

**MICHIGAN CENTER
for
RURAL HEALTH**

ANNUAL REPORT

2025

MCRH.MSU.EDU

Coordinating, planning, and advocating to improve health in
Michigan's rural communities



A LETTER FROM JOHN BARNAS EXECUTIVE DIRECTOR

In 1991, Congress authorized and funded the State Office of Rural Health legislation. It allowed all states to create a State Office of Rural Health and have it located in State government, a university, or as a non-profit. Representatives from the Michigan Department of Community Health, Michigan Association of Local Public Health, and Michigan State University discussed the path forward. They selected non-profit; what a wise choice. Here we are in 2026 with a budget of \$7.45M compared to \$250,000 in 1991. We have added to our programs & services too; today we have 23 compared to 1 in 1991.

All our growth is possible through the guidance of our board of directors, MCRH staff, and MSU College of Osteopathic Medicine. Our current programs & services portfolio assists the rural workforce, rural hospitals, certified rural health clinics, EMS agencies, local public health, Veterans, Substance Use Disorder, academia, and advocacy. It's a big tent. Our partners are numerous. And I don't mind speaking for MCRH staff on this point, it is enjoyable. We love coming to work for two reasons: First, the work is rewarding. Secondly, we get to work with you and for you. We learn every day from you.

Nobody knew in 1991 what the State Office of Rural Health could be, and I think Michigan Center for Rural Health exemplifies the finest qualities. We are here for you and happy 35 years!

As you read our Impact Report, I hope you'll view these accomplishments as our collective impact. Thank you for standing with us to make this critical work possible.

With appreciation,

John Barnas
Executive Director



ABOUT US



Vision

The Michigan Center for Rural Health will be universally recognized as the center for expertise for rural health in Michigan through creative and visionary education, service, and research.

Mission

To coordinate, plan, and advocate for improved health for Michigan's rural residents and communities.

Our Core Values

Collaboration

We prioritize respectful and inclusive relationships with colleagues and stakeholders as we advocate for rural Michiganders.

Empowerment

We are dedicated to providing resources to rural communities while fostering ownership and amplifying community assets.

Proactive

We take the initiative to seek innovative solutions to meet the unique needs of rural Michiganders.

Commitment

We are motivated by our genuine desire to improve the health of rural Michigan communities.

Integrity

Our reputation is built on trust and being accountable to those we serve.

STAFF



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Scan for more information!



ANNUAL CONFERENCES

Michigan Rural Health Conference

This year, we gathered 268 rural health professionals from across the state to collaborate, share ideas, and strengthen community care. Attendees exchanged best practices, built new partnerships, and explored innovative approaches to improving healthcare access and outcomes in rural Michigan.



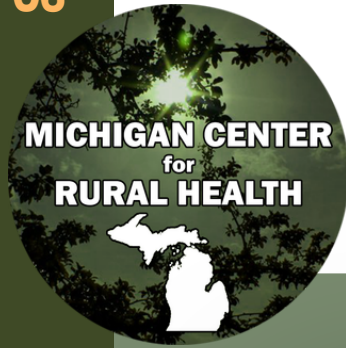
MI Critical Access Hospital Conference

The 2025 Michigan Critical Access Hospital Conference brought together 179 rural hospital leaders for two days of learning, networking, and collaboration. The agenda focused on key issues like workforce development, digital health, virtual nursing, policy updates, and the next generation of rural health leadership. All MI CAHs were represented!

Rural Michigan Opioid and Substance Use Summit

In 2025, the Rural Michigan Opioid and Substance Use Summit advanced substance use prevention, treatment, and recovery efforts across rural Michigan. Justin Gulbranson shared his lived experience and message of hope, while keynote speaker Michael Meit of the ETSU Center for Rural Health and Research discussed strengthening recovery systems and addressing gaps in local recovery ecosystems.





CELEBRATING RURAL EXCELLENCE

Kari Granz,
2025 Rural Health Professional



Kari Granz, Program and Communication Specialist, at the Thumb Community Health Partnership, was recognized for her outstanding leadership and commitment to improving the health and well-being of rural communities across Michigan.

