursed treatment costs for eligible residents who lack an available payer source and cannot afford the full weekly cost of care. Subsidies may support

individuals entering treatment as well as current patients at risk of an interruption in treatment because of financial hardship. Before grant funds are applied, BHG will verify Isabella County residency, document treatment and financial need through the EPC, and confirm that Medicaid, Medicare, commercial insurance, tribal coverage, another grant, another third-party payer, or an accessible provider accepting the patient's insurance is not available to cover the same service. RCM will review payer status monthly. When another source of coverage becomes available, the subsidy will be adjusted or discontinued so remaining funds can support other eligible residents. The number of patients receiving assistance may vary from month to month based on need, length of participation, and changes in insurance coverage. Total expenditures will not exceed $59,280. The request includes no salaries, equipment, administrative expenses, or indirect costs; all funds will be used for direct patient treatment subsidies.

12. New or Existing Project – Check one	__ - Existing _X_ - New
12.a. If existing, how many unique individuals are served annually by the current project?	**N/A**
12.b. If new, is the project evidence-based or based on promising practices? (Check one and provide link to information on evidence base)	X - Yes __ - No Yes. The project will expand access to evidence-based medication-assisted treatment for OUD by providing treatment subsidies to eligible uninsured and underinsured Isabella County residents. Link: https://www.samhsa.gov/substance-use/treatment/options
13. Attachments – Supporting Documents	• Resume and/or biography of project director *(included)* • Completed budget template (provided) *(included)* • Letters of support from partner organizations (optional) *N/A* • Materials demonstrating experience, organizational impact and/or commitment to addressing the drug overdose epidemic (optional) *EPC and Licensing Docs*

Resources

- Principles for Spending
  - Principles for the Use of Funds From the Opioid Litigation
- Evidence-Based Strategies and Promising Practices
  - Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic
  - Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States

- Local data
  - Michigan Overdose Data to Action Dashboard
    - Data on overdose deaths, emergency department visits and emergency medical services (EMS) calls and Substance Use Vulnerability Index
  - Michigan Department of Health and Human Services Opioids Webpage - EMS Responses
    - "Public Use Dataset EMS Responses to Probable Opioid Overdose", found under "Overdose Reports"
  - Michigan Substance Use Disorder Data Repository (SUDDR) and Data Visualizations
    - Suspected fatal overdoses and emergency medical services naloxone administration data
  - University of Michigan Injury Prevention Center System for Opioid Overdose Surveillance (SOS)
    - County-level data on overdose deaths, emergency department visits and emergency medical services (EMS) calls
  - Overdose Detection Mapping Application Program (ODMAP)
    - Near real-time tracking of fatal and non-fatal overdoses and naloxone administration by public health and public safety
  - Wayne State University's School of Social Work Center for Behavioral Health and Justice Dashboard
    - Customizable dashboard that shows multiple topics including, behavioral health, public health, criminal justice, housing, demographic and other data
  - Data and information may also be accessed through local communities within health departments, prevention coalitions, harm reduction providers, behavioral health providers, recovery support providers and other groups.

Jennifer Chase

SUMMARY

Dedicated and compassionate supervisor with five years of experience in the behavioral health and developmental disabilities sector. Proven ability to lead multidisciplinary teams, ensuring the delivery of high-quality services and fostering a collaborative work environment. Strong background in case management, client advocacy, and program development. Committed to enhancing the quality of life for individuals with developmental disabilities and their families by promoting inclusion, empowerment, and community integration.

EXPERIENCE

BHG- Program Director

Lansing - 09/2024 - Current

- Supervise patient admission, medication delivery, and patient processing.
- Maintain high standards for the treatment center's infrastructure.
- Address urgent issues and patient complaints promptly. Monitor and report on program performance regularly.
- Manage revenue collection and expenditures.
- Ensure schedule adherence and minimize overtime. Lead and mentor team members to achieve annual goals. Implement and enforce the agency's Code of Ethics and Conduct.

WorkSkills Corp - Residential Supervisor/ Caregiver

Howell - 09/2022 - Current

- Manage a team of employees and multiple locations.
- Direct daily operations, scheduling, and payroll administration.
- Maintain detailed medical records, prescriptions,and electronic data.
- Maintain working relationships with Guardians and stakeholders.
- Complete monthly billing and invoices.
- Effectively oversees budgeting for departments, locations, and residents.
- Collaborate and assist the recruiting team with mining, scheduling, phone screens, and interviews.

Friendship Community Care – Program Manager

Marshall, AR - 06/2020 - 08/2022

- Conducted comprehensive client assessments to develop individualized care plans based on their needs, strengths, and goals.
- Coordinated and facilitated engaging activities and events
- Facilitated effective communication between liaisons (medical professionals, therapist, consumers, and management).
- Ensured compliance with workplace safety regulations.
- Maintained budget, reconciled accounts payable and receivable.