Madeleine McConnell,
2025 Rural Recovery Hero



Madeleine McConnell, MS, LPC, CAADC, CCS, NCC, CEO of Sunrise Centre, was recognized for her outstanding leadership and commitment to advancing recovery and strengthening rural communities across Michigan.

Each November, **National Rural Health Day**, led by the National Organization of State Offices of Rural Health, celebrates the people, organizations, and communities that strengthen healthcare across rural America. As part of this nationwide celebration, MCRH

recognized Kari Granz of the Thumb Community Health Partnership as Michigan's 2025 Community Star, highlighting her work before a national audience through the annual Community Stars recognition campaign. Community Stars are selected by State Offices of Rural Health to represent the innovation, leadership, and collaboration shaping rural healthcare across the country.

To celebrate the day, MCRH staff traveled throughout Michigan, visiting rural hospitals, clinics, EMS agencies, behavioral health organizations, public health departments, and community partners. Joined by partners from the Northern Michigan University Center for Rural Health, these visits provided an opportunity to recognize the dedicated professionals who care for their communities every day. While one day cannot capture the full impact of rural healthcare, each conversation and site visit reinforced the resilience, collaboration, and commitment that continue to strengthen rural Michigan. See more photos from the day on page 7.



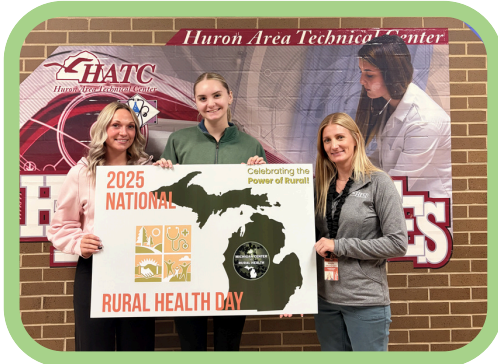
Hillsdale Hospital | Hillsdale, MI



NMSAS Recovery Center
Gaylord, MI



UMH-Sparrow Carson
Carson City, MI



Huron Area Technical Center
Bad Axe, MI



Beacon Dowagiac
Dowagiac, MI



U.P. Community Health
Worker Symposium
Marquette, MI



Alcona Health Center
Alpena, MI



White Pine Family Medicine | Cedar Springs, MI



Munising Memorial Hospital
Munising, MI



Charles R. Barker Jr. DO, Family Practice
Belding, MI



Dr. Jason Beatty
Alpena, MI



CONTINUING EDUCATION

Grand Rounds & Project ECHOs

5,252

CE Credits Awarded This Past Year

| | |
|--------------------|-------------|
| Social Work CE | 1,517 units |
| Nursing CE | 739 units |
| Dietetics & CHW CE | 202 units |
| Other CE | 183 units |

The Impact: Post-session evaluations indicate that participants plan to implement at least one specific clinical change based on the insights gained through MCRH's educational programming.

4,240

Grand Rounds Attendance



1,012

ECHO Attendance



Billing & Coding



MCRH delivered targeted education and technical assistance to Rural Health Clinics, Federally Qualified Health Centers, and Critical Access Hospitals to strengthen billing accuracy, coding compliance, and revenue cycle performance. These educational opportunities focused on practical application, regulatory updates, and operational strategies designed to improve financial outcomes and support long-term sustainability for rural providers.

92 Participants

Attended the Billing & Coding training clinic

100%

Rated training as excellent or good



HOSPITAL PROGRAMS

Michigan Critical Access Hospital Quality Network

The Michigan Critical Access Hospital Quality Network (MICAQH QN) is a collaborative leader in advancing quality across rural healthcare systems. Focused on alignment, engagement, and performance improvement, the network supports Michigan's Critical Access Hospitals (CAHs) in delivering high-quality care. The Network meets on a quarterly basis. MICAQH QN fosters collaboration by encouraging hospitals to partner on quality initiatives, share best practices, and implement evidence-based strategies. Aligned with Centers for Medicare & Medicaid Services priorities, this work strengthens care delivery, supports achievement of quality benchmarks, and increases participation in quality reporting.

Guided by a 13-member Executive Committee, the network provides strategic direction for education, partnerships, and member engagement.

*MICAQH QN
Executive
Board*



MICAQH QN organizes its efforts through three strategic focus areas:

- Strategy Group 1: Reducing Harm Caused in the Delivery of Care
- Strategy Group 2: Data Management and Analysis
- Strategy Group 3: CAH Priorities (Emerging and Priority Topics for CAH Quality Leaders)

Through this structured approach, MICAQH QN is committed to improving care quality and outcomes for rural populations across Michigan.

In addition, MICAQH QN supports ongoing learning process by hosting a series of educational webinars led by network experts. These sessions address topics such as Veteran Education, Stroke and Stemi Updates, and more. In 2025, there were 6 webinars conducted in the calendar year.

MICAQH QN Conference Engagement

In 2025, the MICAQH Quality Network demonstrated strong engagement at the Critical Access Hospital Conference, which saw the largest attendance to date with more than 65 quality leaders participating. This milestone reflects the growing commitment across Michigan's Critical Access Hospitals to advancing quality improvement efforts through shared learning and collaboration.

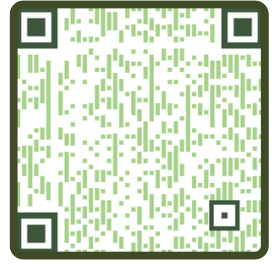
A key highlight of the conference was the inaugural session bringing together CEOs, CFOs, and quality leaders for a focused discussion on linking quality to finance. This first-of-its-kind session emphasized the critical connection between clinical outcomes and financial sustainability, fostering alignment among leadership roles and reinforcing the value of integrating quality strategies into organizational decision-making.

This expanded participation and cross-functional engagement underscore the MICAQH QN's continued role in driving innovation, collaboration, and strategic alignment across Michigan's rural healthcare landscape.





HOSPITAL PROGRAMS



View the Dashboard

Michigan CAH Quality Dashboard

In 2025, the Michigan Critical Access Hospital Quality Network launched the Michigan CAH Quality Dashboard to provide quality leaders with a clear, at-a-glance view of how Michigan compares to national performance on Medicare Beneficiary Quality Improvement Program (MBQIP) measures. Available on the Michigan Center for Rural Health website, the dashboard serves as a centralized, accessible tool to support data transparency and informed decision-making. The dashboard highlights statewide performance across key measures, enabling hospitals to quickly identify strengths and opportunities for improvement. Currently, Michigan is performing at or near the national average in 15 of the 21 MBQIP measures, demonstrating solid alignment with national benchmarks while also identifying areas for continued focus and improvement. All MI CAHs receive individual benchmarking reports each quarter, as well.

By equipping leaders with timely, actionable insights, the Michigan CAH Quality Dashboard supports ongoing quality improvement efforts and reinforces the MICAH QN's commitment to advancing high-quality care across the state's rural hospitals.



DATA HIGHLIGHT

Emergency Department Transfer Communication Participation

Michigan Critical Access Hospitals continue to demonstrate strong performance and collaboration through participation in the MBQIP Emergency Department Transfer Communication (EDTC) measure.

All 35 Michigan CAHs are actively participating, with 95% achieving a perfect score across all seven transfer communication elements.

This performance exceeds the national average of 92% for meeting all seven elements, highlighting Michigan as a leader in advancing safe, coordinated care in rural settings. These results reflect a shared commitment to quality improvement and the effectiveness of statewide collaboration in implementing best practices.

Clear and complete communication during patient transfers is essential to patient safety. When patients are transferred from rural emergency departments, receiving care teams rely on timely and accurate information to ensure continuity and make critical decisions. Michigan's strong performance in this measure underscores the dedication of CAH teams to communication, teamwork, and delivering high-quality care for the communities they serve.

Aligned with broader MICAH QN efforts, this success demonstrates how focused engagement, data-driven strategies, and peer collaboration can drive meaningful improvements in patient care across the state.