CONTACT

jchaser@live.com
870-504-2940
Howell, MI

SKILLS

- Individual treatment plan supervision
- Budget monitoring
- Motivational Leadership
- Case Management
- Scheduling proficiency
- Crisis Intervention
- Interpersonal Skills
- Adaptability
- Compliance Monitoring
- Interpersonal Relationships
- Regulatory knowledge

EDUCATION AND TRAINING

BA-Human Services
Southern New Hampshire University
Hiiksett, NH – 03/2023

- 3.8 GPA

BLS
CPR
First aid
Yellow Belt Lean SIGMA
CPI

Eligibility Prioritization Criteria (EPC)

Grant-Funded Treatment Assistance Placement Tool

Isabella County Opioid Settlement Funds - FY 2027

Michigan Therapeutic Consultants, P.C. / BHG Mount Pleasant Treatment Center

Purpose. This internal tool documents a consistent, point-based process for placing eligible Isabella County residents into grant-funded treatment assistance when they are uninsured, underinsured, or otherwise lack coverage for eligible opioid use disorder treatment costs. It is designed to demonstrate fair allocation, payer verification, prevention of duplicate billing, and alignment with the County requirement that grant funds be used in addition to, not instead of, existing funding. When demand exceeds available funds, higher EPC scores receive higher placement priority and a higher position on the waitlist.

Overview and Directions

1. **Use one form for each person considered for assistance.** Complete the form before grant funds are applied and retain it with the program's grant records.
2. **Apply the eligibility gates first.** The person must be an Isabella County resident, be receiving or seeking eligible opioid use disorder treatment at BHG Mount Pleasant, and have an uncovered treatment cost.
3. **Verify all other payment sources.** Revenue Cycle Management (RCM) must verify insurance status, benefits, eligibility, and other available payment sources. Grant funds may not duplicate Medicaid, Medicare, commercial insurance, tribal coverage, another grant, or another third-party payment.
4. Score need through EPC. Assign points in each scoring category and total the score. When requests exceed available funding, patients are ranked from highest to lowest total score. The score determines waitlist order; it does not replace mandatory eligibility requirements.
5. **Authorize assistance for a defined period.** Approval may be weekly or monthly and should not exceed the eligible cost of treatment. The current planning rate is $95 per week.
6. **Reassess and track monthly.** Track grant-supported patients served each month. The project targets an average of 12 patients per month, but monthly enrollment may fluctuate as long as the annual award is not exceeded.

Important: This tool supports grant placement, scoring, and waitlist decisions. It does not replace clinical assessment, payer rules, patient consent requirements, or BHG billing and compliance policies.

A. Applicant and Review Information

Patient name or ID:		**Date reviewed:**	
Date of birth:		**Reviewer:**	
Address:		**City/ZIP:**	
County of residence:		**Referral/source:**	
Requested assistance start date:		**Expected review date:**	

B. Mandatory Eligibility Gates

Eligibility requirement	Yes	No	Documentation / notes
1. Verified Isabella County residency	☐	☐	
2. Receiving or seeking eligible opioid use disorder treatment at BHG Mount Pleasant	☐	☐	
3. Uninsured, underinsured, or has an eligible uncovered treatment cost	☐	☐	
4. RCM verified available insurance benefits and third-party payment sources	☐	☐	
5. Requested grant assistance will not duplicate payment from another source	☐	☐	

Eligibility result: ☐ Eligible to continue to EPC assessment ☐ Not eligible for Isabella County grant assistance

C. Coverage and Non-Duplication Review

Coverage/payment source	Status	Verification date	Notes / uncovered amount
Medicaid	☐ Active ☐ Inactive ☐ N/A		
Medicare	☐ Active ☐ Inactive ☐ N/A		
Commercial insurance	☐ Active ☐ Inactive ☐ N/A		
Tribal coverage/resources	☐ Active ☐ Inactive ☐ N/A		
Other grant or assistance	☐ Active ☐ Inactive ☐ N/A		
Self-pay / no active coverage	☐ Active ☐ Inactive ☐ N/A		

D. EPC Financial Need and Placement Assessment

Complete each scoring category and enter the points assigned. Select only one option in Categories 1-3. Category 4 points may be added for each documented barrier, up to the stated maximum. Higher total scores receive higher placement priority and a higher position on the waitlist when grant capacity is full. All points must be supported by documentation or reviewer notes.

Scoring category	Point options	Points assigned	Documentation / explanation
1. Coverage and payer status (choose one; maximum 5 points)	5 - No active payer source after RCM verification. 4 - Coverage cannot be used for the needed service and no accessible qualified provider accepts the coverage. 3 - Coverage is pending, lapsed, or being reinstated, leaving a temporary uncovered cost. 2 - Coverage pays part of the eligible treatment cost but leaves an amount the patient cannot afford. 0 - An available payer or accessible covered provider can pay for the same service.		
2. Ability to pay the $95 weekly treatment cost (choose one; maximum 5 points)	5 - Unable to pay any portion of the weekly cost. 4 - Can pay $1-$24 per week. 3 - Can pay $25-$49 per week. 2 - Can pay $50-$74 per week. 1 - Can pay $75-$94 per week. 0 - Can pay the full weekly cost.		
3. Risk to treatment access or continuity (choose one; maximum 5 points)	5 - Subsidy is needed to begin treatment now or avoid an immediate interruption. 3 - Treatment is likely to be delayed or interrupted within 30 days without a subsidy. 1 - The cost creates hardship, but no delay or interruption is currently expected. 0 - No documented risk to treatment access or continuity.		
4. Additional documented barriers (add 1 point for each; maximum 4 points)	☐ Recent loss of employment, income, or insurance - 1 point ☐ Income exceeds Medicaid limits but remains insufficient to afford treatment - 1 point ☐ Housing, food, utility, transportation, childcare, or other essential expenses limit ability to pay - 1 point ☐ No other assistance resource is available - 1 point		
TOTAL EPC SCORE	**Maximum score: 19 points**	**____ / 19**	**Reviewer initials/date:**

Placement and Waitlist Ranking

Patients who pass all mandatory eligibility gates are ranked by total EPC score. Higher scores receive higher priority for available grant-funded treatment subsidy slots. When capacity is full, the waitlist is ordered from highest to lowest score.

Total score	Placement priority	Use
15-19 points	Priority A - Highest	Place first when funds are available; highest waitlist position.
10-14 points	Priority B - High	Place after Priority A patients, based on total score.
5-9 points	Priority C - Moderate	Place after Priority A and B patients, based on total score.
0-4 points	Priority D - Lower	Eligible only if mandatory gates are met; place after higher-scoring patients.

Waitlist ranking: _____ of _____ Total EPC score: _____ / 19 Priority level: _____

Tie-breaking. When patients have the same total score, rank them by: (1) the higher Category 3 treatment-access/continuity score; (2) the higher Category 1 coverage score; and then (3) the date and time the eligibility review was completed. Document the reason for the final order. Recalculate the EPC score during monthly reassessment or whenever the patient's circumstances change.

E. Assistance Authorization

EPC total score:	**____ / 19**	**Waitlist rank:**	**____ of ____**
Decision:	☐ Approved ☐ Partially approved ☐ Waitlisted ☐ Denied	**Approval date:**	
Authorized weekly amount:	$	**Maximum weekly rate:**	$95
Authorized start date:		**Authorized end/review date:**	
Estimated number of weeks:		**Estimated total assistance:**	$
Reason for decision:			
Conditions/follow-up required:			

F. Monthly Reassessment and Grant Tracking

Complete one line for each month in which the patient is considered for or receives assistance. Continue on an additional copy if needed.

Month	County verified	Coverage rechecked	Weeks assisted	Amount used	Still eligible	Status / EPC score / rank	Reviewer initials
Jan	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	
Feb	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	
Mar	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	
Apr	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	
May	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	
Jun	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	
Jul	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	
Aug	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	
Sep	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	
Oct	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	
Nov	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	
Dec	☐	☐			☐ Yes ☐ No	Active / Closed / Waitlist Score: ___ Rank: ___	

G. Outcomes and Closeout

Total grant-supported weeks:	
Total grant assistance provided:	$
Treatment status at closeout:	☐ Retained ☐ Completed/transitioned ☐ Discontinued ☐ Other
BAM change/summary:	
Dose stabilization status:	
COWS monitoring summary, as clinically appropriate:	
Treatment disruption avoided or enrollment supported:	☐ Yes ☐ No Notes:
Closeout date and reviewer:	

H. Certification

By signing below, reviewers certify that the information documented above is accurate to the best of their knowledge; Isabella County residency and available payment sources were verified; grant funds will be applied only to eligible uncovered treatment costs; and the assistance will not duplicate reimbursement from another source.