HOSPITAL PROGRAMS

Support for Operational Improvement & Financial Improvement

The Michigan Center for Rural Health continues to serve as a strategic partner to rural hospitals across Michigan by supporting operational excellence, financial sustainability, and long-term stability. Through statewide collaboration, peer networking, benchmarking initiatives, and hands-on technical assistance, MCRH works alongside rural providers to identify operational challenges, improve performance metrics, strengthen revenue cycle processes, and support innovative models of care delivery. These efforts are designed not only to improve day to day operations, but also to help rural hospitals remain financially viable and responsive to the evolving healthcare landscape.

Core Activities:

- Facilitation of the Critical Access Hospital CFO Network, with bi-annual meetings.
- Facilitation of the CAH Benchmarking Initiative which provides CAH with a real-time dashboard to assess:
 - Financial performance
 - Departmental productivity
 - Labor comparison and mix
 - Volume and service mix
- Delivery of Financial Improvement education through webinars on key operational topics.
- Provided technical assistance to rural hospitals, including:



Performance Improvement Collaborative – 3 Projects

- Increased clean claims rate from 46% to 95%, yielding significant system gains.
- Reduced total A/R days from 59 to 45 (gross and net).
- Improved revenue per qualifying unit across Medicare and Medicaid.

Lean Process Improvement

- Value Stream Mapping and workflow assessments identified opportunities to reduce bottlenecks during registration & checkout improve patient access, scheduling, throughput, and more.
- Implemented process changes aimed at reducing delays, improving communication, increasing operational efficiency, and compliance.

Outmigration Analysis

- Utilized Intellimed Platforms to provide rural hospitals with actionable data on patient outmigration within their service areas.
- This data will be used by hospital leadership teams to support strategic planning, evaluate service line opportunities, and improve access to care within rural communities.



HOSPITAL PROGRAMS

Increasing Hospital Sustainability by Enhancing Service Lines

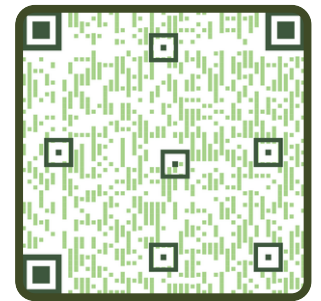
The Michigan Center for Rural Health continues to support innovative transitional care models designed to improve patient outcomes, expand local access to post acute services, and strengthen rural hospital sustainability, via two HRSA funded projects: Healing Close to Home: Optimizing & Expanding Post-Acute Care Resources in Rural Michigan (2021-2026), and Advancing Health in Rural Michigan (2025-2029). Through these programs, MCRH is providing support to hospitals implementing patient centered approaches that enhance recovery, reduce unnecessary transfers, improve satisfaction, and create stronger connections between hospitals and the communities they serve.

Healing Close to Home Key Outcomes:

- 70% increase in swing bed days across consortium members.
- 87% of patients discharged at the same level of independence (vs. 57% national average).
- Improved patient and employee satisfaction (4.79-4.99 / 5.0).
- Enhanced financial stability through increased volume and revenue.
- Stabilized census and staffing needs.
- Introduced a wellness model for patients and staff.

Leveraging Expertise Beyond Grant Partners:

In addition to the grant partners above, MCRH works closely with other MI CAHs who would like to enhance swing bed services, for example providing dedicated assistance to Corewell Health Reed City to reactivate transitional care by supporting the development of the implementation workplan, and the Epic EHR workflow design.



Healing Close to Home
21-26 Impact Report

Advancing Health in Rural Michigan

Core Goals:

- Improve patient outcomes.
- Enhance patient and employee satisfaction.
- Strengthen financial stability through increased volume and revenue.
- Expand the wellness model to patients, staff, and communities.

Expanded Focus Areas:

- Develop communication strategies to improve health behaviors and outcomes for rural adults.
- Increase access to Advanced Care Planning (ACP) tools and one-on-one support for patients, staff and community members.

PARTICIPATING HOSPITALS

Beacon Health System

Allegan
Dowagiac

MyMichigan Health

Gladwin
Standish
Tawas

IMPROVING ACCESS TO VETERANS CARE



Did You Know?

Veterans make up 5.4% of the Michigan population, but in the Upper Peninsula and Northeast Lower Michigan this percentage doubles and even triples.



Veteran Access Initiative: Expanding Rural Care Coordination

The Michigan Center for Rural Health's I-REACH Veterans program supports rural Veterans through coordinated outreach, education, and healthcare navigation partnerships that improve access to care in rural communities.

Less than half of all Veterans are connected to all their earned benefits, and most Veterans, especially in rural areas, receive care in the community. MCRH is leveraging this opportunity to get Veterans connected through collaboration with community health care workers.



MCRH has established Veteran Coordinators in seven rural Critical Access Hospitals. The Veteran Coordinator program is a collaboration between the MCRH & I-REACH, and the Iowa City VA. These programs enable healthcare providers to identify Veterans and assist them with healthcare and other benefits.

One of Many Success Stories:

A Veteran called a facility requesting assistance from a Veteran Coordinator with medication payments (over \$500/month). It was prescribed by a non-VHA provider. The Veteran Coordinator switched the Veteran's primary care to their facility, enabling care and prescriptions to be of little to no cost for the Veteran and for the facility to get reimbursed through the VA.

System Impact

- Strengthened rural hospital and VA coordination.
- Improved civilian and VA care navigation.
- Increased provider awareness of Veteran health needs.

Increased Access

MCRH and I-REACH strengthened rural Veteran access by aligning community outreach, provider education, and healthcare system coordination over 18 sites in 2025.

Reach, Engagement & Education

- **1,522** Veterans reached through regional resource fairs.
- **791** healthcare providers engaged through education and training.
- **48** Veterans served during a free dental day for Veterans.



PALLIATIVE CARE

Rural Michigan Implementation

Supported by the Michigan Health Endowment Fund, The Michigan Center for Rural Health continued implementation of its two-year Cultivating Comfort: Community Based Rural Palliative Care Initiative in 2025. The project built on findings from a rural environmental scan and guidance from a grant-supported advisory council comprised of rural healthcare leaders from across Michigan. Through a competitive application process, four rural communities were selected to participate in the two-year implementation project: **Hillsdale** (Hillsdale Hospital), **Kalkaska** (Kalkaska Memorial Health Center), **Marlette** (Aspire Rural Health System/United Hospice), and **Three Rivers** (Beacon Health System/Three Rivers HomeCare & Hospice).

Through kickoff meetings, in-person workshops, and ongoing technical assistance, each community strengthened local partnerships, expanded workforce education, and increased organizational readiness to establish sustainable community-based palliative care programs.



Kalkaska, MI



Three Rivers, MI



Marlette, MI

Advancing Rural Palliative Care Education

MCRH launched a 6-session **Rural Palliative Care Project ECHO** to expand access to specialized palliative care education for rural healthcare professionals across Michigan. Through case-based learning, expert presentations, and peer collaboration, participants strengthened their knowledge of palliative care fundamentals, pain management, dementia, cancer care, communication, advance care planning, and caregiver support.

Complementing the ECHO series, MCRH also offered **Advance Care Planning webinars** focused on meaningful goals-of-care conversations and implementation of the Michigan Physician Orders for Scope of Treatment (MI-POST). Together, these educational opportunities equipped healthcare professionals with practical tools and resources to improve access to high-quality, community-based palliative care throughout rural Michigan.



Scan for webinar recordings & more!

PRIMARY CARE

Certified Rural Health Clinic Services

MCRH continued strengthening and supporting Rural Health Clinics across Michigan through statewide networking, technical assistance, quality improvement initiatives, operational education, workforce support, and implementation focused partnerships designed to improve sustainability and patient care in rural communities.



MI RHC QN Executive Board

Michigan RHC Quality Network & Operational Support

Through four quarterly meetings, the Michigan RHC Network engaged more than 200 participants in learning and collaboration. Beyond these meetings, MCRH provided 149 instances of technical assistance to Rural Health Clinics across Michigan, supporting clinics as they navigated evolving operational and regulatory challenges.