Program reviewer signature:		**Date:**	
RCM/billing verification:		**Date:**	

OPIOID TREATMENT PROGRAM CERTIFICATION

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
Rockville, MD 20857

OTP NUMBER
MI-10201-M

EXPIRATION DATE
7/31/2026

Michigan Therapeutic Consultants P.C.
DBA: BHG Mount Pleasant Treatment Center
4273 Corporate Way
Mt. Pleasant, MI 48858

This certificate is issued under authority of 42 CFR § 8.11 (21 U.S.C. 823(g)(1))

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Yngvild K. Olsen, MD, MPH

Yngvild K. Olsen, MD, MPH
Director
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY OR VALID AFTER EXPIRATION DATE

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0358300 ZM0358300	01-31-2027	$296

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3	MAINT & DETOX	12-05-2025

MICHIGAN THERAPEUTIC CONSULTANTS, P.C.
D/B/A BHG MOUNT PLEASANT TREATMENT CENTER
4273 CORPORATE WAY
MT PLEASANT, MI 488585321

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0358300 ZM0358300	01-31-2027	$296

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3	MAINT & DETOX	12-05-2025

MICHIGAN THERAPEUTIC CONSULTANTS, P.C.
D/B/A BHG MOUNT PLEASANT TREATMENT CENTER
4273 CORPORATE WAY
MT PLEASANT, MI 488585321

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0358300 ZM0358300	01-31-2027	$296

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3	MAINT & DETOX	12-05-2025

MICHIGAN THERAPEUTIC CONSULTANTS, P.C.
D/B/A BHG MOUNT PLEASANT TREATMENT CENTER
4273 CORPORATE WAY
MT PLEASANT, MI 488585321

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
P.O. BOX 30664
LANSING, MI 48909-8170

1090 2179633 260519

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BHG MOUNT PLEASANT TREATMENT CENTER
5001 SPRING VALLEY RD.
ATTN: MYRA DEL CAMPO
STE 600 EAST
DALLAS TX 75244

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING LARA-BCHS-NLTCSLS@MICHIGAN.GOV OR CALL 833-757-7308

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

R712818

SUBSTANCE USE DISORDER SERVICES PROGRAM LICENSE

THIS LICENSE HAS BEEN ISSUED ACCORDING TO THE PROVISIONS OF ARTICLE 6, SUBSTANCE ABUSE, OF THE PUBLIC HEALTH CODE, ACT NUMBER 368 OF THE PUBLIC ACTS OF 1978, AS AMENDED. THIS LICENSE IS NONTRANSFERABLE, SUBJECT TO LIMITATION, SUSPENSION, OR REVOCATION BY THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FOR ANY VIOLATION OF THE CODE OR THE RULES PROMULGATED BY ITS AUTHORITY AND MUST BE PROMINENTLY DISPLAYED IN A PUBLIC AREA. THE SUBSTANCE USE DISORDER SERVICES PROGRAM IS LICENSED FOR THE FOLLOWING SERVICE CATAGORIES:

OUTPATIENT
METHADONE PROGRAM

LICENSEE: MICHIGAN THERAPEUTIC CONSULTANTS, PC

FACILITY: BHG MOUNT PLEASANT TREATMENT CENTER
4273 CORPORATE WAY
MOUNT PLEASANT MI 48858
ISABELLA COUNTY

PERMANENT I.D. NO.	EXPIRATION DATE	
SA0370057	07/31/2027	4942697

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN.

The Joint Commission

February 23, 2026

Chief Executive Officer
BHG Holdings, LLC
5001 Spring Valley Road Suite 600 E
Dallas, Texas 75244

To Whom It May Concern:

This letter is to confirm that Behavioral Health Group has applied for reaccreditation, and they are currently waiting to be surveyed. Unfortunately, their surveys have been significantly delayed due to staffing issues. Until their surveys take place, The Joint Commission continues to consider all Behavioral Health Group organizations with late surveys accredited based on the results of their previous full survey, and as such there will be no lapses in accreditation. We do apologize for any inconvenience that this may have caused.

If you have any questions, please do not hesitate to contact me at (630) 792-5038.

Sincerely,

Brian Nosek

Brian Nosek
Senior Account Executive
Accreditation and Certification Operations

Isabella County Opioid Settlement Funds

Proposed Project Budget

Applicant: Michigan Therapeutic Consultants, P.C. d/b/a BH **Date:** **July 31, 2026**

INCOME:

Source	$ Amount	Description
Isabella County Opioid Settlement Funds	$59,280	Pending approval of Request by Isabella County Board of Commissioners
Total Income:	$59,280	

EXPENSES:

Description, including quantity, if applicable	$$$ Amount	Exhibit E (Ref. section(s) addressed)	Strategy Category (Prevention, Harm Reduction, Linkage to Care, Criminal-Legal System, Treatment, Recovery Supports, Pregnant or Parenting Women & Their Families, or Data & Research, Other)
Treatment subsidies for uninsured and underi	$59,280	Schedule A, Co	Treatment
Sub-Total Expenses:	$59,280		
Indirect costs:	$0		
Total Expenses:	$59,280		

Indirect costs may not exceed ten percent (10%) of Sub-Total Expenses shown above.
Amounts rounded to the nearest dollar.
Total Income should equal Total Expenses for a balanced budget.

If proposed project budget is part of a larger program endeavor, please provide details in the Budget Narrative section of the RFP.