Topics Included:

- Legislative & regulatory updates
- Reimbursement & compliance
- Operational best practices
- Workforce strategies
- Leadership development
- Quality improvement
- Peer learning and networking

MCRH continues to support RHCs through monthly newsletters, providing timely updates on policy changes, funding opportunities, educational resources, partner announcements, and upcoming training opportunities.

Traditionally offered as a one-day, in-person training, the RHC Practice Manager Series was redesigned into a flexible, multi-session program. Live webinars led by Health Services Associates and the National Rural Health Association, along with recordings and supporting resources available through MCRH's online learning platform, allowed participants to engage with the content on their own schedule. The series expanded access to education and technical assistance and wrapped-up in 2026.

PRIMARY CARE

Chronic Kidney Disease Learning Collaborative

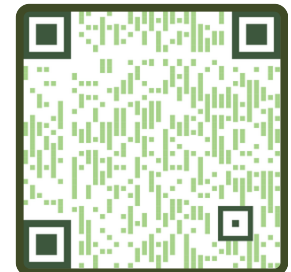
In partnership with the National Kidney Foundation of Michigan, Rural Health Clinics participated in structured, data driven CKD learning collaboratives focused on improving early identification and chronic disease management.

Across four participating RHCs between 2024 and 2025:

- CKD screening in diabetes increased 218%.
- CKD screening in hypertension increased 205%.
- CKD diagnosis rates increased 118%.
- More than 7,400 rural patients were impacted.



Chronic Kidney Disease Management Toolkit for Rural Providers



Diabetes and Diabetic Retinopathy Learning Collaborative:

MCRH in partnership with Michigan Department of Health & Human Services to support diabetic retinopathy (DR) screening implementation and rural diabetes quality improvement efforts:

- 13 educational sessions were delivered totaling 12 training hours.
- 52 participants engaged across 35 rural sites.
- 143 provider engagements were completed.
- DR screening rates improved from 11.3% to 28.9% within one year.





EMERGENCY MEDICAL SERVICES



As one of the few State Offices of Rural Health with dedicated EMS resources, MCRH supports rural EMS agencies and pre-hospital care through programming that addresses emerging priorities.

Supporting Recruitment and Retention

MCRH continues to support 7 rural EMS agencies with customized recruitment and retention resources via HRSA funding through the Medicare Rural Hospital Flexibility Program - EMS Supplement. This program is a five year partnership, with the agencies, and Cambridge Consulting Group. Agencies are receiving customized technical assistance, including three individual site visits, ongoing monthly or bi-weekly calls with their personal advisor, and 24/7 access to an EMS "toolbox" containing education and implementation resources, along with various online resources. In 2025, agencies focused on strengthening their social media presence, community engagement, and improving documentation and billing processes. In addition, each agency had the ability to use an employee engagement survey to help identify areas of improvement, and received individualized technical assistance based on the results.



Supporting Future Paramedic Workforce

MCRH provided scholarships to 14 aspiring rural paramedics via the MDHHS Emergency Medical Services Workforce Grant.



EMS Grants & Projects

Certified Ambulance Documentation Specialist (CADS) certification

MCRH provided the CADS certification to 50 rural EMS agency leaders and clinicians, strengthening documentation practices that support long-term agency sustainability.

Innovation in EMS - First of it's Kind | EMS HPSA

Michigan has no formal mechanism for identifying where its rural EMS workforce shortages are most acute — Health Professional Shortage Area (HPSA) designations exist for primary care, dental, mental health, and maternity care, but not for emergency medical services. With funding from the Michigan Health Endowment Fund, MCRH partnered with the Maine Rural Health Research Center at the University of Southern Maine's Cutler Institute and the MDHHS Bureau of Emergency Preparedness, EMS, and Systems of Care to develop the first EMS HPSA methodology for rural Michigan. Over monthly workgroup meetings, the team analyzed state and national data sets — including Michigan EMS run and licensure data — and built a draft scoring formula that accounts for the realities of prehospital care. Once finalized, the tool will give the state a repeatable, data-driven way to pinpoint EMS shortage areas and target workforce resources where they're needed most.

WORKFORCE



Michigan's Rural Workforce Present

Fostering Connection: Understanding workforce challenges begins with engaging with and listening to the communities experiencing them firsthand.

In 2025, MCRH visited 7 Rural Health Clinics and Critical Access Hospitals directly to learn about current workforce needs and hear directly from our rural partners on what can be done to address workforce shortages.

MCRH also attended 6 workforce-related conferences to both teach others about providing healthcare to rural Michiganders and learn about innovative ways to address Michigan's workforce shortages.

Providing Support: MCRH continues to provide practical tools and resources that support healthcare professionals currently serving rural communities.

MCRH facilitated 2 technical assistance webinars with 140 rural healthcare providers interested in learning more about loan repayment programs that might be available to them! In 2025, over 200 healthcare professionals utilized 3RNet, a rural healthcare job board, to explore open healthcare positions in rural Michigan communities.



Michigan's Rural Workforce Future

Funding: Ensuring a strong future workforce requires investment, often early investment, in students and trainees interested in rural healthcare careers.

MCRH proudly supports the OsteoCHAMPS summer program for rural high school students interested in pursuing a career in the health sciences. This year, we raised over \$3000 to support our students in their pursuit!

In 2025, MCRH was awarded funds and able to distribute \$364,512.20 to 18 rural EMS students across the state of Michigan.

Spreading the Word: Working in rural healthcare has endless benefits – to both providers and communities. MCRH strives to ensure the next generation of healthcare workers know that.

Over the course of 2025, MCRH visited 15 Michigan colleges, universities, and technical centers and 3 career fairs to connect with students and share the benefits working in rural areas of Michigan.

Over the course of the year, Kyra, Workforce Initiative Manager, traveled over 5,000 miles to teach, learn, and support our rural health professionals and systems!



SOCIAL DRIVERS OF HEALTH

Rural Health Equity Plan

MCRH continued to engage rural partners across the state around the Rural Health Equity Plan, a statewide effort focused on advancing health equity and addressing social drivers of health in rural communities, helping to support alignment and elevate rural perspectives.

Building Connection

MCRH launched the Rural Michigan Population Health Network in November, bringing together population health leaders from Critical Access Hospitals and Rural Health Clinics across the state to strengthen collaboration and advance shared approaches to population health. Through this network, rural partners:

- Shared real-world challenges and solutions emerging in rural communities.
- Aligned around shared population health priorities and strategies.
- Learned from peers to inform local implementation efforts.

Looking Ahead...

MCRH will continue to:

- Expand the Rural Michigan Population Health Network.
- Strengthen partnerships between healthcare and community-based organizations.
- Support sustainable, community-driven approaches to improve rural health outcomes.
- Elevate rural perspectives on social drivers of health through education, partnerships, and statewide collaboration.
- Continue to support progress on the recommendations of the RHEP through partner engagement and collaboration.

Expanding Education & Shared Learning

MCRH continued to elevate social drivers of health through education and convening, including dedicated population health sessions at the Annual Michigan Rural Health Conference and other learning opportunities. These efforts created space for rural partners to learn from one another and explore practical, community-based strategies.



Advancing Community Driven Care

MCRH supported rural hospitals and clinics in Community Health Needs Assessments (CHNAs) and Community Health Improvement Plans by:

- Analyzing local data and trends.
- Elevating community voice and lived experience.
- Translating findings into actionable, locally relevant strategies.
- Developing a statewide CHNA analysis report across Michigan's 35 Critical Access Hospitals to identify shared needs and emerging trends.



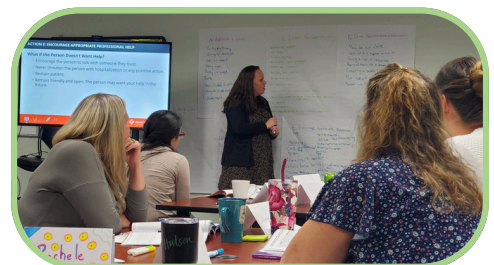
NORTHERN MICHIGAN OPIOID RESPONSE CONSORTIUM

The Northern Michigan Opioid Response Consortium, a grant funded program under the Michigan Center for Rural Health is a membership-driven collaborative of more than 50 organizations working across 25 counties in northern Lower Michigan to combat opioid and substance use disorders (SUD). Each member contributes a unique perspective and resources, and when aligned, these efforts form a cohesive, powerful response to the substance use crisis in Northern Michigan.



NMORC effectively acts as a SUD Hub for northern Lower Michigan. Our team members attend more than a dozen different monthly county and community coalition meetings across the 25 counties we serve, effectively acting as a hub to take in and share out best practices, new approaches and innovations that can help rural communities do more with less.

The NMORC partner network is vast, working with and supporting many community-based organizations through collaboration, sharing technical assistance and, when able, providing funding to help stretch their resources. NMORC engages these contacts to deliver our efforts into their communities.



NORTHERN MICHIGAN OPIOID RESPONSE CONSORTIUM

2025 Key Outcomes and Achievements

Harm Reduction & Public Safety

- 425 Wall-Mounted Naloxone Safety Kits installed in schools and public buildings.
- 60 portable Naloxone kits distributed for emergency and athletic trainer use.
- 40 Naloxone Distribution Boxes deployed for 24/7 community access.
- 1,000 Deterra medication disposal bags and 500 medication lock bags distributed.
- Academic detailing provided to pharmacists and prescribers across the region.
- Overdose prevention resources and medication safety education delivered through local senior centers.

Recovery & Community Support

- Technical Assistance & funding provided to 2 Recovery Community Organizations.
- Support provided for 4 Recovery Month events.
- 9 Community Reentry Simulation Events since 2024 (582 participants).
- 1 Expungement Clinic and three Driver's License Restoration Clinics supported; 184 people received information and support through the clinics.

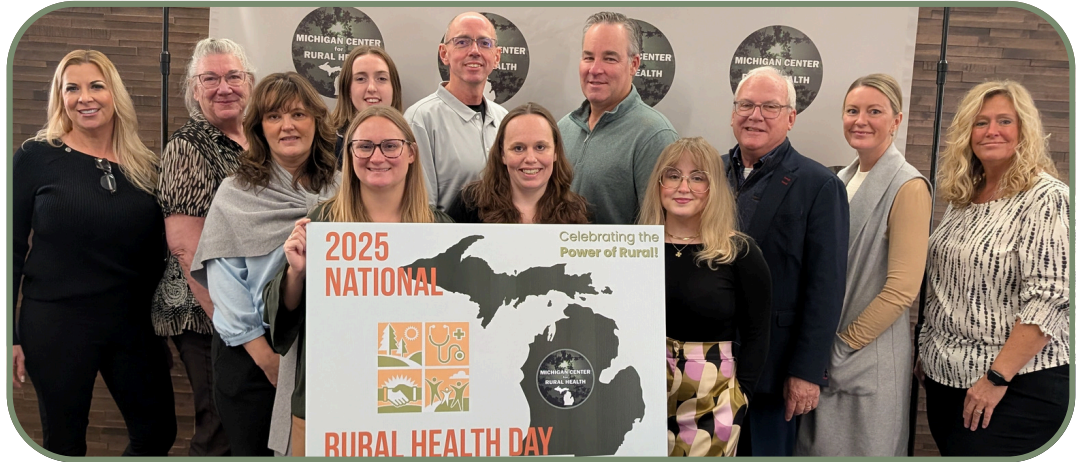
Workforce & Education

- 5 Community Health Worker trainings funded.
- 3 therapists EMDR trained; 3 DBT trained; 5 ACT trained.
- 5 MCBAP credentials earned.
- 7 Mental Health First Aid sessions trained 147 individuals.
- 110 participants trained in billing & coding.
- 391 unique attendees for NMORC's Behavioral Health Grand Round Series, 684 total participants.
- 388 CEU's awarded.
- Over 20 scholarships awarded to access 3RNet's rural health workforce platform.

MICHIGAN CENTER
for
RURAL HEALTH



THANK YOU!



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